



# MASSE MORO CAMP

## July 18 – 31, 2021 . . . . VELKOMMEN!

Complete and mail the completed application materials to:

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

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.MasseMoro.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*): \_\_\_\_\_

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

Sons of Norway Member/Sponsor Name: \_\_\_\_\_

Member # \_\_\_\_\_

\_\_\_\_\_  
Name of Lodge

\_\_\_\_\_  
Relationship to Camper

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

Cabin request (name of friend or sibling): \_\_\_\_\_

**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 Diet  (describe) \_\_\_\_\_

How did you hear about Masse Moro? (check all that apply): Returning Camper  Friend  Relative

Ad in Viking Mag  Lodge Info  Other  (explain): \_\_\_\_\_

.....  
"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 and videos of this child to be used in marketing and promoting Masse Moro."

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

**Note: For us to better plan for your child's camping experience, please return by April 1, 2021!**



**IMPORTANT CAMPER INFORMATION – 2021**  
*(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 18, 2021:** \_\_\_\_\_

Names and ages of camper’s siblings: \_\_\_\_\_

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

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

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

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

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

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

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

**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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