

Lutherdale



2015 Retreats



2016 Retreats

October 16-18, 2015 **Confirmation Retreat**
Apostle's Creed 6th-8th Grade \$110
 Together we will learn the Creed and the meaning it holds in our daily walk with God.

November 6-8, 2015 **Sr. High Retreat**
On The Way 9th-12th Grade \$110
 Join us with your youth group and learn about how we can continue to walk in the way of Jesus.

November 20-22, 2015 **Jr. High Retreat**
Baptism 6th-8th Grade \$110
 Come to Lutherdale as we celebrate the wonderful gift that God gives in our Baptism.

December 4-6, 2015 **Confirmation Retreat**
10 Commandments 6th-8th Grade \$110
 At this retreat we will explore the 10 commandments and how they are still relevant in today's world.

January 22-23, 2016 **Elementary Retreat**
Fruits of the Spirit 3rd-6th Grades \$85
 Not a grape, not a banana, not a pineapple... come and learn about the fruits that grow in God's good soil!

Jan 29-31, 2016 **Jr. High & Sr. High**
Ski & Snowboard Retreat \$105 +
 6th-12th Grades Lift Ticket & Rental
 Strap on your skis for some fun, faith and fellowship on the slopes.

March 4-6, 2016 **Junior High Retreat**
Pick A Parable 6th-8th Grade \$110
 Campers will get a chance to pick the parable that most relates to them, study it and then teach it!

March 11-13, 2016 **Confirmation Retreat**
Lord's Prayer 6th-8th Grade \$110
 Come and rediscover the prayer that Jesus taught us to pray.

April 15-16, 2016 **Elementary Retreat**
I Wanna Be A Sheep 3rd-6th Grades \$85
 Campers will explore the meaning of being in the Good Shepherd's flock.

Deposit: of \$25 is due with registration form (see back)
One Night Retreats Run 7pm Fri-7pm Sat
Two Night Retreats Run 7pm Fri-10am Sun
Registration Deadline: We must have Registration Form and Deposit one month before retreat, retreats fill quickly!
Note: Church groups must provide one chaperone for every eight campers of each gender attending.
Campers Register As Church Group for these Events





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 _____

Program Event _____ **Date** _____

Health History

(Give approximate dates.)

Diseases/Conditions:

_____ None
_____ Ear Infections
_____ Heart Defect/Disease
_____ Seizures
_____ Diabetes
_____ Bleeding/Clotting Disorders
_____ Hypertension
_____ Mononucleosis
_____ Asthma
_____ Measles
_____ Chicken Pox
_____ German Measles
_____ Mumps
_____ Hepatitis
_____ Other _____

Food Allergies

	No	<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

		<u>Life Threatening</u>
_____ None	Yes	No
_____ Hay Fever	Yes	No
_____ Bee Stings		

Emergency Information

Emergency Contact Person _____
Phone (_____) _____
Family Doctor _____
Phone (_____) _____

Immunizations (✓ if current or up to date)

_____ DPT Permanent Shots
_____ TD (tetanus/diphtheria)
_____ Tetanus booster (MM/YYYY)
_____ Polio Immunization
_____ MMR (Measles, Mumps, Rubella)
_____ Hepatitis B
☐ Pos ☐ Neg Tuberculosis Test

Do we have your permission to administer to your child as needed:
Benedryl, Antacid, Ibuprofen, Acetaminophen, Milk of Magnesia, Cold
Medicine, Antihistamines?

Please initial next to your answer _____ No _____ Yes

Chronic or recurring illness or medical condition that may affect camp life _____

Dietary restrictions (i.e. vegetarian, lactose intolerant) _____

Other suggestions that may help make your camper's week more comfortable and enjoyable (fears, anxieties, etc.) _____

Medications (please list and send with instructions) _____

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. **PLEASE SEND PHOTO-COPY OF INSURANCE CARD.**

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 ☐ Discover/Novus Signature _____

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