

HIGH SCHOOL SPORTS PARTICIPATION: List years, levels of competition and honors.

OUTSIDE SCHOOL INTERESTS, HOBBIES AND RECREATION:

WORK EXPERIENCE: Summers / After School

If additional space is needed, please attach a separate sheet of paper.

Please include a current snapshot of yourself.

PARENTS OF CAMPERS:

IN CASE OF MEDICAL EMERGENCY, I understand every effort will be made to contact parents or guardian of campers. In the event I cannot be reached, I hereby give permission to the physician selected by the Camp director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child, as named above .

Parents Signature

Date

Don Cavalier, RYLA Chairman
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