

# CAMP APPLICATION - SUMMER '09

**CHECK ONE**  Camp Superkids (ages 8-13)  Junior Leaders Camp (ages 14-16)  Camp We-No-Wheeze (ages 8-13)

Camper Name \_\_\_\_\_ Male  Female  Parent(s) Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZipCode \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age at Camp \_\_\_\_\_ Grade in Fall 2009 \_\_\_\_\_

Primary Contact \_\_\_\_\_ Relation to Camper \_\_\_\_\_

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Alternative Phone (cell/work) ( \_\_\_\_\_ ) \_\_\_\_\_

Email \_\_\_\_\_

Child attended asthma camp before? Yes  No  If yes, how many times? \_\_\_\_\_

How did you find out about American Lung Association Asthma Camps? \_\_\_\_\_

Is camper on daily asthma medication? Yes  No  List medications: \_\_\_\_\_

## CAMP ACTIVITIES

(Mark your first and second choice in each column)

Arts & Crafts (ages 8-13)

Fishing (ages 8-13)

Sailing (ages 9-13)

Waterskiing (ages 10-13)

Outdoor Challenge (ropes course) (ages 11-13)

Creative - newspaper, digital photography, crafts

Water - canoe/kayak, swimming

Nature - campfire cooking, scavenger hunts

Sports - kickball, volleyball, archery

MINNESOTA  
ONLY

## INSURANCE

I am a Prime West member. ID# \_\_\_\_\_

I am a UCare member. ID# \_\_\_\_\_

I am a Medica ChoiceCare<sup>SM</sup> or

Medica MinnesotaCare member. ID #59- \_\_\_\_\_

I am a Metropolitan Health Plan (MHP) member. ID# \_\_\_\_\_

I am a Hennepin County client-\$200 assistance. ID# \_\_\_\_\_

## PAYMENT

Check (payment in full)  Credit Card  Installment Plan (half now; half day of camp)

Card No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date \_\_\_\_\_

Cardholder's Name \_\_\_\_\_ Cardholder's Signature \_\_\_\_\_

Cardholder's Address \_\_\_\_\_

Cardholder's Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Amt. Charged \$ \_\_\_\_\_

Limited need-based financial scholarships are available. Please send 2007 or 2008 IRS tax form 1040/1040EZ or verification of reduced school meal program if you wish to be considered for financial assistance.

Signature (parent/guardian) \_\_\_\_\_ Date \_\_\_\_\_

Mail this registration form and attachments (see Camp Information on this brochure for deadlines):

American Lung Association in Minnesota \* c/o Summer Asthma Camps '09

490 Concordia Avenue \* St. Paul, MN 55103-2441

OR fax 651.227.5459 \* For more information visit [www.LungMN.org](http://www.LungMN.org)