

# 2025 Ingham Okobojo Lutheran Bible Camps Summer Registration Form

Complete registration AND medical information form and mail with payment to:

Ingham Okobojo Lutheran Bible Camps, 1203 Inwan St. Milford, IA 51351 ~ Phone (712) 337-3306 ~ Email: registrar@okobojo.org

## Camper Information

Full Legal Name: \_\_\_\_\_

Biological Sex: M / F (circle one) Date of Birth: \_\_\_\_\_ Grade Completed June 15, 2025: \_\_\_\_\_

Home Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Custodial Parent /Guardian's Full Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Additional Parent/Guardian's Full Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent's Email: \_\_\_\_\_ (for confirmation emails)

Church Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Buddies I wish to bunk with: \_\_\_\_\_ or \_\_\_\_\_

Please list only two. We can not guarantee placement of groups larger than three will remain together.

### Camp Choice - Camps are set by most recent grade completed at the time of camp.

OK = Camp held at Okobojo Lutheran Bible Camp; ING = Camp held at Ingham Lake Bible Camp

#### ING Camp-In-A-Day (Grades K-2; \$42 per camper)

- \_\_\_\_\_ CIAD1 - June 18
  - \_\_\_\_\_ CIAD2 - June 19
  - \_\_\_\_\_ CIAD3 - July 9
  - \_\_\_\_\_ CIAD4 - July 10
  - \_\_\_\_\_ CIAD5 - July 16
  - \_\_\_\_\_ CIAD6 - July 17
- No discounts available for CIAD.  
Please visit website for Hand In  
Hand Registration form

#### ING Trailblazers (Grades 4-6; \$439 per camper)

- \_\_\_\_\_ Trailblazers #1 - June 15-20
- \_\_\_\_\_ Trailblazers #3 - July 6-11
- \_\_\_\_\_ Trailblazers #4 - July 13-18

#### Junior High Camps (Grades 6-9; \$459 per camper)

- \_\_\_\_\_ OK Confirmation & Jr. High Camp #1- June 8-13\*\*
- \_\_\_\_\_ OK Confirmation & Jr. High Camp #2- July 6-11 \*\*
- \_\_\_\_\_ ING Junior High Camp - July 20-25\*\*

#### ING Pathfinders (Grades 2-5; \$214 per camper)

- \_\_\_\_\_ Pathfinders #1 - June 15-17
- \_\_\_\_\_ Pathfinders #3 - July 6-8
- \_\_\_\_\_ Pathfinders #4 - July 13-15

#### Senior High Camp (Grades 9-12; \$459 per camper)

- \_\_\_\_\_ ING Senior High Camp - July 27-Aug 1\*



\* Paintball, Camping, and Waterskiing Available

\*\*Paintball and Camping Excursion Available

#### Extras:

- \_\_\_\_\_ Paintball (\$25)
- \_\_\_\_\_ Waterskiing (\$25)
- \_\_\_\_\_ Camping (\$25)

#### Discounts:

- \_\_\_\_\_ Early Bird Registration (before 3-1-25): \$30
- \_\_\_\_\_ Member Congregation: \$10
- \_\_\_\_\_ Fee Paid by Church (Amount: \_\_\_\_\_)

#### Non-Refundable Deposit Required:

**\$15 for Camp-In-A-Day; \$50 for Pathfinders; \$100 for all other camps**

\_\_\_\_\_ My check is enclosed.

\_\_\_\_\_ Please charge my card: Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Sec. Code: \_\_\_\_\_

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

### Cost Worksheet

Camp Fee	\$
Extras	\$
Camper Spending Money	\$
<b>Total Charges</b>	<b>\$</b>
Total Discounts	\$
<b>Balance Due</b>	<b>\$</b>

# MEDICAL INFORMATION

Please complete, sign, and return with registration form. The following must be filled out & signed by the Custodial parent or Guardian.

## PLEASE PRINT

Camper's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: Male Female (circle one) Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Are Immunizations Current? Yes No (circle one) **Date of last tetanus shot:** (month/year) \_\_\_\_\_

**ALLERGIES/ASTHMA/OTHER CONCERNS:** (Please indicate if allergy is airborne, touch, or ingested exposure)

**Food Allergy?** \_\_\_\_\_ Severity: \_\_\_\_\_

**Environmental Allergy?** \_\_\_\_\_ Severity: \_\_\_\_\_

**Other/Medication Allergies?** \_\_\_\_\_ Severity: \_\_\_\_\_

**Camper carries an:**  Epipen  Inhaler **Reason:** \_\_\_\_\_

Arrangements for campers to carry inhalers/epipens will be made at check-in with the camp medic. Please label all inhalers/epipens with the camper's name in permanent marker. If possible, please bring 2 inhalers - one for your camper to carry, the other to leave with medical staff.

**Has this camper ever experienced asthma (exercise induced or otherwise):** Y / N

**Physical medical concerns which may affect camp life or emergency care: (Diabetes, Mobility Limitations, Seizures, etc.)**

**Current mental health diagnosis for this camper: (ex: ADHD, depression, anxiety, etc):**

**Please note any past medical treatments, surgeries or injuries which may affect camp life or emergency care:**

Please list all medications, including OTC and vitamins, the camper will be taking at camp. Add additional pages if needed.

Medication	Dose	When is it taken?	Why is it taken?

**If needed, can we administer acetaminophen/ibuprofen according to recommended guidelines?** Y / N

**If needed, can we administer sunscreen and bug repellent?** Y / N

**ALTERNATE CONTACT INFORMATION:** Please note, at least one contact must be someone OTHER than a parent.

Full Name	Cell & Home Phone Number(s)	Relationship to Camper
Parent/Guardian		
Secondary Contact		
Additional Contact		

### CAMPER'S MEDICAL INSURANCE INFORMATION:

Insurance Company: \_\_\_\_\_ Phone #: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_ Policy Holders Name: \_\_\_\_\_

Primary Care Dr. & Phone #: \_\_\_\_\_

### Release & Waiver of Liability Agreement/Medical & Media Release Form

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 Lutheran Bible Camps, 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. I understand choosing to send this child to camp may increase their risk of being exposed to communicable illnesses such as influenza, colds, covid, and others. If my child is showing symptoms, or I suspect they are ill, I agree not to send them to camp. If my child becomes ill while at camp, I agree to arrange transportation home in a timely manner at my expense.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date