

YOUTH

RECHARGES



RECHARGE WEEKENDS ARE PACKED WITH GAMES, FELLOWSHIP, AND GROWING IN FAITH FOR YOUTH TO HAVE A FUN-FILLED GETAWAY!



FALL THEME '23

"BE REAL" - PSALM 139:1

We live in a world full of filters, facades, and false appearances. When demands on our time pile up we often "fake it 'til we make it" when inside we're seriously struggling. The Bible, especially the book of Psalms, is full of faithful followers who express a variety of authentic feelings, yet cling to the truth of God's promises in the midst of their trying circumstances. At this Recharge, campers will learn from the example of the Psalmists how to identify and express their emotions and be real with God, while clinging to the reality check of God's promises for them.

Confirmation Connection: Baptism, Christian Community

SPRING THEME '24

"STEP BY STEP" - COLOSSIANS 2:6

Jesus said, "A good tree bears good fruit," when describing the life of a Christian. Today, we might ask "I believe. Now what?" At the "Step by Step" recharge, campers will explore what life as a Christ-follower can look like. Campers will be equipped to develop personal devotional habits, prayer times, and Christ-centered conversations to help them trust more deeply in the good news of the gospel. A strong emphasis will also be placed on service to others, just as Jesus loved us and served us. Campers will leave with more confidence about how to walk by faith as they follow Jesus for a lifetime.

Confirmation Connection: Lord's Prayer, Daily Faith Practices

\$109 PER STUDENT, \$40 DEPOSIT REQUIRED WITH REGISTRATION
CHECK IN: FRIDAY 8-9:30 PM, DEPARTURE: SUNDAY 12:30 PM

YOU MAY REGISTER ONLINE AT WWW.OKOBOJI.ORG/RECHARGES
OR COMPLETE THE FORM ATTACHED.

WWW.OKOBOJI.ORG • REGISTRAR@OKOBOJI.ORG • 1-800-OKOBOJI

Ingham +
Okoboji
Lutheran Bible Camps

2023/2024 Ingham Okoboji Lutheran Bible Camps Recharge Registration Form

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

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

You may register online at www.okoboji.org/recharges

Camper Information

Full Legal Name: _____

Sex: M / F (circle one) Date of Birth: _____ Grade : _____

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 cannot guarantee placement of groups larger than three together.

Please put a check next to the weekend you wish to attend!

Fall Recharges

- _____ Oct. 20-22 4th-6th Grade at Ingham
_____ Nov. 3-5 6th-9th Grade at Okoboji
_____ Nov. 10-12 6th-9th Grade at Okoboji
_____ Nov. 17-19 9th-12th Grade at Okoboji

Spring Recharges

- _____ April 12-14 6th-9th Grade at Okoboji
_____ April 12-14 9th-12th Grade at Okoboji
_____ April 19-21 6th-9th Grade at Okoboji

TO ALL ADULTS!

We believe your involvement in the Recharge Retreats is vital. Each adult should be prepared to experience the retreat alongside the youth they bring. The charge for each adult is just \$30. Plus, for every 10 kids who come from one church one adult sponsor can come for FREE! Pastors and Youth Directors are invited to come with your kids at no cost. All adults must register by contacting the registrar, Sara, at 1-800-OKOBOJI prior to arrival.

Hope to see you there!

Recharge Rate: \$109 per camper
Non-Refundable Deposit Required: \$40

Payment Information:

_____ I will pay balance upon arrival
_____ Fee Paid by Church (Amount: _____)

_____ My check is enclosed.
_____ Please charge my card:

Number: _____

Exp. Date: _____ Sec. Code: _____

Name on Card: _____



Ingham +
Okoboji
Lutheran Bible Camps

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: _____

Insect Allergy? _____ Severity: _____

Other/Medication Allergies? _____ Severity: _____

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

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.

Please list any physical medical conditions which may affect camp life (Diabetes, Heart Condition, mobility, etc.) Please Give Details:

Please list any 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. Be specific and add additional pages as needed for instructions and additional items.

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

If needed, can designated staff administer acetaminophen/ibuprofen according to recommended guidelines? Y / N

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

Parent/Guardian	Secondary Contact	Additional Contact
Full Name		
Cell /Home Phone		
Relationship		

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 Okobojo Lutheran Bible Camps, staff members or board members liable. I understand choosing to send this child to camp may increase their risk of being exposed to communicable diseases such as flu or COVID. For the safety of other campers and IOLBC staff, I agree to not send this child if I suspect they are ill. I give my permission for any picture or video taken of my child to be used for promotional purposes unless I note otherwise.

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

Date