

# Minnesota Elks Youth Camp

## Camper Recruiting Manual



**Minnesota Elks Youth Camp  
Camp Recruiting Manual**

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# Minnesota Elks Youth Camp Camp Recruiting Manual

## Introduction

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The purpose of this manual is to help Youth Camp Recruiters find kids in the local community that would benefit from a fun week at camp that may not otherwise have the opportunity. It contains information on recruiting kids as well as preparing both the parents and the kids for the camping experience.

### About The Camp

The Minnesota Elks Youth Camp is a co-ed camp for deserving youth of Minnesota, ages nine through thirteen. A few important things to know about it:

- The camp is a 501c3 non-profit privately owned and funded by the Elks Lodges and their members within the state of Minnesota
- It has been the Minnesota Elks Association State Project since 1954
- It is a seasonal summer camp of 7-8 weeks in total divided into a rotating schedule of 1 week per group with 4 to 5 Lodges per group
- Approximately 90 to 120 Campers attend per week or roughly 700 youth each summer
- It's supervised by roughly 20-25 staff members each season providing approximately 1:4 ratio of staff to kids
- Operated each summer by Seasonal Camp Directors and managed year-round by the elected Youth Camp Board
- Serviced by Year-Round Camp Supervisor

The camp setting includes about 270 acres of land on Pelican, Markee and Woodtick Lakes near Nisswa, MN. The north woods atmosphere is prevalent with evergreen trees, fresh air, sunshine, wildlife and a large sandy beach. The camp boasts a beach, boat house and pier on Pelican Lake as well as a miniature golf course, baseball diamond, basketball court, golf driving range, outdoor stage, archery range, climbing wall and a well-stocked art center.

Programs and activities are planned to provide a fun-filled week and to enhance the campers' love of the outdoors. Activities include:

- Archery
- Arts & Crafts
- Miniature Golf
- Biking
- Kayaking
- Swimming
- Volleyball
- Basketball
- Fishing
- Theater
- Playground
- Softball
- Driving Range
- Karaoke
- Climbing Wall
- Canoeing

Most campers are referred to local Elks Lodges through adults who know the child's family. Persons knowing young people who otherwise would not have such an opportunity are urged to contact their nearest Minnesota Elks Lodge. The local Elks Lodges pay all necessary camp fees for campers. Members of your local Elks Lodges arrange transportation to and from the camp.

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Qualified staff members supervise all activities. In the unlikely event of personal injury, the camp has its own "Health House" and first aid equipment. Hospital facilities and a camp assigned physician are just twenty minutes away in Brainerd, Minnesota. Any special medical needs should be noted on the camp physical form.

Campers receive a well-balanced diet through our Summer Food Service Program under the U.S. Department of Agriculture. Meals are served family style in our attractive air-conditioned dining hall.

The Minnesota Elks Youth Camp does not discriminate against any person because of race, color, sex, national origin, age or disability. However, the camp is not staffed to safely manage campers with extreme special needs (e.g. those with one on one para's in school) or significant physical disabilities. Those campers would be referred to camps better suited for their needs.

Unique to our state, the camp is owned and maintained solely by Elks members from the lodges throughout the state of Minnesota. Elks pay all necessary camper fees as well as provide free transportation to and from the camp. The camp counselors are mostly college students who are awarded scholarships by the Minnesota Elks Association in recognition for their hard work each year.

### See the Camp

Photos of the camp as well as a video tour of the camp are available on the Youth Camp web site at [www.mnelksyouthcamp.org](http://www.mnelksyouthcamp.org) under "The Camp" menu heading. If you haven't been to camp yet, it's a great way to see the camp and what it has to offer.

### Local Lodge Sessions

Each year, there are four weeks set aside at the beginning of summer referred to as "Local Lodge Sessions". These one-week sessions are allocated to the Elks lodges in Minnesota to recruit and send local kids to camp. Each lodge is assigned a set number of boys and girls to recruit and send to camp. The current allocation of slots and number of kids assigned is as follows (subject to change):

	Boys	Girls	Total
Dakota	2	2	4
Faribault	6	6	12
Hopkins	10	8	18
Minneapolis	8	8	16
Red Wing	8	8	16
St. Cloud	2	2	4
Stillwater	8	6	14
Wadena	4	4	8
	<u>48</u>	<u>44</u>	<u>92</u>

	Boys	Girls	Total
Brainerd	12	12	24
Owatonna	14	16	30
Rochester	10	10	20
Winona	10	6	16
	<u>45</u>	<u>45</u>	<u>90</u>

	Boys	Girls	Total
Alexandria	10	12	22
Bemidji	8	8	16
Mankato	10	6	16
Willmar	8	6	14
Worthington	5	7	12
Hutchinson	6	5	11
	<u>47</u>	<u>44</u>	<u>91</u>

	Boys	Girls	Total
Hibbing	10	8	18
Duluth	12	12	24
Eveleth	10	10	20
Fergus Falls	2	2	4
Int'l Falls	7	7	14
Virginia	6	6	12
	<u>47</u>	<u>45</u>	<u>92</u>

## Minnesota Elks Youth Camp Camp Recruiting Manual

### Recruiting Campers

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There are many ways to find youth that would benefit from the camping experience. The goal is to find kids whose families generally don't have the means necessary to send their child(ren) to camp. **Elks members should not be sending kids to camp during the Local Lodge Sessions.** The Local Lodge Sessions are intended for deserving kids in your local community who are not affiliated with the Elks. There are two weeks set aside each year referred to as "Elks Kids Week" for Elks members to send their kids to camp.

#### Camper Requirements

The following criteria should be used when recruiting campers:

- Boys and girls ages 9-13
- Cannot be children or grandchildren of Elks members
- Prefer kids that have not attended camp previously – no repeat campers

#### Sources for Finding Campers

There are many ways to reach out and find campers in your area. Some of the suggested sources include:

- Elks members, friends, family, local contacts
- Local middle school counselors, nurses, social workers and teachers
- Boys and Girls Clubs
- Boy Scouts & Girl Scouts
- Big Brothers, Big Sisters
- YMCA's
- Community Centers
- Churches
- Local Food Banks
- School Open Houses
- Lodge events such as Hoop Shoot, grant projects etc.

#### How to Find Campers

Once you have a list of local individuals, non-profits and other organizations, reach out to them through a variety of methods to ensure the message reaches as many people as possible. Use one or more of the following methods to reach your audience:

- Send an informational letter to local contacts including school counselors, teachers and more
- Post a flyer at churches, schools, community centers, the Lodge etc.
- Start a Facebook promo campaign with weekly or monthly posts starting in January
- Send out a flyer in your Lodge newsletter and/or email communications to members

Samples of informational letters and flyers are found in the appendix and are available for download on the state web site at [www.mnelks.org](http://www.mnelks.org) under "State Committees" / "Youth Camp". The templates are editable so that you can tailor it with your contact information and location information.

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### Tips for Success

- Find resource people in your community and give them an allotment of campers to find for you – they can be helpful year after year in finding kids
- Encourage your fellow Elks members to refer kids they may know
- Make sure you give them the tools they need to help you find kids (e.g. health forms)
- While we can manage kids with a couple of medications and/or mild food allergies, we do not have the staff to safely manage kids with a lot of medications, severe food allergies or behavioral problems.

### Preparing Campers for Camp

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#### Host a Pre-camp Informational Meeting

Consider hosting an information meeting one week prior to the kids going to camp. Activities that can be completed at the meeting include:

- Find and/or complete any necessary paperwork (e.g. health forms, food forms) – see paperwork checklist below
- Check the kids for lice. Catching it early means they can be treated in time to go to camp.
- Meet the parents and the kids and set expectations regarding their behavior
- Ensure the parents know when the kids need to be at the meeting point for transportation to camp as well as when they will be dropped off at the conclusion of camp
- Provide the parents with the Camper Checklist which identifies what the kids need to bring to camp

The informational meeting really helps the parents to see who we are and what we do. They can trust us. And, it gives kids a chance to see the other kids that are going and provides an opportunity for all involved to ask questions.

#### Camper Physical

The State of Minnesota requires a certificate of health provided based on physical exam performed not more than 1 year prior to camp by a duly licensed practitioner. It should include health history, immunization record, statement as to existence of or freedom from communicable diseases and instructions relative to the limitation of camper participation based on physical disability or impairment.

#### Paperwork Checklist

Each camper is required to have the following paperwork completed prior to attending camp:

- Application / registration form
- Health history / certificate of health
- Household Income Statement (aka food form) – fill out even if they don't currently qualify for supplemental food programs (only one food form needed per FAMILY)
- Special Diet Statement (if applicable)

The forms can be downloaded from the state web site under "State Committees" / "Youth Camp". **Check at the beginning of each year to ensure you have the most up to date form as some forms change from year to year.**

## Minnesota Elks Youth Camp Camp Recruiting Manual

### Register Your Campers

It is very helpful for our camp staff to know details about your campers before they arrive for their week at camp. Information should be sent the Wednesday prior to your kids going to camp. You can use one of two methods for registering your campers:

1. Email an Excel spreadsheet (template provided) that lists the campers and their basic information
2. Complete an online registration form for each camper (<https://www.mnelksyouthcamp.org/Local-Lodge-Child-Registration.html>) password is **ElksCamp!**

In the appendices you will find a document that spells out how to use the Excel spreadsheet as well as use the online form. You can also find it on the state web site [www.mnelks.org](http://www.mnelks.org) under "State Committees" / "Youth Camp".

### Tips for Success

- Start early - It may take time for parents to get kids in to see the doctor and/or get paperwork filled out and back to them.
- Have one or two people at the meeting to do the mini-physical. Some families struggle to get this paperwork filled out. Get the physicals started early in the event a lot of physicals are needed.
- Provide a meal at the informational meeting – e.g. pizza, lemonade, ice cream

## Transporting Campers to Camp

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The following information pertains to getting your campers to and from camp. Some lodges meet at a single location and share a bus and some lodges meet at the lodge and transport only their kids to camp.

The following activities are recommended for getting your kids to camp successfully:

- Conduct a lice check. A child with lice CANNOT attend camp.
- Check in each child and gather the following if not already obtained at the informational meeting:
  - Registration form
  - Health form
  - Household Income Statement
  - Special Diet Statement (if applicable)
  - Any medications in their ORIGINAL prescription bottle. Place them in a Ziploc bag with the child's name on it.
- Have volunteers available that can gather luggage, ensure the child's name is on the luggage, and stow it in the bus.
- Ensure you have at least two chaperones to ride the bus to and from camp to help with kids conduct and behavior on the bus as well as help with checking them in once they arrive at camp.

### Tips for Success

- Consider providing a bag lunch and bottled water for the kids on the bus. It helps make the ride go faster and keeps them well fed and hydrated.

**Minnesota Elks Youth Camp  
Camp Recruiting Manual**

## Tips and Tricks for Successfully Recruiting Campers

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The following tips and guidelines will help you recruit kids for Youth Camp and will help ensure both the kids and the staff have a great week. (Contact info - youthcamp@mnelks.org)

1. Remember that recruiting should be fun! You are giving away a free week at the BPOE!
2. Look for families with financial needs first.
3. Churches and teachers/school staff are great resources.
4. Social workers often send students with excessive needs that struggle socially and emotionally at camp. Be careful and get to know the campers if you choose to work with social services.
5. Campers with excessive needs such as discipline issues, bi-polar, ODD, depression, anxiety or a combination of any of these, may result in behavior management issues and you may need to pick them up early.
6. Campers with ANY medical or dietary concerns MUST be reviewed with Kim on a one-on-one basis before accepting their registration. Diabetic, gluten free, extreme food allergies are examples of issues that can often be difficult to attend to during a regular session of camp.
7. If a student has a one on one aide while in school, we cannot handle them at camp. We don't have enough staff to provide for their needs safely.
8. If a camper is on medication, the parents need to provide them in the original prescription bottle while at camp.
9. A nurse (health tech) will administer all prescription and over-the-counter drugs. All medications need to be in original packages/bottles. We will not accept medications in daily pill containers or any container other than the original prescription bottle (with the corresponding child's name on the prescription).
10. Please fill girls in your allocated "girl" spots and boys in the allocated "boy" spots. The numbers add up from all that session's lodges to exactly how many beds are available in girls cabins and boys cabins.
11. Please complete a lice check/medical sheets/paperwork. If your nurse finds LICE OR NITS, the child CANNOT attend camp.
12. Send a spreadsheet list of all campers and information to Kim prior to arrival to allow quicker/smooother registration on Sundays. More info to come. youthcamp@mnelks.org
13. Campers (and their PARENTS) should be made aware of our NO electronics policy. They may not have cell phones or any connective watches. It is a much-needed vacation from their phones.
14. If a camper needs to go home for any reason (illness, behavioral issues, homesickness, etc.), a lodge member will need to provide a ride home or your lodge will be charged for our staff to be away from camp.
15. On Sunday our drop off/registration process time is 1:30pm to 3:30pm. Contact Kim to plan for your specific time to drop off. Pick up time is 8:30am to 9:30am on **Friday**.



## Appendices

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Sample Recruiting Letter

Sample Flyer to post in community locations

Camper Registration Form

Camper Health Form

Household Income Statement

Special Diet Statement

Checklist for Campers

Instructions for online registration of campers



**Minnesota Elks Youth Camp**

10860 Co Rd 118

Nisswa, MN 56468

youthcamp@mnelks.org

To <insert name or title>:

As you may know, the Elks are a non-profit organization that focuses on our local community, our veterans, and most importantly, our children.

Our state project, The Minnesota Elks Youth Camp, is located in Nisswa, MN. It is comprised of over 270 acres on Pelican Lake, Markee Lake, Woodtick Lake, and Stevens Lake. The north woods atmosphere is prevalent with evergreen trees, fresh air, sunshine, wildlife, and a large sandy beach. Since 1954, we have been sending kids to our camp, at no charge to the families. We currently send over 600 campers each summer from all parts of Minnesota. We provide safe and reliable transportation to and from the camp at no cost to the family.

Our camp is a co-ed camp for deserving youth of Minnesota, ages nine through 13. Most of our campers are referred to local Elks Lodges' through adults who know the child's family.

I am writing to you to discuss opportunities for kids in your school who you believe would be interested in spending a week at the Minnesota Elks Youth Camp. We are looking for kids that otherwise would not have such an opportunity for a week of camp and we need your help. I would like to set up a time to discuss this opportunity further.

Please contact me at <your phone number>, or [<your email address>](mailto:<your email address>) in order to discuss deserving youth who could benefit from a summer camping experience.

I look forward to hearing from you soon!

Sincerely,

<your name>

<your local lodge name & number>

Minnesota Elks Association



# Minnesota Elks Summer Youth Camp

A Free Summer Camp for Deserving Youth Ages 9-13

*A Moment Lasts Only A Second  
But The Memory Lives On Forever*

Help your child make great memories at the Minnesota Elks Youth Camp.

- Summer youth camp for deserving youth sponsored by Elks lodges throughout Minnesota
- Free co-ed camp for kids 9-13 years old who might not otherwise have the opportunity to attend summer camp
- North woods setting - 270+ acres on and around Pelican Lake in Nisswa, MN with sandy beaches and fun activities is ideal for teaching youth about the great outdoors
- Elks pay all necessary camper fees as well as provide free transportation to and from the camp

New Friends Fun!  
Games Wilderness



## Some of the great activities at camp:

- Archery
- Arts & Crafts
- Miniature Golf
- Biking
- Kayaking
- Swimming
- Volleyball
- Basketball
- Fishing
- Theater
- Playground
- Softball
- Driving Range
- Karaoke
- Climbing Wall
- Canoeing

GOOD TIMES  
SPORTS  
Swimming  
S'mores

Space is limited for our free camping sessions. Contact your local Elks lodge for more info.

Help a deserving youth enjoy a week-long north woods experience

Get more information on the camp at <http://www.mnelksyouthcamp.org>



## Minnesota Elks Youth Camp Camper Registration Form

### Child's Information

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First & Last Name \_\_\_\_\_ Male  Female   
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Elks Lodge \_\_\_\_\_  
Home Address \_\_\_\_\_  
\_\_\_\_\_

### Parent or Guardian Information

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Name \_\_\_\_\_ Relationship Parent   
Home Phone # (\_\_\_\_) \_\_\_\_\_ Cell Phone # (\_\_\_\_) \_\_\_\_\_ Guardian   
Work Phone # (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_ Grandparent   
Other

### Emergency Contact Information

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Name \_\_\_\_\_ Relationship Parent   
Home Phone # (\_\_\_\_) \_\_\_\_\_ Cell Phone # (\_\_\_\_) \_\_\_\_\_ Guardian   
Has your child been away from home longer than 2 days? Yes / No Grandparent   
Other

Please list any medical problems, diagnoses, treatments and medications

\_\_\_\_\_

Please include any additional information the camp should have concerning your child

\_\_\_\_\_

There are some special needs that the MN Elks Youth Camp is able to manage and some that are beyond our capabilities. **Please check any and all that apply.** We will contact you with any questions we have.

- Special Education Needs (e.g. para, IEP) Please explain \_\_\_\_\_
- Special Dietary Needs (e.g. gluten free) Please explain \_\_\_\_\_
- Significant Allergy Please explain allergy & reaction \_\_\_\_\_
- Special Medical Needs Please explain \_\_\_\_\_

My child will abide by the rules designed to protect all camper's rights and safety. This application has my approval and consent for \_\_\_\_\_ (child's name) to attend camp.

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

**MN ELK'S YOUTH CAMP  
HEALTH EXAMINATION FORM**

**To be completed by the parent:**

Name: \_\_\_\_\_ Sex: F M Birth date: \_\_\_\_\_ Age: \_\_\_\_\_

Parent or Guardian \_\_\_\_\_ Phone: \_\_\_\_\_

In emergency notify \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Dentist/Orthodontist \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you carry family medical insurance? \_\_\_\_\_ If so, Name of Insurance Company \_\_\_\_\_ Policy or Group # \_\_\_\_\_

Please list any meds sent with child \_\_\_\_\_ The camp nurse/aid will be administering these meds.

**PARENT'S AUTHORIZATION: This information is correct and the person herein described has permission to engage in all prescribed camp activities except as noted by me and the examining physician. I hereby give permission to the physician selected by the camp director to order X-rays, routine tests and treatment for the health of my child, and in the event I cannot be reached in an emergency. I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child as named above.**

**Signature** \_\_\_\_\_ **Name Printed** \_\_\_\_\_



**Recommendations and Restrictions at Camp**

Treatment to continue at camp \_\_\_\_\_

Medication to be administered at camp (name, dosage, frequency)  
\_\_\_\_\_

Known Allergies (Food, medication, or other)  
\_\_\_\_\_

Description of any limitation or restriction on camp activities  
\_\_\_\_\_

**Dietary Restrictions**

Please list any dietary restrictions that apply to this individual \_\_\_\_\_

Please obtain a copy of your child's physical within the last year and attach it to this health form. We will keep this physical on file for up to 3 years.

We reserve the right to complete a health screening of each camper upon their arrival in order to be aware of any health concerns.

**SFSP Household Letter**  
For Camps / Enrolled Sites outside Eligible Areas

Dear Parent/Guardian,

MN Elks Youth Camp provides nutritious meals to children without charge to you. We receive assistance from the Summer Food Service Program (SFSP) based on Household Income Statements completed by households. Meals are available to children 18 years of age and under and to persons over age 18 who are determined by a state or local public educational agency to be mentally or physically disabled.

Please complete and return the enclosed Household Income Statement if:

- Your household income is within the income guidelines shown on the enclosed instructions.  
Or
- Your household participates in the Supplemental Nutrition Assistance Program (SNAP), Minnesota Family Investment Program (MFIP), or Food Distribution Program on Indian Reservations (FDPIR).  
Or
- You have one or more foster children in your household (child who is formally placed by a court or the state welfare agency).

The information you provide will be used only to document that meals may be claimed for Summer Food Service Program assistance and will be maintained as private data.

The locations, dates of operation, and types and times of meals are shown here or attached.

- **Who should I include as members of my household?** Include yourself and all other people living in the household, related or not (such as grandparents, other relatives or friends). Include anyone who is temporarily away, for example a college student.
- **What if my income is not always the same?** List the amount that you normally get. For example, if you normally get \$1,000 each month, but you missed some work last month and only got \$900, put down that you get \$1,000 per month. Include overtime pay if you regularly work overtime.
- **Do I need to provide my Social Security number?** If household incomes are on the form, the person signing the form must write in just the last four digits of their Social Security number. If you don't have a Social Security number, indicate that on the form.
- **May I fill out a Household Income Statement if someone in my household is not a U.S. citizen?** Yes. You or your children or other household members do not have to be U.S. citizens for you to fill out a CACFP Household Income Statement.
- **How will my information be kept?** We will keep your information on file as private data. The back page of the form has more information about data privacy.
- If you have other questions or need help, call **218-963-2222**.
- Sincerely, Kim Baumgarten, MN Elks Youth Camp Director

## How to Complete the SFSP Household Income Statement

Fill out a *Summer Food Service Program - Household Income Statement* if any of the following apply to your household:

- Any person in your household already is approved for one of these programs: *Minnesota Family Investment Program (MFIP)*, *Supplemental Nutrition Assistance Program (SNAP)* or *Food Distribution Program on Indian Reservations (FDPIR)*.
- You have one or more *foster children* in the household (a welfare agency or court has legal responsibility for the child).
- Your *total household income* (income before deductions, not take-home pay) is less than or equal to the income shown below for your household size. Include any foster children as members of the household. Do *not* include as income: foster care payments, federal education benefits, MFIP payments, or value of assistance received from SNAP, WIC, or FDPIR. Military: Do *not* include combat pay or Military Privatized Housing Initiative payments. The income guidelines are effective from July 1, 2016 through June 30, 2017.

**Maximum Household Income**

Household Size	\$ Per Year	\$ Per Month	\$ Twice Per Month	\$ Per 2 Weeks	\$ Per Week
1	21,978	1,832	916	846	423
2	29,637	2,470	1,235	1,140	570
3	37,296	3,108	1,554	1,435	718
4	44,955	3,747	1,874	1,730	865
5	52,614	4,385	2,193	2,024	1,012
6	60,273	5,023	2,512	2,319	1,160
7	67,951	5,663	2,832	2,614	1,307
8	75,647	6,304	3,152	2,910	1,455
Add for each additional person	7,696	642	321	296	148

**Step 1 Children** List all infants and children in the household, even if they are not related. Attach another page if needed to list all children. Fill in the circle if a child is in foster care (a welfare agency or court has legal responsibility for the child).

**Step 2 Case Number** Circle Yes or No to show whether any household member currently participates in any of the three assistance programs listed in Step 2. If you answer Yes, write in the case number and go to Step 4 (skip Step 3). If you answer No, continue to Step 3. WIC and Medical Assistance (M.A.) do not qualify for this purpose.

**Step 3 Adults / Incomes / Last 4 Digits of Social Security Number**

- List all adults living in the household (everyone not listed in Step 1) whether related or not, such as grandparents, other relatives, or friends. Include any adult who is temporarily away from home, like a student away at college. Attach another page if needed to list all adults.
- List gross incomes before deductions, not take-home pay. **Do not list an hourly wage rate.** For adults with no income to report, enter a '0' or leave the section blank. This is your certification (promise) that there is no income to report for these adults.
- For each income, fill in a circle to show how often the income is received: each week, every other week, twice per month, or monthly.
- For farm or self-employment income only, list the net income after business expenses. Write in whether the reported net income is per month or per year. A loss from farm or self-employment must be listed as a 0 and does not reduce other incomes.
- Last four digits of Social Security number – The adult household member signing the application must provide the last four digits of their Social Security number, or check the box if they do not have a Social Security number.
- Regular incomes to children – If any children in the household have regular income, such as SSI or part-time jobs, list the total amount of regular incomes received by all children. Do not include occasional earnings like babysitting or lawn mowing.

**Step 4 Signature and Contact Information** An adult household member must sign the form.

## Summer Food Service Program—Household Income Statement

Organization Name: Minnesota Elks Youth Camp

**Step 1** List all infants, children, and students through grade 12 in the household, even if they are not related. Attach an additional page if necessary.

First Name	Last Name	Age	Foster Child? (An agency or court has legal responsibility for the child.) If yes, fill in the circle.	- Optional - Ethnicity	- Optional - Racial Identity Fill in one or more circles for each child.				
				Is the child Hispanic / Latino? If yes, fill in the circle.	American Indian or Alaskan Native	Asian	Black or African American	Native Hawaiian or other Pacific Islander	White
			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Step 2** Do any Household Members, including yourself, currently participate in any of these assistance programs: SNAP, MFIP or FDPIR? Circle one: **Yes** **No**  
*Medical Assistance and WIC payments do not qualify.* If **No** > Go to STEP 3. If **Yes** > Write the **CASE NUMBER**  here: then go to STEP 4.

**Step 3** A. List ALL Adult Household Members including yourself and report all incomes. Attach an additional page if necessary. (Skip STEP 3 if you answered Yes to STEP 2 or if all participants are foster children.)

Adults - Full Name <small>For the purpose of this program, the members of your household are "Anyone who is living with you and shares income and expenses, even if not related." Include any college students temporarily away from home. List the full name of each household member not listed in Step 1 and their income(s) in whole dollars. If a person has no income, write in 0 or leave the section blank. This is your certification (promise) that there is no income to report.</small>	Gross Pay from Work <small>Do not write in an hourly wage.</small>				Farm or Self-Employment	Public Assistance, Child Support, Alimony				All Other Incomes						
	Gross pay before deductions (Not take-home pay).	Weekly	Bi-Weekly	2x Month	Monthly	Net Income after business expenses. State if annual or monthly.	Payments received.	Weekly	Bi-Weekly	2x Month	Monthly	Pension, retirement, disability, unemployment, Veterans benefits, etc.	Weekly	Bi-Weekly	2x Month	Monthly
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**B. Last four digits of signer's Social Security Number or no SSN (required):** X X X - X X     - Or  I don't have a Social Security Number.

**C. Do any of the children listed in Step 1 receive regular incomes such as SSI or wages?** TOTAL regular incomes of children, if any:  \$  Weekly  Bi-Weekly  2x Month  Monthly

**Step 4** I certify (promise) that all information on this application is true and correct and all household members and incomes are reported. I understand that I am applying for federal benefits in the form of free program meals and that program officials may verify the information on the application and that purposely providing untrue or misleading statements may result in prosecution under state or federal criminal laws.

**Signature of Adult Household Member (required)** \_\_\_\_\_ **Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>Sponsor Use Only</b> Approved: <input type="checkbox"/> Foster <input type="checkbox"/> Case Number <input type="checkbox"/> Income	Total Household Members: _____ Total Income: \$ _____ per _____
Denied: <input type="checkbox"/> Incomplete application <input type="checkbox"/> Income exceeds guidelines <input type="checkbox"/> Other _____	
Sponsor Signature: _____ Date: _____	



**Farmer or Self-Employed**

Income is *net* monthly income (after deducting business expenses). A loss from self-employment must be listed as 0 income and does not reduce other income for the purpose of completing this form.

**Seasonal Worker or Fluctuating Income**

Income is your average gross income (before deductions, not take-home pay) during the year. List average gross income per month or other frequency.

**Foster Child**

A child formally placed for foster care by a court or state agency.

**Privacy Act Statement / How Information Is Used**

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give this information but if you do not, we cannot approve your child for free or reduced-price school meals. You must include the last four digits of the Social Security number of the adult household member who signs the form. The last four digits of the Social Security number are not required when the form is completed on behalf of a foster child, or you provide a Minnesota Family Investment Program (MFIP), Supplemental Nutrition Assistance Program (SNAP) or Food Distribution Program on Indian Reservation (FDPIR) assistance number, or you indicate that the adult household member signing the application does not have a Social Security number.

Only authorized officials will have access to the information you provide on this form. We will use your information to determine if your child qualifies for free or reduced-price meals, and for administration and enforcement of the program. We may share your information with other education, health, and nutrition programs to help them evaluate, fund or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules. We require written consent from you before sharing information for other purposes.

Please provide the requested information about children's race and ethnic identity. This information is not required and does not affect approval for program benefits. We use the percentages of participants in each racial/ethnic category to check that our program is operated in a nondiscriminatory manner in compliance with federal civil rights laws

**Nondiscrimination Statement**

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA *Program Discrimination Complaint Form (AD-3027)* found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail to U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue SW, Washington, D.C. 20250-9410, or (2) fax to (202) 690-7442; or (3) email to [program.intake@usda.gov](mailto:program.intake@usda.gov). This institution is an equal opportunity provider.

## SPECIAL DIET STATEMENT For A Participant *Without* a Disability

This Special Diet Statement is for a participant *without* a disability who is medically certified as having a special dietary need. Requests for a special diet must be:

- Supported by a Special Diet Statement that is thoroughly completed and signed by a recognized medical authority (for example: a licensed physician, physician's assistant, certified nurse practitioner, registered dietitian, licensed nutritionist or chiropractor).
- Submitted to the school/center/site before any meal modifications will be made in the United States Department of Agriculture Child Nutrition Programs.

Special diet requests will be evaluated on a case-by-case basis. A school/center/site is encouraged to accommodate reasonable requests but is *not* required to do so.

<b>PART 1: PARTICIPANT INFORMATION</b>				
<b>PARENT OR GUARDIAN MUST COMPLETE. PLEASE PRINT.</b>				
Participant's Name: Last / First / Middle Initial				Today's Date:
Name of School/Center/Site Attended:				Date of Birth:
Parent/Guardian Name:		Home Phone Number:		Work Phone Number:
Parent /Guardian Address:		City:		State: Zip Code:
<b>Meals or snacks to be eaten at school/center/site: (circle all that apply)</b>				
<b>School:</b>		<b>Center / Child Care / Adult Care:</b>		<b>Site--Summer Food Service Program:</b>
Breakfast      Lunch		Breakfast      Lunch      Supper		Breakfast    Lunch    Supper    Snack
Afterschool Care Program (snack)		am / pm / eve Snack    Afterschool Snack		
Parent/Guardian Signature: _____ Date: _____ OR Participant's Signature (Adult Day Care)				
<b>PART 2: PARTICIPANT STATUS</b>				
<b>RECOGNIZED MEDICAL AUTHORITY MUST COMPLETE.</b>				
<b>Participant does <i>not</i> have a disability but is requesting a special meal or dietary accommodation.</b>				
<b>Describe and/or select the medical or special dietary condition which restricts the participant's diet:</b>				
_____				
_____				
<input type="checkbox"/> <b>Lactose Intolerance:</b> <input type="checkbox"/> No milk to drink (Schools: participant must be offered lactose-reduced or lactose-free milk as required by state law (Minnesota Statutes section 124D.114) when supported by a written request from the parent/guardian.				
<input type="checkbox"/> <b>Food Intolerance:</b> Food(s) intolerant to: _____				
<input type="checkbox"/> <b>Food Allergy:</b> Food(s) allergic to: _____				
The participant's allergy to the food(s) stated above <b>does not</b> result in a life threatening (anaphylactic) reaction. PLEASE NOTE: a food allergy <b>is</b> considered to be a disability when it results in a life-threatening (anaphylactic) reaction.				
♦The school/center/site cannot guarantee that the facility or dining area will be allergen free.♦				

**PART 3: DIETARY ACCOMMODATION**  
**FOODS TO BE OMITTED AND FOODS TO BE SUBSTITUTED / OTHER INSTRUCTIONS**  
**RECOGNIZED MEDICAL AUTHORITY MUST COMPLETE – PLEASE PRINT.**

**Foods to be omitted and substitutions:** List specific foods to be omitted and foods to be substituted.

FOODS TO BE OMITTED	FOODS TO BE SUBSTITUTED

**Texture Modification:** \_\_\_\_\_ Pureed \_\_\_\_\_ Ground \_\_\_\_\_ Bite-Sized Pieces \_\_\_\_\_ Other (specify) \_\_\_\_\_

**Other Dietary Modification / Additional Instructions** (describe): \_\_\_\_\_  
 \_\_\_\_\_ (attach specific diet order instructions)

**Infant Feeding Instructions:**

In place of breast milk or iron-fortified infant formula, infant (age 8-12 months) is approved to be served:

- whole milk                                       low fat (1%) milk  
 reduced fat (2%) milk                               nonfat (skim) milk

Infant to be served Non-Iron Fortified Infant Formula (infant under 12 months)

Infant to be served Non-Iron Fortified Infant Cereal (infant ages 4 months to first birthday)

Infant to be served:  Nutramigen  Pregestimil  Alimentum  Other Special Formula \_\_\_\_\_

Infant to be served a different dilution of formula: \_\_\_\_\_ (Kcal/ounce)

Additional Instructions: \_\_\_\_\_  
 \_\_\_\_\_

**SIGNATURE OF RECOGNIZED MEDICAL AUTHORITY**

**RECOGNIZED MEDICAL AUTHORITY MUST SIGN and RETAIN A COPY of this DOCUMENT.**

Recognized Medical Authority Name/Credentials (print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Clinic/Hospital Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

In accordance with Federal law and USDA policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

## SPECIAL DIET STATEMENT GUIDANCE (For a Recognized Medical Authority)

### DEFINITION OF “DISABILITY”

The provisions requiring substitutions or modifications for persons with disabilities respond to the federal requirements under Section 504 of the Rehabilitation Act of 1973 and the regulations that implement that law (7 CFR 15b) which provide that no otherwise qualified individuals shall be excluded from participation in, be denied benefit of, or subjected to discrimination, under any program or activity receiving federal financial assistance, solely on the basis of their disability. Therefore, substitutions to the meal pattern, or modifications to a food item, are required for those participants with disabilities who are unable to consume the regular program meals.

### Definition of “handicapped person” from 7 Code of Federal Regulations 15b.3:

The definition of “handicapped person” is provided in 7 CFR 15b.3(i):

- (i) *“Handicapped person” means any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment.*

The parts of the definition of “handicapped person” shown in bold print are further defined in 7 CFR 15b.3(j) through 15b.3(m).

- (j) *“Physical or mental impairment” means (1) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: Neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive; genitourinary; hemic and lymphatic; skin; and endocrine; or (2) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. The term physical or mental impairment includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech, and hearing impairments; cerebral palsy; epilepsy; muscular dystrophy; multiple sclerosis, cancer; heart disease; diabetes; mental retardation; emotional illness; and drug addiction and alcoholism.*
- (k) *“Major life activities” means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.*
- (l) *“Has a record of such an impairment” means has a history of, or has been misclassified as having, a mental or physical impairment that substantially limits one or more major life activities.*
- (m) *“Is regarded as having an impairment” means (1) has a physical or mental impairment that does not substantially limit major life activities but that is treated by a recipient as constituting such a limitation; (2) has a physical or mental impairment that substantially limits major life activities only as a result of the attitudes of others towards such impairment; or (3) has none of the impairments defined in paragraph (j) of this section but is treated by a recipient as having such an impairment.*

### FOOD ALLERGIES AND INTOLERANCES

Generally, a participant with a food allergy(ies) OR a food intolerance(s) is not considered to be a person with a disability. However, when in the physician’s assessment, the allergy to the food could result in a life-threatening reaction (anaphylactic reaction), the participant is considered to have a disability and substitutions prescribed by the physician must be provided. Requests for food substitutions due to a food allergy (non-life threatening) or due to a food intolerance will be evaluated by a school/center/site on a case-by-case basis. A school/center/site is encouraged to accommodate reasonable requests for food substitutions but is **not** required to do so.

### PARTICIPANT WITHOUT A DISABILITY

Substitutions may be made for a participant who is unable to consume a food item because of a medical or other special dietary need but who does not meet the definition of a “handicapped person” in 7 CFR 15b. Sponsors are encouraged, **but not required**, to provide food substitutions or modifications for a participant without a disability.

However, substitutions may be made on a case-by-case basis when supported by a statement signed by a licensed physician or recognized medical authority. In Minnesota, recognized medical authorities are licensed physicians, physician's assistants, certified nurse practitioners, registered dietitians, licensed nutritionists and chiropractors.

Participants who are overweight or have elevated blood cholesterol generally are not considered to have a disability and sponsoring authorities are not required to make substitutions for them.

In most cases, the special dietary needs of persons who do not have a disability may be managed within the normal program meal service when a variety of nutritious foods are made available to participants and/or the "offer versus serve" provision (if applicable) is utilized to maximize the participants' choices. Whenever food substitutions can be provided within the meal pattern, no Special Diet Statement is required.

### **SPECIAL DIET STATEMENT (for a participant *without* a disability)**

The Special Diet Statement for a participant *without* a disability must include:

1. An identification of the medical or other special dietary need which restricts the participant's diet.
2. The food or foods to be omitted from the participant's diet, and the food or choice of foods that may be substituted.

The statement does not have to be renewed each year as long as there are no changes.

### **STATE LAW ON LACTOSE INTOLERANCE (for School Nutrition Programs)**

The responsibility of a school food authority to provide substitutions for any child with lactose intolerance is specified in state law (Minnesota Statutes section 124D.114). Under this law, a school district or nonpublic school that participates in the National School Lunch Program or School Breakfast Program and receives a written request from a parent/guardian shall make available:

- ◆ Lactose-reduced or lactose-free milk; or,
- ◆ Milk fortified with lactase in liquid, tablet, granular or other form; or,
- ◆ Milk to which lactobacillus acidophilus has been added.

The school is **not allowed** to substitute juice (fruit or vegetable) or any soy- or rice-based beverage that is not nutritionally equivalent to cow's milk for a participant who is lactose intolerant.

### **FLUID MILK SUBSTITUTIONS (pertains only to the National School Lunch Program, School Breakfast Program, Special Milk Program and the Minnesota Kindergarten Milk Program)**

Requests for a milk substitute may be made by a parent/guardian or a recognized medical authority. According to U.S. Department of Agriculture (USDA) regulations, the only beverage that may be substituted for milk for a participant *without* a disability is a "milk substitute that is nutritionally equivalent to cow's milk" as defined in the USDA regulations. Juice, for example, does not meet the standard of being nutritionally equivalent to cow's milk and therefore cannot be substituted for milk even when a request is submitted on a participant's behalf by a recognized medical authority.

### **COOPERATION (as stipulated in FNS Instruction 783, Rev. 2, Section V Cooperation)**

When implementing these guidelines, food service personnel should work closely with parents, other responsible family members, and with all other school, child care, medical and community personnel who are responsible for the health, well-being and education of participants with disabilities or with other special dietary needs to ensure that reasonable accommodations are made to allow participation in the meal service.



## What To Bring With You

Below is a suggested list of items to bring with you:

- Clothing for 6 days ~ t-shirts, shorts, jeans, sweatshirts, socks, pajamas, underwear, rain coat
- Swim suit
- Beach towel
- Sunscreen
- Bath towel, wash cloth
- Hygiene items: toothbrush, toothpaste, comb/brush, bar of soap, shampoo/conditioner, deodorant, etc.
- Tennis shoes and sandals
- Bag for dirty clothes
- Bug spray

### Optional Items

- Beach shoes/Flip flops
- Flashlight

### We will provide

- Linens
- Pillows
- Postcards with stamps
- Any over the counter medication
- And anything forgotten at home!

### Leave at Home

Please leave the following items at home as they may be broken or lost. If these items do come to camp we will keep them safe until your return trip.

- Electronic games/MP3 players/iPods
- Cell phones
- Money
- Candy, treats, and pop
- Sleeping bags
- Jewelry, makeup, curling irons, etc.

ABSOLUTELY NO pocket knives or anything that may be considered a weapon will be allowed at Camp



# Minnesota Elks Youth Camp

## Submitting Camper Information Electronically

In an effort to streamline the process of managing camper registration and intake at the beginning of a camper session, we are asking Lodges to submit the camper information prior to the camping session. By sending the information prior to the kids showing up at camp, it gives us the chance to assign kids to cabins, shop for and/or address any special dietary or medical needs.

There will be two options for submitting camper registrations:

1. Complete and email a spreadsheet using the provided template
2. Submit camper data through an online form on [www.mnelksyouthcamp.org](http://www.mnelksyouthcamp.org)

The goal is to submit the data electronically no later than 4 days prior to the start of your session. Therefore, deadlines for each Lodge are as follows:

### Session 1: Wednesday, June 15, 2022

- Alexandria
- Hibbing
- Mankato
- Willmar
- Worthington
- Hutchinson

### Session 2: Wednesday, June 22, 2022

- Brainerd
- Owatonna
- Rochester
- Winona

### Session 3: Wednesday, July 6, 2022

- Bemidji
- Duluth
- Eveleth
- Fergus Falls
- International Falls
- Virginia

### Session 4: Wednesday, July 13, 2022

- Dakota
- Faribault
- Hopkins
- Minneapolis
- Red Wing
- St. Cloud
- Stillwater
- Wadena

### Alternative 1: Template Spreadsheet

The template spreadsheet pretty much follows the paper registration form and is intended for people that are comfortable with spreadsheets. It is recommended that you have the parent complete the registration form and you then enter the data into the spreadsheet. A sample spreadsheet has been provided to help outline how data should be entered.

Once the campers have been entered into the spreadsheet, you would **EMAIL** the following to Kim & Joel at [youthcamp@mnelks.org](mailto:youthcamp@mnelks.org):

- Completed spreadsheet
- Copies of the medical forms (scanned)

The paper copies of the registration form, medical form and family income forms can be sent along with the chaperones as they are today when the kids are transported to camp.



# Minnesota Elks Youth Camp

## Submitting Camper Information Electronically

### Alternative 2: Online Registration Form

The second alternative for submitting camper registration information is using an online form accessible on the [www.mnelksyouthcamp.org](http://www.mnelksyouthcamp.org) web site. Detailed screen shots are provided below. Once you have entered all of your campers, you would **EMAIL** the scanned medical forms to Kim & Joel at [youthcamp@mnelks.org](mailto:youthcamp@mnelks.org).

Please note that there is not currently a way for you to go back and review the campers you have entered. If you feel you made a mistake, that's okay, we will reconcile it when the campers arrive. We will download the data and verify the camper list with you prior to the start of your session.

### Screen Shots

To start the registration process, open a web browser and enter [www.mnelksyouthcamp.org](http://www.mnelksyouthcamp.org) as the URL. From the home page, click on "Camp Sessions" from the top menu and then click on "Local Lodge Sessions"



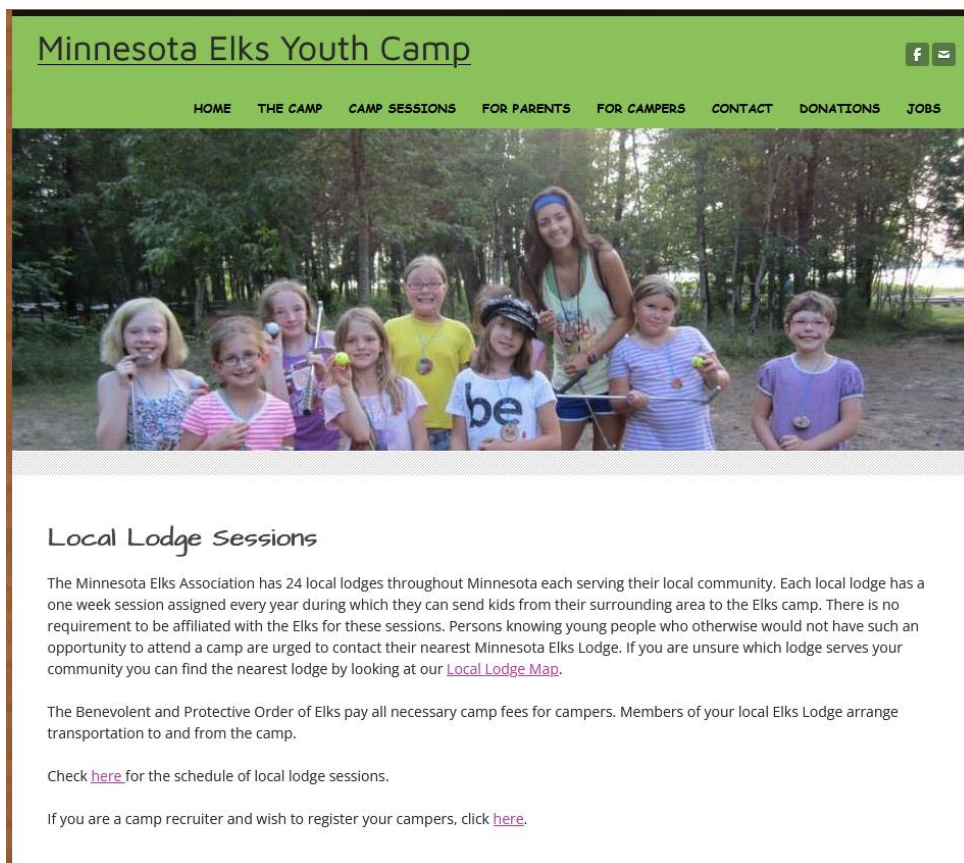
From the Local Lodge Session page (shown below), click on the link at the bottom for recruiters where it says "If you are a camp recruiter and wish to register your campers, click here".





# Minnesota Elks Youth Camp

## Submitting Camper Information Electronically



This portion of the web site is password protected. You will be prompted to enter a password. The password is ElksCamp! It is case sensitive. Enter the password and click Login. Once entered, you will not have to enter it again unless you close the browser.

## This area is password protected

Please enter the password below

Complete the online form as you would a paper form and hit **Continue** at the bottom of the page.



# Minnesota Elks Youth Camp

## Submitting Camper Information Electronically

### Minnesota Elks Youth Camp

HOME THE CAMP CAMP SESSIONS FOR PARENTS FOR CAMPERS CONTACT DONATIONS JOBS

#### Registration for Children Attending Local Lodge Sessions

Please complete the information below and hit Continue. If the registration was successful, you will see a message thanking you for the registration.

*\* Indicates required field*

**Sponsoring Lodge: \***  
Pick Sponsoring Lodge

**Child's First & Last Name \*** **Child's Age (at time of camp) \*** **Child's Gender \***

Male  
 Female

**Street Address \*** **City \*** **State \*** **Zip \***

#### Parent or Guardian Information

**Parent or Guardian First & Last Name \*** **Relationship \***

**Home Phone # (if no home #, use cell #) \*** **Cell Phone # (if no cell, use home or work) \***

**Work/Alternate Phone #** **Primary Email Address \***

#### Emergency Contact Information

**First & Last Name \*** **Relationship \***

**Home Phone # \*** **Cell Phone #**

**Has the child been away from home for longer than 2 days previously: \***

Yes  
 No

**Special Needs (Use box below to explain checked items)**

Special Education Needs (e.g. para, IEP)  
 Special Dietary Needs (e.g. Gluten Free)  
 Significant Allergy  
 Special Medical Needs

**Please describe any medical conditions, treatments or medications**

**Is there anything else we need to know about your child**

**CONTINUE**





## Minnesota Elks Youth Camp

### Submitting Camper Information Electronically

Once you have completed and submitted the form, you will receive a confirmation message. You can then click on the link specified by "Click here" and repeat the process.

# Minnesota Elks Youth Camp

Add text  

[HOME](#) [THE CAMP](#) [CAMP SESSIONS](#) [FOR PARENTS](#) [FOR CAMPERS](#) [CONTACT](#) [DONATIONS](#) [JOBS](#)

## Thank You For Using Online Registration

We have received your registration for the local lodge session. Thank you for registering.

Do you want to enter another registration? If so, click [here](#)