



ANCHORED IN WORD & SACRAMENT

- **WHO**

6th-9th Grades

Church groups must provide 1 chaperone per gender for every 8 campers attending.

Campers Register As Church Groups For This Retreat

- **SCHEDULE**

Arrive 7pm Friday
Depart 10am Sunday

- **ACTIVITIES**

Great food, games, Bible study, worship, music, crafts, and more!

- **COST**

Only \$115 per person!
Includes 4 meals, snacks, lodging and program.
\$25 Deposit is due with registration form (see back)

Confirmation Retreat

November 16-18, 2018

“One day Jesus was praying in a certain place. When he finished, one of his disciples said to him, “Lord, teach us to pray, just as John taught his disciples.” Jesus said, “When you pray, pray like this...:”

Luke 11:1-2



This retreat is a great opportunity to grow closer to your confirmation group. We are going to look at the Apostle’s Creed, the Lord’s Prayer, and the 10 commandments during our time at camp.





Lutherdale

Retreat Registration and Health Form

This form may be copied. Use a separate form for each camper.

Health information on this form is gathered to assist us in identifying appropriate care.

NOTE: A \$25 non-refundable deposit must be returned with this form in order to secure reservation.

Name _____ E-mail _____
 Address _____ City _____ State _____ Zip _____
 Home Phone (_____) _____ Sex _____ Current grade _____ Birth date _____
 Parent/Guardian Name _____ Work Phone (_____) _____ Cell phone (_____) _____
 Address _____ City _____ State _____ Zip _____
 Church _____ City _____ State _____ Zip _____ n
 Emergency Contact Person _____ Phone (_____) _____
 Family Doctor _____ Phone (_____) _____

Health History	Food Allergies	Immunizations (✓ if current or up to date)																											
Diseases/Conditions: (Give approximate dates.) _____ Ear Infections _____ Heart Defect/Disease _____ Seizures _____ Diabetes _____ Bleeding/Clotting Disorders _____ Hypertension _____ Mononucleosis _____ Asthma _____ Measles _____ Chicken Pox _____ German Measles _____ Mumps _____ Hepatitis _____ Other None _____	None _____ <table style="width: 100%;"> <tr> <td></td> <td style="text-align: center;"><u>Life Threatening</u></td> <td></td> </tr> <tr> <td>_____ Dairy</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>_____ Grain</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>_____ Eggs</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>_____ Seafood</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>_____ Meat</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>_____ Peanuts</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>_____ Other Nuts</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>Other _____</td> <td></td> <td></td> </tr> </table>		<u>Life Threatening</u>		_____ Dairy	Yes	No	_____ Grain	Yes	No	_____ Eggs	Yes	No	_____ Seafood	Yes	No	_____ Meat	Yes	No	_____ Peanuts	Yes	No	_____ Other Nuts	Yes	No	Other _____			<input type="checkbox"/> Tetanus booster Date Required (MM/YY) _____ <input type="checkbox"/> DPT Permanent Shots <input type="checkbox"/> TD (tetanus/diphtheria) <input type="checkbox"/> Polio Immunization <input type="checkbox"/> MMR (Measles, Mumps, Rubella) <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Pos <input type="checkbox"/> Neg Tuberculosis Test
	<u>Life Threatening</u>																												
_____ Dairy	Yes	No																											
_____ Grain	Yes	No																											
_____ Eggs	Yes	No																											
_____ Seafood	Yes	No																											
_____ Meat	Yes	No																											
_____ Peanuts	Yes	No																											
_____ Other Nuts	Yes	No																											
Other _____																													
	Medical Allergies None _____ <table style="width: 100%;"> <tr> <td></td> <td style="text-align: center;"><u>Life Threatening</u></td> <td></td> </tr> <tr> <td>_____ Hay Fever</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>_____ Bee Stings</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>_____ Penicillin</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>_____ Other Drugs</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>_____ Other _____</td> <td></td> <td></td> </tr> </table>		<u>Life Threatening</u>		_____ Hay Fever	Yes	No	_____ Bee Stings	Yes	No	_____ Penicillin	Yes	No	_____ Other Drugs	Yes	No	_____ Other _____			Chronic/Recurring illness or medical condition that may impact camp life: _____ _____ Activity restrictions for health reasons: _____ _____ _____									
	<u>Life Threatening</u>																												
_____ Hay Fever	Yes	No																											
_____ Bee Stings	Yes	No																											
_____ Penicillin	Yes	No																											
_____ Other Drugs	Yes	No																											
_____ Other _____																													

Dietary restrictions (i.e. vegetarian, gluten free) _____

Medications (please list and send with instructions)

Do we have your permission to administer the following, to your child, as needed: Benadryl, Antacid, Ibuprofen, Acetaminophen, Milk of Magnesia, Cold Medicine, Antihistamines? **Initial next to your answer.** _____ No _____ Yes. Exceptions: _____

PERMISSION TO PROVIDE NECESSARY TREATMENT OR EMERGENCY CARE: I hereby give my permission to the health care professional to order x-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician to secure and administer treatment, including hospitalization, for the person named above.
 Parent or Guardian signature _____ Date _____

PERMISSION TO TAKE PART IN PROGRAM: I give permission for my child to attend Lutherdale Bible Camp and participate in the program. This may include but is not limited to: the climbing tower, high ropes course, low ropes course, toboggan slide and field games. Camp photographs which include my child may be used in promotional material, which may include Lutherdale's web page.
 Parent or Guardian signature _____ Date _____

Credit Card Information

Please Charge \$ _____ to my: * Visa * Mastercard Signature _____
 Card # _____ Validation Code (on back of card) _____
 Expiration Date _____

Date recd: _____ Dep: _____ Cash CC _____ Ind # _____ Church# _____