

**REGISTRATION FORM**  
**Sokol Minnesota's Czech and Slovak Cultural Day Camp**  
**June 12 & 13 and June 16, 17, and 18, 2008**

Camper's Name	Date of Birth	Age
<b>Camper 1.</b>		
<b>Camper 2.</b>		
<b>Camper 3.</b>		

Parent or Guardian's Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Work/Cell (\_\_\_\_) \_\_\_\_\_

My Camp Buddy (1 allowed): \_\_\_\_\_

Payment: \_\_\_\_\_ \$85.00 Campers of Sokol MN members (Preferred registration to 3-31-08)  
 \_\_\_\_\_ \$115.00 Campers of non-Sokol members (Please mail your registration now.)

\_\_\_\_\_ will be a full-time volunteer. \_\_\_\_\_  
 (Volunteer's name) (Will attend camp for \$35.00)

One child per volunteer. Additional children will attend at the regular fee.

I wish to register my child and consent to my child's participation in the Sokol MN Cultural Day Camp, located at the CSPS Hall, during the summer of 2008.

I recognize that participation in recreation and instructional activities, even when well supervised and managed, poses a risk to my child and I agree to assume such risk on the behalf of my child.

I understand that children registered for Sokol MN Cultural Day Camp will spend some time performing enrichment and sports activities under the supervision of group leaders and experienced instructors and I consent to my child's participation in this program.

I consent to the use of video recordings and photographs of my child's participation in the Sokol MN Cultural Day Camp.

In case of injury, I authorize the staff of Sokol MN Cultural Day Camp to render first aid and/or obtain whatever medical treatment is deemed necessary for the welfare of my child, listed on this registration. I further understand and agree that I will be financially responsible for all charges and fees incurred in the rendering of said treatment, regardless of whether my medical insurance would cover such charges and fees.

I, the undersigned, hereby hold Czech and Slovak Sokol Minnesota harmless from liability for any and all medical and/or accidental expenses which my minor child may incur during his/her involvement in the Czech and Slovak Cultural Day Camp.

**I have read, understand and agree to the terms and conditions of this registration as they relate to my child**

\_\_\_\_\_  
 Parent/Guardian's Signature

\_\_\_\_\_  
 Date

Return to: Judy Aubrecht, registrar  
 Sokol MN Czech and Slovak Cultural Day Camp  
 2106 Berkeley Avenue, Saint Paul, MN 55105

**Medical Information**  
**Czech and Slovak Children's Cultural Day Camp**

Camper's name(s): 1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

In case of an emergency for my camper(s), contact the following individuals:

<b>Name of emergency contact</b>	<b>Relation</b>	<b>Telephone #</b>
1. _____	_____	_____
2. _____	_____	_____

**Attending physician's name:** \_\_\_\_\_ **Telephone#** \_\_\_\_\_  
**Hospital:** \_\_\_\_\_ **Telephone#** \_\_\_\_\_  
**Medical Insurance Company:** \_\_\_\_\_ **Policy #** \_\_\_\_\_

Medical conditions that the Sokol MN Cultural Day Camp staff and medical emergency services personnel need to be made aware of include: \_\_\_\_\_

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I understand, agree, and acknowledge that some activities may be of a physical and/or strenuous nature. Understanding this, I state to the best of my knowledge that the child(ren) listed in this registration has/have no medical conditions or impairments, including the use of medication, that might inhibit his/her active participation in the Sokol MN Cultural Day Camp.

I understand that I am required to have accidental medical coverage for the child(ren) listed on this registration, and I verify that the information provided on my insurance policy is accurate and true.

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**Print name(s) of parent(s) or guardian(s)**

\_\_\_\_\_  
**Parent/guardian signature**

\_\_\_\_\_  
**Date**

**VOLUNTEER FORM**

**Sokol Minnesota's Czech and Slovak Children's Cultural Day Camp**

**June 12 & 13 and June 16, 17 and 18, 2008**

**Volunteer's name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Home telephone # (\_\_\_\_\_) \_\_\_\_\_ Work/Cell # (\_\_\_\_\_) \_\_\_\_\_**

**I will volunteer to:** \_\_\_\_\_

\_\_\_\_ Yes, I will be a full-time volunteer

**I will volunteer at camp from June 12 & 13 and 16, 17, and 18, 2008 on the following day(s):**

\_\_\_\_ Thursday \_\_\_\_ Friday \_\_\_\_ Monday \_\_\_\_ Tuesday \_\_\_\_ Wednesday

\_\_\_\_\_ **Name of camper who will attend camp for \$35.00**

**(\$7.00 per day). Additional children will attend at the regular fee.**

**Return to: Judy Aubrecht, Registrar  
Sokol MN Czech and Slovak Cultural Day Camp  
2106 Berkeley Avenue  
Saint Paul, MN 55105  
651-699-5148**

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