



2021 OUTDOOR BOOK CAMP

2021 ENROLLMENT FORM

1. Camper name _____

2. Birthdate _____

3. Cook County Address _____

4. Guardian in Cook County name and address, if different

5. Guardian cell phone/text # _____

6. Camper cell phone/text # _____

7. Guardian email _____

8. Emergency contacts. Please list 2 with name, home, & cell #s

Signed _____

Date _____

Health:

1. Does the camper have any issues that require medication or special handling?

2. Does the camper have allergies, or require medication for bee stings? Please explain.

NOTE: We take every precaution to minimize risk of coronavirus infection, and ask that you help us by emphasizing to your camper that masks must be worn, physical distances must be maintained, campers must be willing to be outside for 2 hours.

Book Camp will make every effort to prevent infection and is not responsible for exposure to coronavirus. By enrolling your child in Book Camp, you agree to participate at your own risk.

Emergency instructions: We will use our best parental judgment and call you and 911 in the event of serious accident. If you have further instructions, please write them here: _____

Pay online by CC or PayPal at:
[PayPal.Me/MinnChildrensPress](https://www.paypal.com/US/mynv/pay?merchant_id=MINNCHILDSPRESS)

Contact Anne@minnchildpress.org or call 218-387-5666.
WWW.MINNCHILDPRESS.ORG/BOOKCAMP