

Second Annual Nordic Camp

August 1. 2. 3, 2016 ~ 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. Apply by June 15, 2016.