



First Love

1 John 4:19

2008 Fall Recharge Registration Form

Camper Name _____

Gender _____ Current Grade _____ Age _____ Birth date _____

Address _____

City _____ St _____ Zip _____

Parent Name _____ Phone _____

Email _____

Home Church & City _____

Please **circle** the Recharge for which you are registering:

Oct. 17-19: Jr. High (grades 6-9)

Oct. 24-26: Trailblazers (grades 4,5,6)

Nov. 7-9: Junior High (grades 6-9)

Nov. 14-16: Jr. High/ Sr. High (grades 6-12)

Dec. 5-7: Sr. High (grades 9-12)

Recharge Rate: \$69 per camper

If this is your first time coming to a recharge, we welcome you with a special price of \$59.

_____ Check here if it is your first time to a recharge.

A deposit of **\$30** is required. The deposit is non-refundable.

Payment Information

_____ my full payment is enclosed

_____ my church is paying

_____ my deposit only is enclosed; the balance of my account will be paid at registration

** I give my permission for this child to participate in all aspects of the camp's program except as noted. ** I understand that every effort will be made to contact me if my child needs emergency medical-surgical treatment. If it is necessary to do so, I hereby give permission to the medical staff selected by the camp to secure proper treatment, hospitalize, order injections, anesthesia, x-ray or surgery for my child as named above. ** I understand that my insurance has primary coverage and Ingham/Okoboji insurance is secondary. ** I will in no way hold Ingham Okoboji, staff members or board members liable. ** I give my permission for any picture taken of my child to be used for promotional purposes.

Signature of Parent or Guardian _____

Ingham Okoboji Lutheran Bible Camps 1203 Inwan Street Milford, IA 51351
1-800-OKOBOJI Fax 712.337.3501 www.okoboji.org registrar@okoboji.org

"To know Jesus Christ and to make Christ known to all."

Cut along dotted line. Return above portion to the camp along with deposit. Keep this section for reference and planning purposes.

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2008 Fall Recharge**

If you have any questions, please don't hesitate to contact us.

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

Registration is incomplete until this information is provided.

Height: _____ Weight: _____ Are immunizations current? Y / N Date of last tetanus shot: _____

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

Environmental: _____

Medication (penicillin, etc.): _____

Food: _____

Other: _____

Please list any past medical treatment:

Chronic or recurring illness or medical condition that may affect camp life:

Dietary restrictions : _____

Medications—Please list names and dosages or attach separate detailed list:

HISTORY: (Check and give approximate dates of items if known)

- frequent ear infections
- heart defect/disease
- convulsions
- diabetes
- bleeding disorders
- hypertension
- mononucleosis
- chicken pox
- measles
- German measles
- mumps
- hay fever
- ivy poisoning, etc.
- insect stings
- penicillin
- asthma
- other drugs

All medicine MUST be brought in original container.

May acetaminophen/ibuprofen be administered as needed? Y / N

INSURANCE INFORMATION:

Insurance Co. _____ Policy # _____

Company Address & Phone # _____

Policy Holder's Name _____

Family Doctor _____ Dr. Phone# _____

We are looking forward to you joining us at camp!

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<u>Bring It:</u>	Bible	Clothes and shoes for outdoor games
	Bedding	Money
	Pillow	Friends
	Towels	
<u>Leave It:</u>	Toiletries	Skateboards
	Cell phones	Snack food
	CD players	Fireworks
	MP3 players	

Arrive/ Register Friday	8-10pm
Depart Sunday	12:30pm