

## **Adult Counselors**

To volunteer for the 2012 Camp Staff

You are required to:

*\*\*\*\*\* Complete all Application materials attached\*\*\*\*\**

*Please type information into all forms, save and print*

### ➤ **Returning Adult Counselors:**

1. Physician Form must have a current physician signed physical within (24 months) of the start of camp
2. Health History/Exam Form
3. Adult Camper Consent Form
4. This Sheet with week of camp and position preference selected

Mail to:

**MN National Guard Youth Camp  
211 North McCarrons Blvd. Roseville, MN 55113**

### ➤ **New Adult Counselors:**

1. Physician Form must have a current physician signed physical within (24 months) of the start of camp
2. Health History/Exam Form
3. Adult Camper Consent Form
4. This Sheet with week of camp and position preference selected
5. Submit three completed references, using the reference form located on the (Registration/Forms tab) located on the website and send to the mailing address below.

**Week 1 Saturday: 21 July – Saturday: 28 July 2012**

**Week 2 Saturday: 28 July – Saturday: 4 August 2012**

Mail your completed registration to:

**MN National Guard Youth Camp  
211 North McCarrons Blvd. Roseville, MN 55113**

Any questions please send to the Youth Camp e-mail address:

**[MNGYTC@gmail.com](mailto:MNGYTC@gmail.com)**



# MN NATIONAL GUARD YOUTH CAMPS Registration

**Adult Counselor Name:** \_\_\_\_\_  
Please Print (*Last name, First MI*):

- Camp week:
- Week 1**
  - Week 2**

Volunteer Position: 1<sup>st</sup> Choice \_\_\_\_\_  
2<sup>nd</sup> Choice \_\_\_\_\_

Special skills:

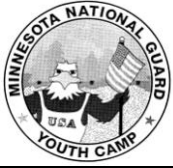
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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# MN NATIONAL GUARD YOUTH CAMPS Physician Form

211 North McCarrons Blvd. Roseville, MN 55113 • Phone: 763-670-1251 • Fax: 651-558-2336

Applicant's Full Name (print please): \_\_\_\_\_

### Physical Exam (check one of the following):

- This is a new Application. The below portion has been completed by License Medical Personnel.
- A copy of the applicant's last physical exam is on file, and there have not been any changes in the applicant's health since last summer National Guard Youth Camps. (Good for 24 months)  
The date of the last physical exam was: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- There have been changes to the applicant's health. A copy of a signed exam form has been provided or the below portion has been filed out and signed.

**Note; If a physical form signed by camper's health care provider, is not on file from the previous year's camp, documentation of a recent physical exam must be submitted.**

**THIS PORTION (OR AN EQUIVILANT SIGNED PHYSICAL EXAM FORM) NEEDS TO BE COMPLETED EVERY TWO YEARS BY A LICENSED MEDICAL PERSONNEL AND SUBMITTED BY JUNE 30<sup>th</sup> FOR CAMP PARTICIPANT TO ATTEND!  
\*\*\* NO EXCEPTIONS \*\*\***

Dr. \_\_\_\_\_ examined this individual on: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Blood Pressure \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_

In the Doctor's Opinion, the above applicant is able to participate physically in a camp program without restrictions (please check one):

YES     NO

If not, please explain why: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Licensed Medical Personnel (MD, PA or NP): _____	
Printed: _____	Date: _____
Address: _____	
Phone: _____	Date: _____



# MN NATIONAL GUARD YOUTH CAMPS Health History/Exam Form

211 North McCarrons Blvd. Roseville, MN 55113 • Phone: 763-670-1251 • Fax: 651-558-2336

Applicant's Full Name (print please): \_\_\_\_\_

**THIS HEALTH HISTORY MUST BE COMPLETELY FILLED AND SUBMITTED BY JUNE 30th IN ORDER FOR THE CAMP PARTICIPANT TO ATTEND.**

**\*\*\*\* NO EXCEPTIONS \*\*\*\***

The information on this form is not part of the camper acceptance process, but is gathered to assist us in identifying appropriate care. This Health history must be filled out by the legal parents or guardians. Any changes to this form should be provided to camp health personnel upon participant's arrival in camp. Provide complete information so that the camp can be aware of your needs. Update required annually.

Applicant's Full Name: \_\_\_\_\_ Age: \_\_\_\_\_

Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender: Male  Female

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: H: \_\_\_\_\_ C: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Emergency Contact Information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: H: \_\_\_\_\_ C: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: H: \_\_\_\_\_ C: \_\_\_\_\_

### AUTHORIZATIONS

This health history form is complete and correct to the best of my knowledge.

I hereby give authorization for the medical personnel selected by the camp director to provide routine health care, administer prescribed and over-the-counter medications, and seek emergency medical treatment including x-rays and routine tests.

In the event of an emergency involving myself I understand that every effort will be made to contact an emergency contact. In the event that my emergency contact cannot be reached, I authorize the physician to administer treatment including hospitalization, medications, and emergency surgery and anesthesia.

I agree to the release of any records necessary for insurance purposes.

I give permission for the camp to arrange necessary related transportation for me (camp volunteer).

This completed form may be photocopied for treatment out of camp.

Signature of volunteer: \_\_\_\_\_

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



Applicant's Full Name (print please): \_\_\_\_\_

**DO YOU HAVE ANY ALLERGIES (MEDICATION, FOOD, ENVIRONMENTAL)?**

	Allergy	Reaction	Treatment
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

**\*\* If the camper requires a bee sting kit, he/she must bring it to camp.\*\***

**CURRENT MEDICATIONS:**

	Medication	Dose	Reason for taking
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

**\*\* All medications must be brought to camp in original container labeled with camper's name, medication, dose, and administration instructions. Campers will bring enough medication for the duration of camp.\*\***

Are Immunizations up to date? Yes      No

Annotate Dates the Following Immunizations Were Give:

Measles \_\_\_\_\_ Mumps \_\_\_\_\_ Chicken Pox \_\_\_\_\_

German Measles \_\_\_\_\_ Hepatitis A \_\_\_\_\_ Hepatitis B \_\_\_\_\_

TB Test \_\_\_\_\_

**Does the Camper have any restrictions?**

Dietary:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Activities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand and agree to abide by any restrictions placed on my camp participation.

Signature of volunteer:

\_\_\_\_\_



# MN NATIONAL GUARD YOUTH CAMPS

## Counselor Consent Form

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211 North McCarrons Blvd. Roseville, MN 55113 • Phone: 763-670-1251 • Fax: 651-558-2336

Applicant's Full Name (print please): \_\_\_\_\_

- I certify that I am the person listed on this application.
  
- I understand that if it is discovered that false information has been given for the sole purpose of my attending camp, I will be asked to leave camp.
  
- I give my permission for the release of my name, address and phone number to be provided to fellow campers and staff for the purpose of future communications. It will not be sold or distributed for any other use. Any photos or videos may be used for the promotion of the Minnesota National Guard Youth/Teen Camp.
  
- I hereby waive any claim against the Minnesota National Guard, the Department of Military Affairs, the State of Minnesota, the United States of America, or the Minnesota National Guard Youth Camps for any causes that may arise in connection with the participation of \_\_\_\_\_  
in the Minnesota National Guard Youth Camps. (Counselor's Name)

**I have read and agree to the above:**

Signature of Participant: \_\_\_\_\_

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