

# First Annual Nordic Camp

August 3, 4, 5, 2015 ~ 9:00 - 12:15 each day

Children ~ Ages 7 - 12

Sponsored by the Waldemar Ager Association and  
Museum



Norway



Sweden



Denmark



Iceland



Finland



Greenland



Faroe Islands



Samiland

## Contact Information

Camper's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Parent(s)/Guardian(s) Name(s): \_\_\_\_\_

Parent(s)/Guardian(s) Phone Numbers:

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Signature of parent/guardian permitting others to drop off or pick up camper:

Name \_\_\_\_\_ Signature: \_\_\_\_\_

Name(s) of other(s) who might drop off or pick up camper:

Name and relation \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Name and relation \_\_\_\_\_ Phone ( ) \_\_\_\_\_

## Health Information

Health Insurance Company: \_\_\_\_\_

Please list camper's allergies and illnesses that camp staff should be aware of.

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

Medications that may need to be taken while at camp: \_\_\_\_\_

\_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Emergency Contact Phone: ( ) \_\_\_\_\_

Agreement: I approve the camp application and waive all claims against the Waldemar Ager Association and Museum Annual Nordic Camp, its manager, staff or representatives because of any injury or damage that may be incurred by the camper named on this form. I also authorize the camp to act in the best interest of each camper in the event of a medical or other emergency.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Send** signed form and \$25.00 check to Stan Hillestad, Treasurer, Ager Association,  
PO Box 1742, Eau Claire, WI 54702-1742.