

Winter (until May 20)  
10179 Crosstown Circle  
Eden Prairie, MN 55344  
Fax 952.922.7149  
Voice 952.922.2545  
800.242.1909



Summer (after May 20)  
PO Box 1308  
Lake Hubert, MN 56459  
Fax 218.963.2447  
Voice 218.963.2339  
800.242.1909

## 2008 Camper Data Form

Please complete both sides of this Data Form and RETURN TO CAMP BY MAY 1<sup>st</sup> for all sessions.  
Please verify and make any corrections and fill in any missing information. PLEASE PRINT.

Camper's name:

Goes by:

**CABINMATE REQUEST:**  
Please See Parent Handbook, Page 4

<u>Session(s)</u>	<u>Dates</u>

CAMP BEDDING:

CHECK TO RENT CAMP BEDDING

Please list Siblings (names and ages):

Birthday:

Grade (07/08):

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

Current School:

Church Preference:

### CONTACT INFORMATION

Home Address:

Were parents and/or Grandparents former campers or staff?  
Please provide names and dates (if known):

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

### Information for:

Home Phone:

Mother Living (circle)? YES NO

Cell Phone:

Father Living (circle)? YES NO

Work Phone:

Are Parents Separated/Divorced (circle)? YES NO

Fax Number:

Email:

If "Yes", Correspondence should be sent to (circle):

Mother      Father      Both

### Information for:

Home Phone:

Cell Phone:

Additional address for summer correspondence:

Work Phone:

Fax Number:

Email:

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

**Camper Name:** \_\_\_\_\_

Whether you are new to camp or returning for another summer, please fill out both sides of this Camper Data Form. Use an additional page if needed. Describe any medical instructions or special needs completely on the Camper Health Form.

**CAMPER ASSESSMENT:**

Please check all that you feel pertain to your child.

**Attitude Toward Camp:**

- Enthusiastic       Lukewarm
- Interested         Unenthusiastic

**Physical Coordination:**

- Excellent           Average
- Good                 Poor

**Temperament:**

- Timid                 Quiet
- Happy                Outgoing
- Moody               Sensitive
- Aggressive         Confident
- Nervous

**Adjusts to Peers:**

- Very easily         Sometimes
- Easily               Slowly

**Swimming Ability:**

- Beginner           Advanced
- Intermediate       Red Cross Rating \_\_\_\_\_

**CAMPER PROFILE & GOALS (Please be as specific as possible)**

Have past camp experiences been satisfactory? Yes or No Why/Why not?

What aspects of camp is your camper looking forward to?

Other experiences away from home:

Overall, how was your child's year at school? Any issues or concerns that could come up at camp?

Eating and sleeping habits (include usual bedtime procedures & waking up routine done at home):

Known fears/concerns/dislikes:

Please include additional information that staff should know about your child in order to make their experience at camp a success:

**GOLF & TENNIS CAMPS ONLY**

If attending, please describe skills

**TENNIS CAMP**

- Beginner
- Adv. Beginner
- Intermediate
- Adv. Intermediate
- Advanced

**GOLF CAMP**

- Beginner
- Adv. Beginner
- Intermediate
- Adv. Intermediate
- Advanced

**PARENT COMMENTS:**

How does your child work in a group setting, large and small?

What activities do you want encouraged at camp and why?

What will make your camper's time at camp successful?

What new challenges/struggles/difficulties has your child experienced lately?

What type of discipline techniques have been successful in your household, should it be needed while at camp?

**AUTHORIZATION** – The information I have provided is to the best of my knowledge accurate and contains no misrepresentations. Furthermore, I understand and give permission for my child to participate in Camp Lincoln/Camp Lake Hubert activities and programs whether these take place on or off camp property and under all the terms of the enrollment agreement that I have already received. I agree that my camper is voluntarily participating with the knowledge that there are inherent and other risks (both known and unknown) in these activities and programs. My camper and I accept full responsibility for any injury, damage, death or other loss resulting from these risks and/or resulting from my camper's own negligence or other misconduct. During the camp season, I give permission to the camp to act on my behalf in signing waivers when requested by vendors offering programs to my campers in conjunction with camp sponsored programs and/or activities on or off camp property.

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_