

2024 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, 2024: _____

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 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 19
_____ CIAD2 - June 20
_____ CIAD3 - July 10
_____ CIAD4 - July 11
_____ CIAD5 - July 17
_____ CIAD6 - July 18
- No discounts available for CIAD.
Please visit website for Hand In
Hand Registration form

ING Trailblazers (Grades 4-6; \$429 per camper)

- _____ Trailblazers #1 - June 16-21
_____ Trailblazers #2 - July 7-12
_____ Trailblazers #3 - July 14-19

Junior High Camps (Grades 6-9; \$449 per camper)

- _____ OK Confirmation & Jr. High Camp #1- June 9-14 **
_____ OK Confirmation & Jr. High Camp #2- July 7-12 **
_____ ING Junior High Camp - July 21-26**

ING Pathfinders (Grades 2-5; \$209 per camper)

- _____ Pathfinders #1 - June 16-18
_____ Pathfinders #2 - July 7-9
_____ Pathfinders #3 - July 14-16

Senior High Camp (Grades 9-12; \$449 per camper)

- _____ OK Senior High Encounter - July 14-19*



ING Specialty Camps (Grades 7-12; \$449 per camper)

- _____ LiveWire Music Camp - July 28 -Aug 2 *
_____ Outdoor Adventure Camp - July 28 -Aug 2 *

* Paintball Available **Paintball, Music, and Camping Excursion Available

Extras:

- _____ Paintball (\$25)
_____ Music Add On
_____ Camping Add On (\$25)

Discounts:

- _____ Early Bird Registration (before 3-1-24): \$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	\$
Total Charges	\$
Total Discounts	\$
Balance Due	\$

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