



Ingham Okoboji Lutheran Bible Camps

FALL RECHARGES 2021

Recharge weekends are **PACKED** with games, fellowship, and growing in faith for youth to have a fun-filled getaway this fall!

Oct. 22-24: Grades 4-6 (Ingham)

Nov. 5-7: Grades 6-9 (Okoboji)

Nov. 12-14: Grades 6-9 (Okoboji)

Nov. 19-21: Grades 9-12 (Okoboji)



\$89 per student, \$30 deposit required with registration

Check In: Friday 8-9:30 pm, Closing Program 12:00 noon

INTO THE UNKNOWN- JOHN 16:33

The world is changing in major ways, and so much is unknown about the future. How do you follow Jesus when you don't know how that will play out in our life? Why is there pain and suffering in the world and what are you supposed to do about it? At this recharge weekend you will discover your greatest calling to follow Jesus, how you are uniquely gifted to serve a world in need, and how you can overcome your fears of the unknown.

Confirmation Connection: Vocation/Calling, Spiritual Gifts

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

2021 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

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 will not guarantee placement of groups larger than three together.

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

_____ October 22-24	4th-6th Grade at Ingham
_____ November 5-7	6th-9th Grade at Okoboji
_____ November 12-14	6th-9th Grade at Okoboji
_____ November 19-22	9th-12th Grade at Okoboji

TO ALL ADULTS!

We believe that 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: \$89 per camper
Non-Refundable Deposit Required:\$30

_____ I am a first time camper: \$3 off
_____ Fee Paid by Church (Amount: _____)

Payment Information:

_____ I will pay balance upon arrival
_____ 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: _____

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

Other Medical concerns/Activity Restrictions (Diabetes, Heart Condition, Seizures, etc.) Please Give Details:

Describe any other disorders or disabilities of which the camp needs to be aware (ex: ADHD, depression, anxiety, mobility limits, 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 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.

	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 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 COVID-19, agree to pre-screen this child for symptoms prior to arrival at camp, not send this child if I suspect they are ill, and understand there may be social distancing requirements expected of this child.

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