



# FPYC Registration Form



Send registration and fees to:

### FPYC

19803 State Hwy. 1  
Cook MN 55723

(218) 376-4686  
(218) 376-4558 FAX

**Please register as early as possible.** Deposits are applied to the camp fee. Make checks payable to Flaming Pine Youth Camp. Complete a registration and health form for each camper. Photocopy or download from [www.fpyc.org](http://www.fpyc.org) as needed.

Indicate in the circles below the session(s) you plan to attend.

### Office Use Only

Cash  Check # \_\_\_\_\_ # \_\_\_\_\_  
 Amount: \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 Total Due: \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 Applied to fees: \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 Bus: \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 Canteen: \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 Balance Due: \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 App. to other accts.: \$ \_\_\_\_\_ \$ \_\_\_\_\_

Camper's Name	Age	Grade Completed	M/F	Deposit

Parent or Guardian \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home phone (\_\_\_\_) \_\_\_\_\_  
 Work or cell phone (\_\_\_\_) \_\_\_\_\_  
 Email: \_\_\_\_\_  
 "Bring a friend" name: \_\_\_\_\_

Camp Session(s)	Bus Rides Needed / Family Camp Housing Needed
<input type="radio"/> Junior Camp	<input type="radio"/> Bus to Camp, <input type="radio"/> From Camp: <input type="radio"/> Twin City or <input type="radio"/> Cloquet
<input type="radio"/> Senior Camp	<input type="radio"/> Bus to Camp, <input type="radio"/> From Camp: <input type="radio"/> Twin City or <input type="radio"/> Cloquet
<input type="radio"/> 1st Family Camp	<input type="radio"/> Tent Pad, <input type="radio"/> RV site _____, <input type="radio"/> Camp housing as available
<input type="radio"/> Challenge Camp	<input type="radio"/> Bus to Camp, <input type="radio"/> From Camp: <input type="radio"/> Twin City or <input type="radio"/> Cloquet
<input type="radio"/> 2nd Family Camp	<input type="radio"/> Tent Pad, <input type="radio"/> RV site _____, <input type="radio"/> Camp housing as available
<input type="radio"/> Youth Camp	<input type="radio"/> Bus to Camp, <input type="radio"/> From Camp: <input type="radio"/> Twin City or <input type="radio"/> Cloquet

\*\*\* Full bus fees are required regardless of whether the camper is riding one-way or riding both ways to/from camp.

The Senior camp bus home will leave camp at 10:00 a.m. and arrive at the Northern Lights building around 3:00 p.m. on Friday. It will return on the ending Saturday for all other sessions, departing and arriving at the same times.

Note: There is no bus service during family camp sessions.

\*\* Deposits hold your place at camp events and help in planning and purchasing supplies. Deposits are counted towards camp fees. The balance of camp fees should be paid in advance of the event to be attended.

When determining Age Requirements, please use the age your child will be, on September 1st of this current year. This calculated age should be used to qualify your child for the various sessions this year.

Please send in this registration and health record form that the state requires of all campers. The form must be completed anew each year. Thank you for your cooperation in this important requirement.

You will receive a confirmation letter by mail. It will include a copy of the rules, suggestions on what to bring and general directions to Flaming Pine Youth Camp.

### Check one:

- Request confirmation by mail
- Request confirmation by email



### Fee Schedule

#### Junior Camp

One week \$120  
9 years – 13 years

#### Challenge Camp/Youth Camp

One week \$120  
9 years – 18 years

#### Senior Camp

Two weeks \$200    One week \$120  
14 years – 18 year

#### Family Camps

One week  
Adults: \$135  
Ages 9 to 18: \$120  
Ages 5 to 8: \$35  
Ages 0 to 4: Free

\* Campers who combine a Youth, Challenge, or Junior Camp with a Family Camp session pay only \$200.00 for both.

#### Bus Fee

Twin Cities Area: \$35.00    Cloquet Area: \$25.00

### Summer Calendar

Spring Worship & Service Weekend	May 29 - 31
Counselor Training	June 13 - 19
Junior Camp (ages 9-13)	June 20 - 26
Senior Camp (ages 14-18)	June 27 - July 9
First Family Camp	July 11 - 17
<a href="#">Tour De Togo Bicycle Ride</a>	July 23 - 25
Challenge Camp	July 18 - 24
Second Family Camp	July 25 - 31
Youth Camp	Aug 1 - 7
FPYC Mountain Bike Weekend	Sept 10 - 12
Fall Worship & Service Weekend	Sept 4 - 6

# FPYC Health Form

Feel free to attach a letter with more detail, as needed.

**Camper:** \_\_\_\_\_  
Last Name First Initial Date of Birth / / Social Security Number

**Emergency Contact:** \_\_\_\_\_  
Contact other than Parent or Guardian Home phone ( ) Work phone ( )

**Physician:** \_\_\_\_\_  
Doctor name Doctor phone ( )



**Insurance:** \_\_\_\_\_  
Company name Policy number

**Allergies:** \_\_\_\_\_  
Medicines, food, plant, animal, insect. If insect sting allergy, please send sting kit with camper.

**Medications:** \_\_\_\_\_  
Name, Dosage. Attach more details if needed. All medications need to be in original containers with correct dosages indicated.

### Please enter dates:

**Immunizations:**  DPT: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_  Tetanus: \_\_\_\_\_  
 OPV: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_  
 MMR: 1) \_\_\_\_\_  
 Hib: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_

**Conditions:**  Special care or diet: \_\_\_\_\_  
 Asthma  Convulsions  Bleeding Disorders  
 Diabetes  Fainting Spells  Heart Trouble (specify) \_\_\_\_\_  
 Other \_\_\_\_\_

**Restrictions:** \* \_\_\_\_\_  
Any limitations/restrictions to camp activities due to physical disabilities.



**Exposure:**  Please notify the camp if this camper is exposed to any communicable disease during the three weeks prior to camp.

**Authorization:** This health history is correct so far as I know, and the person described herein has permission to engage in all prescribed camp activities, except as noted. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director, or his/her designee, to hospitalize, secure proper treatment, and to order injection, anesthesia, or surgery for my child as named above.

\_\_\_\_\_  
**Signature of Parent or Guardian** Date / /

**\*M.D. Approval:** \_\_\_\_\_  
Doctor signature needed only if a health problem or limitation exists. Date / /

## Flaming Pine Youth Camp Camper and Parental Agreement

I hereby apply to attend Flaming Pine Youth Camp during the camp session indicated above. I agree to abide by all of the rules of the camp and to enter into all activities with a positive spirit.

**Camper's Signature** \_\_\_\_\_ **Date** \_\_\_/\_\_\_/\_\_\_ **Free Friends check here** \_\_\_\_\_

This application has my approval. It is agreed that camp fees will be paid in advance and not be refunded in case a person leaves camp for any reason other than sickness. It is agreed that there will be no discrimination of service to any camper because of race, religious affiliation, or national origin; however, the camp director may reject an application because of the past bad conduct of the camper or may dismiss a camper for violation of the camp rules. While the camp takes reasonable precautions, it is agreed that the camp assumes no responsibility for the camper's personal property. Further, it is agreed that the camp assumes no responsibility for the cost of medical ministrations in the case of illness and is released from liability in connection with accidental injury except for secondary insurance coverage, that is, camp insurance covers medical care for accidental injury only to the extent the camper is not covered by family medical insurance.

**Parent or Guardian Signature** \_\_\_\_\_ **Date** \_\_\_/\_\_\_/\_\_\_