



## MASSE MORO CAMP: July 14 – 27, 2019 . . . **VELKOMMEN!**

Complete *BOTH* forms and mail the completed application materials to:

**Sandra Olson, District 5 Youth Director, 733 250<sup>th</sup> Street, Woodville, WI 54028-7025**

**Contact Information: (715) 698-3433, e-mail: [solsondist5@gmail.com](mailto:solsondist5@gmail.com)**

**Please include your \$50.00 registration fee** when submitting these documents.

Send a personal check to: **Nordic Legacy Foundation** or use the PayPal electronic option, available under Admissions Information tab on the [www.Masse Moro.org](http://www.MasseMoro.org) website. Tusen Takk!

**Check Sons of Norway Affiliation:** ☐ District 1 ☐ District 5 ☐ None

Name of Camper: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name of Parent(s) or Legal Guardian(s): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Work Contact: \_\_\_\_\_ Contact Name: \_\_\_\_\_

E-mail (*Please print clearly.*): \_\_\_\_\_

Indicate any Sons of Norway affiliation: ☐ Youth ☐ Parents ☐ Grandparents

Member Name: \_\_\_\_\_

Relationship to Camper

Your child's NORSK NAVN (Norwegian Name) at camp, if a previous attendee: \_\_\_\_\_

Name of authorized person who will pick up child on the last day of camp? \_\_\_\_\_

List any languages this child speaks. \_\_\_\_\_

Has this child traveled outside of the U.S. ☐ If yes, when and where? \_\_\_\_\_

Special housing request (placement with friend or sibling): \_\_\_\_\_

What skills or abilities does this child wish to learn at camp? \_\_\_\_\_

Health/behavior concerns that could affect camp participation: \_\_\_\_\_

.....  
"I will do my best to be an active and cooperative participant at Masse Moro."

**CAMPER SIGNATURE:** \_\_\_\_\_ **DATE** \_\_\_\_\_

"I give my permission for Camp photos of this child to be used in marketing Masse Moro."

**PARENT/LEGAL GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE** \_\_\_\_\_

## IMPORTANT CAMPER INFORMATION – 2019

**(Camper must be at least 9 and under 16 years old on the first day of camp)**

*Please help your child to have an enjoyable and healthy camp experience by providing the answers to the following concerns. Thank you for assisting our counselors and staff in getting acquainted with your child and in meeting his/her needs more effectively. If necessary, please attach an additional sheet of paper detailing specific concerns.*

**NAME OF CAMPER:** \_\_\_\_\_ **Age as of JULY 14, 2019:** \_\_\_\_\_

**Names and ages of siblings:** \_\_\_\_\_

**Has this child attended Masse Moro before?** \_\_\_\_\_ **If so, when:** \_\_\_\_\_

**Indicate the names of other camps this child has attended.** \_\_\_\_\_

**Was their camp experience positive?** \_\_\_\_\_ **Comments:** \_\_\_\_\_

**SELECT A SIZE OF CAMP T-SHIRT (Note: t-shirt is based on adult sizing).**

**Which size t-shirt best fits your child?**    \_\_\_\_S    \_\_\_\_M    \_\_\_\_L    \_\_\_\_XL    \_\_\_\_2XL    \_\_\_\_3XL

**DIETARY NEEDS:**    \_\_\_\_ Traditional Diet    \_\_\_\_ Special Needs (describe) \_\_\_\_\_

**PLACE A CHECK IN FRONT OF THE ITEMS BELOW THAT BEST DESCRIBES YOUR CHILD.**

**Personal Characteristics:**    \_\_\_\_ Outgoing    \_\_\_\_ Inquisitive    \_\_\_\_ Moody    \_\_\_\_ Quiet    \_\_\_\_ Shy  
   \_\_\_\_ Humorous    \_\_\_\_ Confident    \_\_\_\_ Nervous    \_\_\_\_ Insecure    \_\_\_\_ Friendly

**Physical Coordination:**    \_\_\_\_ Excellent    \_\_\_\_ Good    \_\_\_\_ Fair    \_\_\_\_ Poor

**Relates to Peers:**    \_\_\_\_ Very well    \_\_\_\_ Adequately    \_\_\_\_ With Difficulty

**Relates to Adults:**    \_\_\_\_ Very well    \_\_\_\_ Adequately    \_\_\_\_ With Difficulty

**Sleep Habits:**    \_\_\_\_ Sound Sleeper    \_\_\_\_ Restless Sleeper    \_\_\_\_ Sleep Walker

**Previous Group Experiences:**    \_\_\_\_ Scouting    \_\_\_\_ Music    \_\_\_\_ Sports    \_\_\_\_ Other \_\_\_\_\_

**Participates in Group Activities:**    \_\_\_\_ Easily    \_\_\_\_ With Encouragement    \_\_\_\_ Reluctantly

**Indicate any activities that may cause stress or anxiety:** \_\_\_\_\_

**Explain:** \_\_\_\_\_

**Known fears or weaknesses:** \_\_\_\_\_

**Special needs:** \_\_\_\_\_

**Please indicate any recent traumatic or other stressful event(s) that our counselors should be aware of:**

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