



# FPYC Registration Form



Office Use Only	
<input type="radio"/> Cash <input type="radio"/> Check	# _____ # _____
Amount:	\$ _____ \$ _____
Total Due:	\$ _____ \$ _____
Applied to fees:	\$ _____ \$ _____
Applied to Bus:	\$ _____ \$ _____
Promotion:	\$ _____ \$ _____
Canteen Deposit:	\$ _____ \$ _____
Other:	\$ _____ \$ _____
Balance Due:	\$ _____ \$ _____
App. to other accts.:	\$ _____ \$ _____

Send registration and fees to:

**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.

### FPYC

19803 State Hwy. 1  
Cook MN 55723

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

Photocopy or download extra forms from [www.fpyc.org](http://www.fpyc.org) as needed.

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

Camper's Name (0-18 years)	Age	Grade Completed	M/F	Deposit
Parent or Guardian _____			Request to bunk with: _____	
Address _____			Camp Session(s) Attending	
City _____ State _____ Zip _____			Bus Rides Needed / Family Camp Housing Needed	
Home phone: _____			<input type="checkbox"/> <b>Junior</b> <input type="checkbox"/> Bus to Camp: <input type="checkbox"/> Northern Light CoC <input type="checkbox"/> Cloquet <input type="checkbox"/> Parent/Other <input type="checkbox"/> From Camp: <input type="checkbox"/> Northern Light CoC <input type="checkbox"/> Cloquet <input type="checkbox"/> Parent/Other	
Work Phone: _____			<input type="checkbox"/> <b>Senior</b> <input type="checkbox"/> Bus to Camp: <input type="checkbox"/> Northern Light CoC <input type="checkbox"/> Cloquet <input type="checkbox"/> Parent/Other <input type="checkbox"/> From Camp: <input type="checkbox"/> Northern Light CoC <input type="checkbox"/> Cloquet <input type="checkbox"/> Parent/Other	
Cell Phone: _____			<input type="checkbox"/> <b>1<sup>st</sup> Family</b> <input type="checkbox"/> Tent Pad, <input type="checkbox"/> RV site, or <input type="checkbox"/> Camp housing as available	
Guardian Email: _____			<input type="checkbox"/> <b>Challenge</b> <input type="checkbox"/> Bus to Camp: <input type="checkbox"/> Northern Light CoC <input type="checkbox"/> Cloquet <input type="checkbox"/> Parent/Other <input type="checkbox"/> From Camp: <input type="checkbox"/> Northern Light CoC <input type="checkbox"/> Cloquet <input type="checkbox"/> Parent/Other	
Camper Email: _____			<input type="checkbox"/> <b>2<sup>nd</sup> Family</b> <input type="checkbox"/> Tent Pad, <input type="checkbox"/> RV site, or <input type="checkbox"/> Camp housing as available	
			<input type="checkbox"/> <b>Youth</b> <input type="checkbox"/> Bus to Camp: <input type="checkbox"/> Woodbury CoC <input type="checkbox"/> Northern Light CoC <input type="checkbox"/> Cloquet <input type="checkbox"/> Parent/Other <input type="checkbox"/> From Camp: <input type="checkbox"/> Woodbury CoC <input type="checkbox"/> Northern Light CoC <input type="checkbox"/> Cloquet <input type="checkbox"/> Parent/Other	

### In 2012, you can bring a friend to FPYC for free!

The only requirements are: Friends must be a first-time camper at FPYC and be of cabin camper age (9-18).

Friend's Name \_\_\_\_\_

\* **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 Light building around 3:00 p.m. on Friday. For all other sessions the bus will leave camp on the ending Saturday departing and arriving at the same times.

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

A **\$10.00 deposit** holds your place at camp events and helps 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.

### Fee Schedule

#### Junior Camp

One week \$135  
9-13 years

#### Challenge Camp

One week \$75  
9-18 years

#### Youth Camp

One week \$135  
9-18 years

#### Senior Camp

Two weeks \$230  
14-18 years

#### Family Camps

One week  
Adults: \$150  
Ages 9 to 18: \$135  
Ages 5 to 8: \$45 Age 8 - in a cabin \$135  
Ages 0 to 4: \$5

\*Campers who combine a Youth or Junior Camp with a Family Camp session pay only \$230.00 when attending both.

#### Bus Fee

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

Summer Calendar	Dates
Counselor Training	June 17 - 23
Junior Camp (ages 9-13)	June 24 - 30
Senior Camp (ages 14-18)	July 1 - July 13
First Family Camp	July 15-21
Challenge Camp	July 22-28
<a href="#">Tour De Togo Bicycle Ride</a>	
Second Family Camp	July 29-August 4
Youth Camp	August 5-11
Fall Worship & Service Weekend	August 31-Sept. 3
Men's Leadership Weekend	September 14-16



# FPYC Health Form

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

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

**Emergency Contact:** \_\_\_\_\_ ( ) \_\_\_\_\_ ( )  
If Parent or Guardian cannot be reached 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.

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. Routine care can be provided by the health center staff for things like skinned knees, itchy mosquito bites, sore throats and headaches. In an emergency, the camp will make every effort to get in touch with the custodial parent. In the event I cannot be reach 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.

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

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. It will include a copy of the rules, suggestions on what to bring, bus information and general directions to Flaming Pine Youth Camp.

**Check one:**

- Request confirmation by mail
- Request confirmation by email

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** \_\_\_\_/\_\_\_\_/\_\_\_\_

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** \_\_\_\_/\_\_\_\_/\_\_\_\_