Camper Registration

Please submit a separate registration form and deposit for each household

Address					City, State	e, Zip			
Adults:									
Name			Pho	ne		E-n	nail		
Name			Pho	one		E-n	nail		
Name			Pho	ne		E-m	nail		
Children: Name				hday /	Name			Birthday //	
Name			/	/	Name			//	
New to Camp I	UniStar?					-	te: Kids un	(\$100 per person) der 3 attend free, so their ill be applied to the family	\$100
(If apply	15 Helpin ying for He	-		ay also re	July			ame time. Use a separate t and Yoga for Everyone Acceptable	form.)
June 29 - July 6 Preferred July 6 - 13: Insp Preferred	Good	Acceptable			P	referred	Good		
July 13 - 20: Nature Adventures on Star Island				Augu	August 17 - 24 (Adults only): Green Glee				
Preferred	Good	Acceptable			Ρ	referred	Good	Acceptable	
Preferred	Good		т	• Midwest Fent Double t					
ii z adults, WOU	na you pre	fer: 2 single beds	• 🗀	Double i					

I understand that Camp UniStar is on a remote island with limited services, and I accept responsibility for the safety of my minor children and myself. In case of accident, injury, or illness I agree to hold Camp UniStar blameless, and I hereby release Camp UniStar from liability for accident, injury, or illness resulting from my own actions or from the inherent risks of being in nature in a rustic environment. I agree to follow all rules and procedures as instructed by Camp UniStar staff regarding safety and preventing illness, including mask-wearing and social distancing on the part of myself and my minor children. I also understand that I or my minor children may contract Covid while at camp or after camp, and I accept responsibility for dealing with that possibility and will hold Camp Unistar blameless if I or my minor children become ill from Covid.

Signature(s)

COVID-19 vaccination and testing requirements for attending Camp UniStar in 2024 have not yet been determined. These requirements will be communicated to campers in the confirmation letter or a separate email. If you wish to attend camp with another household, all households involved must agree on one short "group name" and must enter the same group name on each application.

Group Name: _____

Diet	Names	Food allergies that would require medical attention:		
Omnivore		Allergen	Names	
Vegetarian		Peanuts		
Vegan		Tree nuts		
Gluten-free		Shellfish		
Dairy-free		Other food allergies		

****All special diets need to be indicated when registering. If someone in your household has a very limited diet, plan to bring sufficient food to meet their needs.

To pay by credit card, please provide: Card	ŧ Ελ	хр С	CVV code

Name on card_____

Please email a scan or clear photo of form to <u>Registrar@CampUniStar.org</u> Or mail to Chris Bremer, Registrar 6001 Ewing Ave. S., Edina, MN 55410-2739