

YOUTH

'25/26

# RECHARGES



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

## FALL THEME '25:

### "MADE TO WORSHIP" - PSALM 95:6

Worship. We use that word to talk about the church service, music, committees in the church, and more. But what is worship? How do we worship? Why do we worship? At the Fall Recharge we'll be discussing these questions and more. Campers will walk away with a better understanding of worship from a biblical perspective and see how worship is woven into their everyday life. As campers worship in their congregations they will have a new understanding of each part of the worship service. Have fun watching skits featuring the formation of a Rock Band as they discover the hard way that they are "Made to Worship."

*Confirmation Connection: Worship Service, 1st Commandment*

## SPRING THEME '26:

### "I BELIEVE" - ROMANS 1:16

We all hold beliefs about God, but it's often hard to articulate those beliefs and explain them to others. The early church developed several creeds to help define the basic beliefs of Christianity. During the "I Believe" Recharge, campers will take a fresh look at the Apostle's Creed and belief statements found therein. This will reinforce what many learn in confirmation, giving campers a solid rock on which to stand in their faith, and practical ways to share the Christian faith with someone else in a loving, non-threatening way. Then we can join Paul in saying that we, too, are "not ashamed."

*Confirmation Connection: Apostle's Creed, Tools for sharing faith*

\$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](http://WWW.OKOBOJI.ORG/RECHARGES)  
OR COMPLETE THE FORM ATTACHED.



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

Ingham  
Okoboji<sup>+</sup>  
Lutheran Bible Camps



# 2025/2026 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](http://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. 17-19 4th-6th Grade at Ingham  
\_\_\_\_\_ Nov. 7-9 6th-9th Grade at Okoboji  
\_\_\_\_\_ Nov. 14-16 6th-9th Grade at Okoboji  
\_\_\_\_\_ Nov. 21-23 9th-12th Grade at Okoboji

#### Spring Recharges

- \_\_\_\_\_ March 27-29 6th-9th Grade at Okoboji  
\_\_\_\_\_ March 27-29 9th-12th Grade at Okoboji  
\_\_\_\_\_ April 10-12 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 \$40. 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: \_\_\_\_\_ Sex: 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 Okoboji 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