



Minnesota Elks 2024 dates Summer Youth Camp June 23-28

A Free Summer Camp for Youth Ages 9-13

Appl. closes
May 10, 24

*A Moment Lasts Only A Second
But The Memory Lives On Forever*

Help your child make great memories at the Minnesota Elks Youth Camp.

- Summer youth camp for deserving youth sponsored by Elks lodges throughout Minnesota
- Free co-ed camp for kids 9-13 years old
- North woods setting - 270+ acres on and around Pelican Lake in Nisswa, MN with sandy beaches and fun activities is ideal for teaching youth about the great outdoors
- Elks pay all necessary camper fees as well as provide free transportation to and from the camp



Some of the great activities at camp:

- Archery
- Arts & Crafts
- Miniature Golf
- Biking
- Kayaking
- Swimming
- Volleyball
- Basketball
- Fishing
- Theater
- Playground
- Softball
- Driving Range
- Karaoke
- Climbing Wall
- Canoeing

New Friends Fun!
Games Wilderness



Good Times Swimming
Sports S'mores

Faribault Lodge

Coordinator 507-838-1913 Cheri

Space is limited for our free camping sessions. Contact your local Elks lodge for more info.

Contact your local Elks Lodge to find out how to send your child to camp

Get more information on the camp at <http://www.mnelksyouthcamp.org>

ELKS Lodge contact in
Faribault is Cheri
507-838-1913

Ages 9-13



Minnesota Elks Youth Camp Registration Form

Name _____

Male Female

Date of birth _____ Age _____

Address _____

Elks Lodge 1166

Parent or Guardian Information

Name _____ Relationship _____

Home Phone #() _____ Cell Phone #() _____

Work Phone #() _____ Email _____

Emergency Contact Information

Name _____ Relationship _____

Home Phone #() _____ Cell Phone#() _____

Has your child been away from home for longer than 2 days? _____

Please list any medical problems, diagnoses, treatments, and medications:

Please include any additional information the camp should have concerning your child:

There are some special needs that the MN Elks Youth Camp is able to manage and some that beyond our capabilities. **Please check any that apply:** We will contact you with any questions we have.

- My child has special needs in school. Please explain _____
- My child has special dietary needs. Please explain _____
- My child has an allergy. Please explain allergy and severity of reactions. _____
- My child has special medical needs. Please explain. _____

My child will abide by the rules designed to protect all camper's rights and safety. This application has my approval and consent for _____ to attend camp.

Signature of Parent or Guardian _____

**MN ELK'S YOUTH CAMP
HEALTH EXAMINATION FORM**

To be completed by the parent:

Name: _____ Sex: F M Birth date: _____ Age: _____

Parent or Guardian _____ Phone: _____

In emergency notify _____ Phone: _____

Name of Dentist/Orthodontist _____ Phone: _____

Name of Family Physician: _____ Phone: _____

Do you carry family medical insurance? _____ If so, Name of Insurance Company _____ Policy or Group # _____

Please list any meds sent with child _____ The camp nurse/aid will be administering these meds.

PARENT'S AUTHORIZATION: This information is correct and the person herein described has permission to engage in all prescribed camp activities except as noted by me and the examining physician. I hereby give permission to the physician selected by the camp director to order X-rays, routine tests and treatment for the health of my child, and in the event I cannot be reached in an emergency. I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child as named above.

Signature _____ Name Printed _____



To be completed by a Licensed Medical Personnel:

This exam should be performed within 3 months of arrival at camp. Date of exam _____

BP _____ Weight _____ Height _____

The applicant is under the care of a physician for the following conditions _____

Current treatment at the time of this report includes _____

Recommendations and Restrictions at Camp

Treatment to continue at camp _____

Medication to be administered at camp (name, dosage, frequency) _____

Known Allergies (Food, medication, or other) _____

Description of any limitation or restriction on camp activities _____

Dietary Restrictions

Please list any dietary restrictions that apply to this individual _____

Please attach immunization record

I have examined the person herein described and have reviewed his health history. It is my opinion that he is physically able to engage in camp activities, except as noted above.

Signature of Licensed Medical Personnel _____



Minnesota Elks Youth Camp

[HOME \(/\)](#) [THE CAMP \(/THE-CAMP.HTML\)](#) [CAMP SESSIONS \(/CAMP-SESSIONS.HTML\)](#)

[FOR PARENTS \(/FOR-PARENTS.HTML\)](#) [FOR CAMPERS \(/FOR-CAMPERS.HTML\)](#) [CONTACT \(/CONTACT.HTML\)](#)

[DONATIONS \(/DONATIONS.HTML\)](#) [4TH FUN RUN \(/4TH-FUN-RUN.HTML\)](#)

A Typical Day

A typical day for the camper...

- 7:45 Reveille - Get up
- 8:10 Flag Raising & Breakfast
- 8:45 Cabin Cleanup
- 9:45 Crafts, Nature, Sports
- 10:45 Swimming & Boating
- 12:15 Lunch
- 1:00 Rest Hour
- 2:00 Crafts, Special Projects
- 3:00 Swimming & Boating
- 5:15 Supper
- 6:30 Softball, Volleyball
- 8:30 Campfire
- 9:30 Taps - Lights Out



Part of the Benevolent and Protective Order of Elks

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