

**TROLLFJORDEN LANGUAGE AND CULTURAL CAMP
SUMMER CAMP APPLICATION—June 9-12, 2011
SONS OF NORWAY DISTRICT IV**

Name _____ Birthdate _____ Gender M F

Address _____ City _____ St/Province _____ ZIP _____

Phone (home) _____ (work) _____ Primary Email _____

Lodge Name _____ Membership Number _____ Exp. Date _____
(You, a parent, or a grandparent must be a Sons of Norway member. Priority is given to district members.)

Any special needs or dietary needs that can be accommodated? _____

Request for a specific roommate? _____
(Generally, rooming is by gender. Children are all in one area together, boys and girls in separate areas. The only way to accommodate a family sleeping together is if they choose to camp or tent onsite.)

PARENT/GUARDIAN CONTACT INFORMATION

Name _____

Address _____ City _____ St/Prov _____ ZIP _____

Telephone (home) _____ (work) _____ Primary Email _____

Your name, address, and email address will be recorded on a master participant list unless you let us know in writing that you do not wish to be on the list. The list will be available to other campers at the end of the camp.

TOTAL FEES DUE

\$ _____ **REGISTRATION FEE**
(\$85 CHILDREN 8-17)
(\$135 ADULTS 18 AND OVER)

\$ _____ **\$15 CAMPSITE FEE**

\$ _____ **TOTAL AMOUNT DUE**

Please make checks payable to Trollfjorden

Children should include with their registration a check for \$85. All children (whose lodge does not pay their entire registration) will be reimbursed part of their registration at the end of camp courtesy of the Draxton Scholarship Fund.

Please mail application, health form and check to:

Bonnie Jacob-Forseth
1003 Boyd Drive
Grand Forks, ND 58201

**TROLLFJORDEN LANGUAGE AND CULTURAL CAMP
ADULT HEALTH STATUS INFORMATION**

All information held in the strictest confidence. For use by Nurse only.

Name _____ Birthdate _____
Address _____ City _____ St _____ Zip _____
Family Doctor _____ City _____ Tele. _____
Health Care Name/Number _____ State _____

Health Status Information (Adults)

1. Are your immunizations up to date? _____ Date of last Tetanus booster _____

2. Do you have any allergies? _____ Allergic to: _____
Severity & Type of reaction: _____
Usual treatment: _____

3. Do you have *any* health problems which require medication or special treatment? _____

4. Medications: (Please list and include dosage and times;) _____

Consent for First Aid Assessment and Treatment

I _____ hereby give my consent for the camp nurse to administer First Aid to me while attending Trollfjorden Camp. I understand that First Aid includes the assessment and treatment of minor illness and injury. If required, this includes the administration of non-prescription medications including topical ointments to prevent infection of minor wounds, pain or fever medications such as *Tylenol*, and medication for upset stomach or diarrhea such as *Pepto Bismol* providing there is no indication of allergy to them as listed above. I also give my consent for the camp nurse to arrange for transportation of me to a medical facility if in her opinion I require assessment/treatment by a physician . I absolve Trollfjorden from liability in acting on my behalf.

Exceptions (if any): _____

Date: _____ Signature: _____

Use this space for any additional information:

**CHILD CONSENT AND HEALTH FORM
TROLLFJORDEN LANGUAGE AND CULTURAL CAMP**

Name _____ Birthdate _____

Address _____ City _____ St _____ ZIP _____

Parent/Guardian _____ Phone (home) _____ (work) _____

Family Doctor _____ City _____ Phone: _____

Health Care Name/Number _____ State/Province _____

Health Care Status Information (Minor persons at camp)

1. Has your child been exposed to any communicable diseases within the past 2 months? _____

If yes, what? _____

2. Are his/her immunizations up to date? _____ Date of last Tetanus booster _____

3. Does your child have any allergies? _____ Please List _____

Severity and type of reaction _____

Usual Treatment _____

(If child requires medication, please send this to camp with the child and have them give it to the camp nurse.)

4. Does your child have any health problems which require medication or special treatment?
i.e. diabetes, heart, epilepsy, injury, illness, etc.? _____

5. Medications (Please list and include dosage and times.)

Children's medications must be retained by the camp nurse and administered by the camp nurse. Please label them clearly, including the dosage and schedule. If your child carries an inhaler, it is recommended that a back up inhaler be left with the nurse in case of loss.

To the best of my knowledge, my child is in good health and may participate in all camp activities with the exceptions identified below.

Exceptions and Reasons _____

Parents Signature: _____ Date: _____

I, _____ hereby give my consent for the camp nurse to administer First Aid to my child while attending Trollfjorden Culture Camp. I understand that First Aid includes the assessment and treatment of minor illness and injury. If required, this includes the administration of non-prescription medications including topical ointments to prevent infection of minor wounds, pain or fever medications such as Tylenol, and medications for upset stomach or diarrhea such as Pepto Bismol providing there is no indication of allergy to them as listed above. I also give consent for the camp nurse to arrange for transportation of my child to a medical facility if in her opinion the child requires assessment/treatment by a physician. All reasonable efforts will be made to contact the parent/guardian as soon as possible if physician assessment is required. I absolve Trollfjorden from liability in acting on my child's behalf. Exceptions (if any)

Signature Parent/Legal Guardian _____ Date _____