**REGISTRATION FORM**

**Sokol Minnesota’s 27th annual Czech and Slovak Cultural Day Camp**

**June 16 - 20, 2025**

 **Name Date of Birth Age Grade completed by 6/2025**

**Camper 1.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Camper 2**.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Camper 3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Parent or Guardian’s Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work/Cell: (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My Camp Buddy (1 allowed):

**Children must be ages 6-14. All registrations must be received by Sunday, 6/01/2025.**

Payment:\_\_\_\_$150 Early-bird fee ($30/day) for campers of Sokol MN members, if received by 5/15/2025.

 \_\_\_\_$200 Regular fee ($40/day) for campers of Sokol MN members, if received by 6/01/2025.

 \_\_\_\_$200 Early-bird fee ($40/day) for campers of Non-Sokol families. Must be received by 5/15/2025.

 \_\_\_\_$225 Regular fee ($45/day) for campers of non-Sokol families. Must be received by 6/01/2025.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will be a full-time volunteer for:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**( Adult Volunteer’s name)** **(Camper attending camp for $85.00)**

One child per volunteer. Additional children will attend at the regular fee.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_will be a full-time Junior Leader. Age\_\_\_\_\_\_\_Grade Completed\_\_\_\_\_\_\_\_\_

(**Junior Leader’s name)** No fee will be charged for Junior Leader. Medical form must be provided.

**No registrations will be accepted after 6-01-2025, including on the day that camp begins.**

 \*I wish to register my child and consent to my child’s participation in the Sokol Minnesota Cultural Day Camp, located at the C.S.P.S. Hall, during the summer of 2025.

 \*I recognize that participation in recreation and instructional activities, even when supervised and managed, poses a risk to my child and I agree to assume such risk on the behalf of my child.

\*I understand that children registered for Sokol Minnesota Cultural Day Camp will spend some time performing enrichment and sports activities under the supervision of group leaders and experienced instructors, and I consent to my child’s participation in these activities.

 \*I consent to the use of video recordings/photographs of my child’s participation in the Sokol Minnesota Cultural Day Camp.

 \*In case of injury, I authorize the staff of Sokol Minnesota Cultural Day Camp to render first aid and/or obtain whatever medical treatment is deemed necessary for the welfare of my child, listed on this registration. I further understand and agree that I will be financially responsible for all charges and fees incurred in the rendering of said treatment, regardless of whether my medical insurance would cover such charges and fees.

 \*I, the undersigned, hereby hold Czech and Slovak Sokol Minnesota harmless from liability for any and all medical and/or accidental expenses which my minor child may injured during his/her involvement in the Czech and Slovak Cultural Day Camp.

**I have read, understand and agree to the terms and conditions of this registration as they relate to my child/children.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Parent/Guardian’s Signature Date

Return to: Louise Wessinger, Registrar and Co-Director

 Sokol Minnesota Czech and Slovak Cultural Day Camp

 521 Wildflower Road, Burnsville, MN 55306

**Medical Information**

**27th annual Czech and Slovak Children’s Cultural Day Camp 2025**

**Camper’s name(s):** 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In case of an emergency for my camper(s), contact the following individuals:

**Name of emergency contact Relation Telephone #**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Attending physician’s name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Telephone#** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Hospital:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Telephone#** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Insurance Company:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Policy #** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical conditions that the Sokol Minnesota Cultural Day Camp staff and medical emergency services personnel need to be made aware of include: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand, agree, and acknowledge that some activities may be of a physical and/or strenuous nature. Understanding this, I state to the best of my knowledge that the child(ren) listed in this

registration has/have no medical conditions or impairments, including the use of medication, that might inhibit his /her active participation in the Sokol Minnesota Cultural Day Camp.

I understand that I am required to have accidental medical coverage for the child(ren) listed on this registration, and I verify that the information provided on my insurance policy is accurate and true. (Please contact us if your child is not covered by medical insurance to discuss options.)

**Print name(s) of parent(s) or guardian(s)**

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

**Parent/guardian signature** Date

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

**Email address**

**ADULT and JUNIOR LEADER VOLUNTEER FORM**

**27th annual** **Sokol Minnesota’s Czech and Slovak Children’s Cultural Day Camp**

**June 16 - 20, 2025**

**Volunteer’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home telephone # (\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell # (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **E mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Adult Volunteer:**

\***\_\_\_\_\_ Yes, I will be a full-time adult volunteer.**

\***I will volunteer at camp from June 16 - 20, 2025 on the following day(s):**

 **\_\_\_\_\_Monday \_\_\_\_\_Tuesday \_\_\_\_\_Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday**

\***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of camper who will attend camp for $85.00 ($17.00 per day)**

 **with an adult volunteer. Additional children will attend at the regular fee.**

**Junior Leaders:**

* **\_\_\_\_\_\_Yes, I would like to be a full time Junior Leader. (Jr. Leaders must be 14-21 years old)**

**\*A maximum of 6-8 Junior Leaders will be needed for camp.**

**\*Junior leaders pay no camp fee. Junior leaders receive service hours.**

**\*Junior leaders also must have a camp registration and medical form completed and signed by parent.**

**Return to: Louise Wessinger, Registrar and Co-Director**

 **Sokol Minnesota Czech and Slovak Cultural Day Camp**

 **521 Wildflower Road**

 **Burnsville, MN 55306**

 **651-271-3601**