



# 2018 Youth Registration Form

or register online at [www.okoboji.org](http://www.okoboji.org)

Deposit of **\$100** must accompany registration form. **Deposits are non-refundable.**  
**Send completed forms to 1203 Inwan St. Milford, IA 51351**  
*Registrations must be received at least one week prior to program. Thank you!*

**CAMP OFFICE USE ONLY**

Date Rcv'd \_\_\_\_\_  
 Check # \_\_\_\_\_ **CC**  
 Amt \$ \_\_\_\_\_  
 Staff: \_\_\_\_\_

Camper Name: \_\_\_\_\_ Birth date \_\_\_/\_\_\_/\_\_\_ Grade Completed: \_\_\_\_\_ M / F

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent #1 Name: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Parent #2 Name: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Family Email: \_\_\_\_\_ Request **ONE Roommate**: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relation to Camper: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Home Church & City: \_\_\_\_\_

Please **CIRCLE** the week for which you are registering:

<b>Pathfinders</b> Completed Grades 2 - 5 <b>Ingham Only</b>	<b>Trailblazers</b> Completed Grades 4 - 6 <b>Ingham Only</b>	<b>Junior High</b> Completed Grades 6 - 9 <b>Ingham &amp; Okoboji</b>	<b>Senior High</b> Completed Grades 9 - 12 <b>Okoboji Only</b>	<b>Confirmation</b> Completed Grades 6 - 9 <b>Okoboji Only</b>
June 17-19    June 24-26 July 8-10     July 15-17  ***** ___ \$149 by March 1  ___ \$179 after March 1  <small>Deposit is \$50 for Pathfinders</small>	June 17-22 June 24-29 July 8-13 July 15-20 ***** ___ \$349 by March 1  ___ \$379 after March 1	Ingham July 22-27  Okoboji June 10-15 ** July 8-13 ** ***** ___ \$369 by March 1  ___ \$399 after March 1	July 15-20 **  ***** ___ \$369 by March 1  ___ \$399 after March 1	June 10-15 **  ***** ___ \$369 by March 1  ___ \$399 after March 1

**Medical Information and Parent Signature on reverse MUST BE COMPLETED to attend camp!!!!**

## SPECIALTY CAMPS FOR SUMMER 2018

<b>Camp-in-a-Day</b> Completed Grades K - 2 <b>Ingham Only</b>	<b>Live Wire Music Camp</b> Completed Grades 7 - 12 <b>Ingham Only</b>	<b>Outdoor Adventure</b> Completed Grades 7 - 12 <b>Ingham Only</b>
June 20    June 21 July 11    July 12  ***** ___ \$34  <small>No discounts apply            Deposit is \$15 for Camp-in-a-Day</small>	July 29 - August 3  ***** ___ \$369 by March 1  ___ \$399 after March 1	July 29 - August 3 **  ***** ___ \$369 by March 1  ___ \$399 after March 1

Registration also available at [www.okoboji.org](http://www.okoboji.org).  
**Please call 1-800-OKOBOJI with any online registration issues.**

### \*\*Aerial Ropes Opportunity\*\*

A chance to participate in a nearby aerial ropes course will be offered for the camps indicated (\*\*). The cost will be \$20 per person and must be paid before participation.

A special waiver will be sent to those who sign up by checking the box below.

YES! Sign me up for the high ropes course!

**Ingham Okoboji Lutheran Bible Camps**  
 1203 Inwan Street, Milford, IA 51351  
 1-800-OKOBOJI Fax 712.337.3501  
[registrar@okoboji.org](mailto:registrar@okoboji.org) [www.okoboji.org](http://www.okoboji.org)

**Member church discount for all campers who belong to a camp association congregation—take off an additional \$10 from your total.**

Check for full payment is enclosed.       My deposit only is enclosed.

Please bill my credit card for \$ \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp. \_\_\_\_\_ CVC code \_\_\_\_\_

Name on Card \_\_\_\_\_

Card Billing Address and ZIP (if different from above): \_\_\_\_\_

I will pay the balance upon arrival at camp.

Please bill my church for the balance: \_\_\_\_\_  
 Church Name \_\_\_\_\_ City, State \_\_\_\_\_

The following information is **required** for your child's safe participation at camp.

**Registration is incomplete until this information is provided.**

(if more space is needed, please attach another page, or call us at 1-800-OKOBOJI)

**Camper Name:** \_\_\_\_\_

Birth date \_\_\_/\_\_\_/\_\_\_ Parents' Name(s): \_\_\_\_\_ **\*\* (signature required below)**

**Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Are immunizations current? Y / N** **Last tetanus shot:** \_\_\_\_\_

**ALLERGIES: (please list specific allergies under the following categories)**

Environmental Allergies: (pollen, mold, latex, bee stings, etc.) \_\_\_\_\_

Medication Allergies (penicillin, etc.): \_\_\_\_\_

Food Allergies (peanuts, dairy, tree nuts, gluten, etc.) \_\_\_\_\_

*Please have Kitchen Director contact me regarding food allergies listed above* **Y / N**

**MEDICAL HISTORY**

Camper is currently experiencing or has *ever* experienced asthma **Y / N**  
(exercise induced or otherwise)

Chronic or recurring condition that may affect or restrict camp life:  
(diabetes, ADHD, anxiety, bleeding disorders, heart conditions, seizures, etc.)  
\_\_\_\_\_

Injuries or surgeries that may affect camp life: \_\_\_\_\_  
\_\_\_\_\_

Dietary Restrictions (reduced dairy, vegetarian, pork-free, etc.): \_\_\_\_\_

Participation Restrictions (limit strenuous exercise, ear plugs while swimming, limit campfire smoke exposure, etc.):  
\_\_\_\_\_

Other suggestions that may help make your camper's time at camp more comfortable:  
\_\_\_\_\_

**MEDICATIONS**—Please list **names and dosages** or attach separate detailed list:  
\_\_\_\_\_  
\_\_\_\_\_

**All medicine MUST be brought in its original container.**

May acetaminophen/ibuprofen be administered as needed? **Y / N**  
May sunscreen and bug repellent spray be administered to this camper? **Y / N**

**INSURANCE INFORMATION: (Or submit a copy of your insurance card.)**

Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_

Family Doctor and Phone: \_\_\_\_\_

**Paintball Opportunity**  
**for Jr. High and Sr. High**  
**Youth Programs:**

If you wish to participate in paintball, your parent/guardian must read and sign below:

- I understand that the activities of paintball are physically and mentally intense.
- I understand the risk of injury from the activity and weaponry involved in paintball is significant, including the potential for permanent disability and death, and while particular protective equipment and personal discipline will minimize this risk, the risk of serious injury does exist.

- I affirm that my child's health is good and my child does not have any undisclosed condition which bears upon fitness to participate in this activity.

- I understand that due to terrain or the activity itself injury or disability could occur to my child during the child's participation. I assume all obligations, financial and otherwise, which might result from the child's participation and any injury which might occur. I hold blameless and release, Ingham Okoboji Lutheran Bible Camps, its staff, Board and all related entities from all liability for any injury to the child or personal loss resulting from participation in this activity.

- I understand "youth campers" from Okoboji will be transported by bus or van to Ingham Lake Bi-ble Camp, near Wallingford, to participate in the paintball course.

I have read this release of liability and assumption of risk agreement, and fully understand and agree to its terms.

Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_  
\_\_\_\_\_

**\*There is a \$20.00 additional fee for paintball if you child decides to participate.** Please note: The \$20 balance is the responsibility of the Camper, and **will not be billed to a church.**

\*\* I give my permission for this child to participate in all aspects of the camp's program except as noted. I understand that it is my responsibility to bring any special concerns, medical or otherwise, about my child to the attention of camp staff before or at the time of time of registration. \*\* In the event I cannot be reached in an emergency, I hereby give permission to staff member selected by the camp to secure and administer treatment, including hospitalization, ordering injections, anesthesia, x-ray or surgery as deemed necessary for my child named above. \*\* I accept responsibility for payment of such services. \*\* I will in no way hold Ingham Okoboji, staff members or board members liable. \*\* I give my permission for any picture or video taken of my child to be used for promotional purposes.

**BY SIGNING THIS DOCUMENT** I acknowledge these policies and affirm that I am the legal parent and/or guardian of the camper listed above.

**\*\*Signature of Parent or Guardian** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_