



Session Selection Form

- Session #1 (June 18 – June 22) 5 days/\$475 (8-14 year olds) **FULL!**
- Session #2 (June 25 – June 29) 5 days/\$475 (8-14 year olds) **FULL!**
- Session #3 (July 9 – July 13) 5 days/\$475 (8-14 year olds) **FULL!**
- Session #4 (July 16 – July 27) 12 days/\$690 (10-14 year olds)
- Session #5 (July 30 - Aug 3) 5 days/\$475 (8-14 year olds)
- Session #6 (Aug 6 – Aug 10) 5 days/\$475 (8-14 year olds)

Note: We will not let cost prevent any family from participating!

Call the camp registrar at 612-781-6011 to learn more about sliding scales and payment plan options.

Name of Camper _____ Male _____ Female _____ Other _____

Address _____ Phone _____

City _____ State _____ Zip Code _____

Birthdate _____ Age at Camp _____ School _____ Grade _____

Camper E-Mail Address: _____ Friends your child would like in their cabin: _____

T-SHIRT SIZE: Small Medium Large X-Large 2X-Large (All Campers receive one camp T-shirt)

How did you hear about camp? Post Card Mailer School Facebook Other _____

Friend/Family Member - Who is your friend? _____ Is this your first time at camp? yes no

Parent/Guardian _____ Parent/Guardian _____

Address _____ Address _____

City/State/ZIP _____ City/State/Zip _____

Day Phone _____ Night Phone _____

Guardian Email Address: _____

Demographic Information: Information is confidential and is used for anonymous reports for program funders.

Child's Race/Ethnicity (please check below or write it in here): _____

- | | | |
|------------------------------------------|-------------------------------------------|-------------------------------------|
| <input type="checkbox"/> Native American | <input type="checkbox"/> African American | <input type="checkbox"/> Hmong |
| <input type="checkbox"/> Chicano/Latino | <input type="checkbox"/> East African | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Multi-Racial | <input type="checkbox"/> Caucasian | <input type="checkbox"/> Asian |

Primary Language spoken at home: _____

Is your child an English language learner? Yes No

Does your child receive Special Education services, have an IEP, or a 504 Plan? Yes No

Does your child receive free or reduced lunch? Free or Reduced No

Number of persons living in household: _____ Please indicate **monthly** household income range below:

- \$0-\$1,000 \$1,000 - \$2,500 \$2,500 - \$4,000 \$4,000 - \$5,500 \$5,500 - \$7,000 \$7,000+

Return the Session Selection Form and \$80 deposit to: Camp Bovey Registrar | Fax: (612) 787-4001

East Side 1700 Second St NE | Mpls, MN 55413 | Phone: (612) 781-6011 | campbovey@esns.org

Office use only: Registration packet: **TAKEN MAILED DATE**



About the Camper

It is important to the Bovey team that we know how to make your child feel safe, understood, and appreciated. Please help us get to know them better by answering as many of these questions as you feel comfortable doing. The information provided here will be shared with appropriate members of the 2018 Bovey Team in order to make this an awesome week for your child.

CAMPER NAME _____ AGE ____ (For cabin assignment purposes) __ BOY __ GIRL

SESSION _____

GUARDIAN NAME _____ PHONE # _____

EMAIL ADDRESS _____

❖ Please circle the pronouns that your child wants us to use when we refer to them:

“He”/“Him” or “She”/“Her” or “They/Them” Other? _____

❖ What makes your child happy?

❖ When your child is feeling sad, lonely, or worried, what are signs we should look for?

❖ How does your child like to be comforted when they are sad or upset?

❖ What does it look like when your child gets upset or angry?

❖ When your child is angry, how do you recommend that we respond?

❖ Has your child successfully completed other overnights away from home? Yes No

Explain:

❖ Does your child usually prefer to play alone or play with others?

❖ Is there anything your child is afraid of or worried about?

❖ Is there anything important happening in your or your child's life that might be impacting them? (For example, any major family changes, sick family members, recent deaths in the family, changes to living situation, etc.)

❖ How does your child feel about school—would they say that school makes them feel good about themselves? Yes No

Explain:

- ❖ Has your child had experience with tobacco or alcohol that might impact how they need us to help them or respond to their needs better? Yes No

Explain:

- ❖ Anything else you want us to know about your child or your family?

Parent Signature _____ Date _____



CAMPER NAME _____ SESSION _____

CAMPER EXPECTATIONS

The Camp Bovey mission statement is: To provide a safe place for youth to have fun while participating in outdoor activities that help build respect for themselves, one another and the environment.

To see that this is maintained and that camp is a positive experience for everyone, we would like you to go over these behavior expectations with your child.

1. Campers pack appropriately for Camp according to the list provided in the Camp Packing List. Campers leave electronics, phones, snacks, and valuables at home. Campers do not wear or bring items that show disrespect towards others.
2. Campers treat other campers and staff with kindness.
3. Campers are expected to share their feelings in an appropriate manner. Neither vulgar nor disrespectful language is tolerated.
4. Campers are expected to seek help from staff if a conflict arises. Neither bullying behaviors nor physical fighting are tolerated.
5. Campers are expected to stay with their group, under the supervision of Camp staff.

Failure to act appropriately at camp will result in consequences which include time outs from camp activities. Continued inappropriate behavior or a behavioral incident of a serious nature may result in the camper being sent home early. **It is the responsibility of the parent to pick up their child from the campground in Wisconsin should the need arise.**

I understand the behavior expectations of a Camp Bovey camper and the consequences for inappropriate behavior.

Camper Signature _____

Parent Signature _____



Participation Permission Summer 2018

Camper Name: _____ Date of Birth: _____

Camp Session: _____

Guardian Name: _____ Emergency Phone # _____

Please read the following waivers carefully. Select *yes* or *no* for each. Initial for each item. Sign and date at the end of the document.

Participation and Transportation

My child (_____) has permission to attend and participate in Camp Bovey activities during the summer 2018, which includes transportation by chartered bus.

Yes No Comments:

____ Guardian Initials

Medical Attention

In the event my child (_____) needs medical attention or transportation to a medical facility I hereby grant my permission to personnel selected by the Camp Director to administrate treatment and or transportation. The camp van is used for non-life-threatening medical transportation. If it is in use, another vehicle, approved by the Camp Director may be used.

Yes No Comments:

____ Guardian Initials

Photography/Videography Waiver:

I grant permission to Camp Bovey, its agents, and its employees the irrevocable and unrestricted right to produce photographs and video taken of my child, myself, and members of my family while at Camp Bovey for any lawful purpose including publication, promotion, illustration, advertising, trade, or historical archive in any manner or in any medium. I hereby release Camp Bovey and its legal representatives from liability for any violation or claims relating to said images or video. Furthermore, I grant permission to use the statements of my child, myself, or my family members given during an interview or evaluation with or without my name for the purpose of advertising and publicity without restriction to time limit or geographic area. I waive my right, my child's rights, and my family's rights to any and all compensation stemming from the use of these materials.

Yes No Comments:

____ Guardian Initials

Guardian Signature

Date



Emergency Response Form for Minors

(Required for all campers, Junior Counselors, or staff under the age of 18)

In case of an emergency that requires your child be seen at the local clinic or hospital, this form will be given to the clinic or hospital staff.

Name of minor _____ Session _____

Name of guardian _____

Relationship to minor: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Guardian Date of Birth: _____

Home Phone Number: _____

Work Phone Number: _____

Guardian Social Security Number: **(only the last 4 digits)** _____

Occupation: _____

Employer: _____

Employer address: _____

City _____ State _____ Zip _____

***** PLEASE ATTACH A COPY OF INSURANCE CARD *****



Camper Packing List

Be prepared for all types of weather—**even cold and rainy weather!** Please pack enough for your entire stay. **Old clothes are best!** We are a rustic camp and things will get dirty. **Label everything!!** *You are strongly encouraged to **SPRAY ALL CLOTHING, SHOES, SOCKS, JACKETS, HATS, SLEEPING BAG, PILLOW, BLANKETS WITH TICK REPELLENT BEFORE YOU PACK THEM IN THE OVERNIGHT BAG.*** Ticks are a **SERIOUS** issue. Please take precaution to limit ticks' desire to come near your child. Consider Sawyer® Permethrin Tick Repellent for clothing and upholstery.

Do NOT bring: Electronic devices, food/snacks/candy, money, knives, hatchets, lighters, matches, personal sports equipment or anything else you deem valuable. (If you do bring phones or cameras, we cannot guarantee their safety and we will ask you to keep them stored in the main lodge most of the time.)

MANDATORY NECESITIES	As Needed / Optional
<p>Sleeping:</p> <p>_____ Pillow and pillowcase</p> <p>_____ Sleeping bag <u>or</u> Sheets with Heavy Blanket</p> <p>_____ 1 fitted sheets (twin) to go beneath sleeping bag</p> <p>_____ Extra blanket</p> <p>Clothing:</p> <p>_____ Underwear (enough for each day plus 2 extra)</p> <p>_____ Socks (enough for each day plus 2 extra)</p> <p>_____ T-shirts (one for each day)</p> <p>_____ Sweatshirts</p> <p>_____ Shorts</p> <p>_____ Long pants and Long Sleeve shirts</p> <p>_____ Raincoat or poncho</p> <p>_____ Bandana or hat</p> <p>_____ Light jacket</p> <p>_____ Pajamas</p> <p>Footwear:</p> <p>_____ 1 to 2 pair sturdy shoes (tennis/hiking)</p> <p>_____ Flip flops</p> <p>Safety & Hygiene:</p> <p>_____ Reusable water bottle</p> <p>_____ Insect repellent (with minimum 25% Deet)</p> <p>_____ Sunscreen (SPF 15 or higher)</p> <p>_____ Flashlight <u>or</u> head lamp with extra batteries</p> <p>_____ Toothpaste and toothbrush</p> <p>_____ Hair brush</p> <p>_____ Soap</p> <p>_____ Shampoo</p> <p>_____ Deodorant</p> <p>_____ Washcloth</p> <p>_____ Garbage bag for dirty/wet clothes in for trip home</p> <p>Swimming:</p> <p>_____ 2 Towels (one for beach, one for shower)</p> <p>_____ Swimsuit (NOT BIKINIS)</p>	<p>_____ Feminine Products</p> <p>_____ Goggles</p> <p>_____ Extra hair ties</p> <p>_____ Pencil/pen/notebook</p> <p>_____ Pre-addressed, pre-stamped envelopes/postcards</p> <p>_____ Chapstick</p> <p>_____ Kleenex</p> <p>_____ Books</p> <p>_____ Stuffed animal or other comfort item</p> <p style="text-align: center;">*** MEDICATIONS ***</p> <p style="text-align: center;">Please pack ALL original medication containers in a ziplock bag with the camper's name printed in permanent ink on the bag.</p> <p style="text-align: center;">ALL prescription and non-prescription medications must be in the ORIGINAL container with the camper's name and the dosage clearly stated.</p> <p style="text-align: center;">Pick-up all prescription and non-prescription medications from camp staff at Friday pick-up.</p> <p><u>Note:</u></p> <ul style="list-style-type: none"> ➤ We do <u>NOT</u> have laundry facilities available for camper use. ➤ Camp is not responsible for lost, forgotten, or stolen personal belongings, money, or medical supplies including prescription medications or any other items left at camp. There is <u>no lost and found</u> following camp sessions.