



CAMP NOAH

Building Resiliency. Restoring Hope. Changing Lives.

Camper Registration Form

Camper Information

First Name: _____ Last Name: _____

Birthdate: _____ Gender: _____

T-shirt Size (circle one): Youth S (6-8) | Youth M (10-12) | Youth L (14-16) | Youth XL (16+) | Adult S | Adult M | Adult L | Adult XL | Adult XXL

Grade **2021/2022** school year: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Will your child(ren) need transportation to and from camp? Yes | No

Each camper and family situation, concerns, and felt needs are different and dependent on many factors. The information you provide is confidential and will be used by the Site Coordinator and camp staff (as needed) to help your camper have a great Camp Noah experience. [If your child has special needs, please let us know here or contact the Site Coordinator so these can be accommodated.](#)

Medical Information

Allergies:

- Penicillin
- Other Medications
- Animals
- Food Products
- Insect Stings
- Hay Fever
- Other: _____

Please explain details of all the checked allergies above:

Is your child currently on medication? Yes | No
If yes, list name and dosage:

Will your child need medication at camp? Yes | No | Unsure

Any medication brought to camp MUST list the name of the camper, amount of drug dosage, and when to be taken. Bring only prescription medications in original containers. All medication must be dispensed by the Site Coordinator (or designee). Please give medication to the Site Coordinator on the first day of camp with specific directions for dispensing.

Does your child have any medical, physical, intellectual, behavioral, or emotional challenges that may affect his/her ability to participate fully and safely at Camp Noah? (ie any information that would be helpful for us to know in caring for this camper; for example, wandering, anger management, or require 1:1 supervision in order to participate in activities.)

Yes | No If yes, please explain.

Has your child experienced a significant change in the past year:

- Move
- Death of family member/friend/pet
- Divorce/Remarriage
- New sibling/new household member
- Parent job change/loss
- New school
- Other

Children often communicate signs of stress/trauma through behaviors. Please indicate any recent behavior changes/challenges that you have observed in your child (Check all that apply):

- Very clingy
- Complains of headaches
- More distant or withdrawn
- Hostile/aggressive behavior
- Toileting concerns
- Excessive crying, whining
- Very fearful or anxious
- Complains of stomach or body aches
- Moody, irritable, and/or restless
- Sad, gloomy, hopeless
- Sleep problems (nightmares, bedwetting, etc.)
- Very afraid of weather
- Extra "good" behavior
- Other (please explain):

I would prefer to discuss this information directly with the Site Coordinator. Please call me before the week of camp.

Yes | No

I would like to receive a follow-up call after camp from the Mental Health Professional or Site Coordinator. Yes | No

Pictures and Video help us tell the story of Camp Noah and campers are often photographed during camp. Camp Noah—LSSMN requests permission to use images/video of your child (taken at Camp Noah) in promotional materials such as brochures, newsletters, and on our website/social media. Camp Noah—LSSMN will not attach your child's name, location, or other identifying information to his/her images.

Please let us know how you would like images of your child to be used by selecting any/all that apply below. (required)

Do not take any pictures of this child.

I give Camp Noah—LSSMN permission to use images of my child to help tell the Camp Noah story.

Account Information

Parent/Guardian 1 Information

First Name: _____

Last Name: _____

Cell Phone: _____

Relationship: _____

Email: _____

Home Phone: _____

Parent/Guardian 2 Information

First Name: _____ Last Name: _____
Cell Phone: _____ Relationship: _____
Email: _____ Home Phone: _____
Cell Phone to receive Text Messages: _____ Cell Provider: _____

Emergency Contact 1 Information (Other than Parent/Guardian)

Emergency Contact First Name: _____ Last Name : _____
Relationship: _____ Emergency Contact Phone: _____

Household Information

We are interested in any family information you would be willing to share. Your answers will be kept confidential, and will be used to improve the program and seek funding so that more campers can have the opportunity to attend Camp Noah.

How did you hear about Camp Noah?

- Camp Noah website
- Flier/postcard from school
- Facebook
- Friend/family member
- Media: newspaper, radio, TV
- Site Coordinator contacted me
- My Disaster Case Manager

How were you and your family affected by disaster? (Please check all that apply.)

- Our community was impacted
- Our family home was impacted
- A close friend or relative's home was impacted
- Loss of life in our community
- Loss of life of a close friend or in our family
- We were not impacted by a disaster

How many children (under 18) are in your household?

- 1
- 2
- 3
- 4
- 5
- 6 or more

How many adults (18+) are in your household?

- 1
- 2
- 3
- 4
- 5
- 6 or more

What is the race/ethnicity of your household?

- African American
- Asian/Pacific Islander
- Hispanic/Latino
- Native American
- White
- 2 or more races

What is your total annual household income?

- Less than \$25,000
- \$25,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 or more

Waiver

I, The parent of registered camper(s), do hereby permit the above named child(ren) to participate in Camp Noah activities.

I understand that Camp Noah, Lutheran Social Service of Minnesota, sponsoring organizations, and the host facility/organization are NOT responsible for any injuries that may occur during camp. I hereby authorize Camp Noah staff to seek appropriate emergency medical treatment and to authorize medical procedures if an emergency arises and I cannot be reached.

Signature: _____

Date: _____



Information and Photo Release and Consent Form

Date: _____

At Lutheran Social Service of Minnesota, we strive to inform the community about the services we offer.

One of the most effective ways to achieve this goal is to share photos and stories about people who have already benefited from our services.

We do this through:

- newspaper stories
- radio and tv interviews
- videos
- LSS website
- LSS newsletter
- brochures
- direct mail fundraising
- social media
- and other promotional materials, through both print and online mediums

If you do not want us to use your Images & Stories in any way, please specify:

By signing this Release and Consent Form, you grant us the right to use your image and story in perpetuity to further the mission of LSS.

Thank you for helping us to promote the work of Lutheran Social Service of Minnesota!

Please return to:
LSS Communications
2485 Como Avenue
St. Paul, MN 55108
FAX: 651.969.2360

NOTES:

I, the undersigned ("I" or "Me") am voluntarily executing this Consent and Release ("Agreement") in consideration for my participation in a Lutheran Social Service of Minnesota ("LSS") project or event or to support the promotion, fundraising and/or marketing of LSS and its services.

1. I consent to the use of my photo, my voice, name, likeness, image, and my personal story (referred to as "Images & Story") by LSS. I agree that Images & Story may be created in any form, including, but not limited to, photography, video recording, and digital recording and may be transferred to or duplicated using any form of media now known or later developed, including, but not limited to, digital imaging, computer media file, film, slides and photographs.
2. I grant LSS the full, unrestricted and irrevocable right to produce, use, copy, distribute, exhibit and transmit Images & Story, including the right to edit, mix or duplicate and to use or re-use Images in whole or part. I agree that any Images provided by Me or recorded of Me become the property of LSS and that LSS will decide if, when and how Images & Stories are to be used.

I would like LSS to inform Me when my story and/or likeness is being used, and to seek explicit permission from Me to use my Images & Story for each separate use.
3. I release LSS from any and all claims I might otherwise have to control my Images & Story including, but not limited to, claims based on a violation of the right to privacy or right to publicity, defamation, or claims to royalties or compensation. I agree that this Agreement is binding on Me and anyone who may have rights through Me, including, but not limited to, my legal heirs, personal representatives, trustees, or assigns.
4. I understand that LSS is relying on Me signing this Agreement. I agree to hold LSS harmless from and against any and all claims, liabilities, losses, or damages that may arise either directly or indirectly from the any attempt to deny the effect or validity of this Agreement.
5. To the extent that my Images & Story include protected health information as defined under HIPAA, I am also executing a separate HIPAA authorization which will apply and control to the extent contrary to this Agreement.

AUTHORIZATION (please print)

NAME OF PERSON THIS RELEASE IS FOR: _____

SIGNATURE: _____

Signature of person named above, or their parent or legal guardian if needed.
Parent or adult guardian must sign for individuals under age 18.

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE 1: _____ PHONE 2: _____

EMAIL: _____

MINOR CHILDREN if any, and ages: _____

FOR INTERNAL USE - CODE: _____

EVENT / LINE OF SERVICE: _____