

Soul Fuel

August 4 - 7, 2011

Name _____
Phone _____ Email _____
Address _____
City _____ State _____ Zip _____

Health Information:

Birthdate _____ Insurance Provider _____
Insurance# _____ In case of an emergency, please
notify _____ @phone# _____ Relationship _____
Minnesota law requires all immunizations to be up-to-date with public school specifications.
Date of last Tetanus _____
Additional information of physical conditions _____

I, hereby, give permission to DLBC to authorize medical treatment to the above individual if it is deemed necessary. In case of an accident or illness the parent/guardian will be notified prior to treatment if possible.

Camper's Signature Date Parent/Guardian Signature
(if camper is under 18)

*DLBC's insurance policy is considered an accident excess insurance. All medical bills resulting from injury /illness must be sent first to the camper's insurance.

Motorized Boating Release of Responsibility: DLBC is not licensed to own or operate motorized boats or watercraft as emphasized by our Minnesota State Inspector. Because of this, water-skiing, knee-boarding, or any such activities which you may take part in, will be at your own risk, thus exempting DLBC from all responsibility and liability in case of an accident or injury.

Camper's Signature Date Parent/Guardian Signature
(if camper is under 18)

Registration Fee: { } \$60.00 is enclosed, make checks payable to DLBC

Non-Discrimination Clause: In the operation of our child nutrition programs by the United States Department of Agriculture, no child shall be discriminated against, authorized because of race, color, sex, handicap, national origin, or age. If anyone believes that they have been discriminated against, they should write immediately to the Secretary of Agriculture, Washington, D.C. 20250