



**Join us for
Fusion Youth Camp.
It will make a huge
impact on you and
your friends that you
invite with spirit filled
worship, exciting
games, and encounters
with God.**

Camp Cost
Early registration
Sunday June 1st \$150
Registration due by
Wednesday due June 8th \$165

Please note that any public location where people are present provides an inherent risk of exposure to Covid-19.

We cannot guarantee that your camper will not be exposed while they are at Fusion Youth Camp.

If your youth does attend camp these are some things you should be aware of:

- 1.** They will be sleeping in cabins with others.
- 2.** There will be games and activities that will make social distancing difficult.
- 3.** There will be church services with singing and prayer ministry.
- 4.** Campers have the right to bring and wear their own masks; however, it will not be the camp staff's responsibility to make sure the masks are worn.
- 5.** If a camper becomes ill during camp that youth will be separated from the group. The parents will be contacted and expected to come pick their camper up.

It is your choice to have your youth attend camp or not. We will be supportive of whatever choice you make for your family.

I agree _____

Parent Signature



Camp Registration

Registration is due by June 1st
Last due date June 8th

Details to be announced

Camp Arrowhead

18533 MN-6
Deerwood, MN 56444

What to Bring:

- Bible & pen
- Sleeping bag & pillow
- Toiletries, bug spray, flashlight
- Water bottle
- Please bring modest clothing, sleep and swim wear
- Towel
- Sunscreen
- Tennis shoes & Grubby clothes
- Sweatshirt or jacket
- Fishing gear (optional)
- Fishing license
- Great attitude, ready for fun

Things to leave at home:

- Valuables
 - Electronics
 - Phones
- Phones brought will be collected and handed back at end of camp.*

**Registrations can be given to
Lexi Kazeck
763-691-5170**

Fusion Camp

Registration Form
Personal Information

Boy ____ Girl ____ Grade: ____

T-shirt size _____

First Name: _____

Last name: _____

Birth Date: _____

Address: _____

State _____ Zip _____

Email: _____

Please name 1 person each you wish to have in your cabin and group. We will try to arrange it if possible.

Cabin _____ Group _____

Emergency Contact Info

Parent/Legal Guardian:

Home Phone: _____

Cell Phone: _____

Registration Amount Enclosed: _____

Canteen Amount Enclos

ed: _____
**MAKE CHECKS PAYABLE TO:
FUSION YOUTH GROUP
Medical Information**

Insurance Company: _____

Policy or Group ID # _____

Expiration: _____

List any allergies/Medical Conditions/
Mental Health Issues we should know
about: _____

List ANY medications your child is on:

Pain Reliever Allowed:
Aspirin-free__ Ibuprofen__ Both__

Event, Medical & Promotional Release

I hereby release Camp Arrowhead and Word of Life Church and/or its officers, leaders, churches and volunteers from any claim or liability arising from my child's attendance at or participation at any Camp Arrowhead event. I agree that Camp Arrowhead and Word of Life Church may use photographs of my child for purposes including publicity and advertising. I, the Parent/Guardian of the above-mentioned youth, give permission for the Event, including transportation, Leader/Medical Person to approve medical assistance in the event I cannot be reached.

Signed _____