

Lutherdale Confirmation Retreat

Dates: March 5-7, 2010

Depart: Friday, March 5 at 6 pm
Meet in the parking lot by the Youth Room
to carpool to Lutherdale.

Return: Sunday, March 7 by 11 am
Pick your student up from the parking lot by the Youth Room

Balance Due: March 5
The total cost is \$70 for FLC students
Checks can be made to FLC and returned to the FLC Office with the
Lutherdale Form. **Lutherdale Registration and Health Form is also
due on March 5.**

**Registration forms and other details can be found under
the YOUTH link at www.flcj.org.**

Activities:

Join with other middle school students from FLC and around the area to
learn about the Apostle's Creed and what we believe about God.
Campers can expect great food, sports activities, camp store, free time,
large and small group bible study, camp music and worship.

Lutherdale is located N7891 US HWY 12, Elkhorn, WI 53121.



**For more information please call Renee at 752-7434 x 16 or 743-4132 or email at
reneeengen@tds.net**

PACKING LIST:

- Sleeping bag & pillow
- Clothing for 2 days & 2 nights
- Clothing warm enough to play outside
- Water Bottle
- Plastic bag for wet clothing
- Bible
- Shower & personal hygiene supplies
- Towel
- Boots or shoes for snowy weather
- Flashlight
- Extra pair of shoes or boots
(You can bring a little money
for the Camp Store)

Do NOT bring:

- CD players, ipods & other Mp3 players
- Personal electronics such as gaming
systems, DVD players, etc.
- Weapons, fireworks or explosives (duh!)
- Alcohol, drugs, or tobacco products
- Cell phones
(if there is an emergency you can use
Eric's phone or the camp phone)
- Anything not allowed at school

EMERGENCY PHONE NUMBERS FOR THE WEEKEND:

Eric Engen- 608-290-7083
Lutherdale Phone- 262-742-2352



Lutherdale Bible Camp

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 _____ Email _____
 Address _____ City _____ State _____ Zip _____
 Home Phone (____) _____ Sex _____ Current grade _____ Birth date _____
 Parent/Guardian Name _____ Work Phone (____) _____ Call 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 _____
 Cancer _____

Food Allergies

_____ No	<u>Life threatening</u>
_____ Dairy	Yes No
_____ Grain	Yes No
_____ Eggs	Yes No
_____ Seafood	Yes No
_____ Meats	Yes No
_____ Peanuts	Yes No
_____ Other Nuts	Yes No
_____ Other _____	

Medical Allergies

_____ None	<u>Life threatening</u>
_____ Hay Fever	Yes No
_____ Bee Stings	Yes No
_____ Penicillin	Yes No
_____ Other Drugs	Yes No
_____ Other _____	

Emergency Information

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

Immunizations (✓ if current or up to date)

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

Do we have your permission to administer to your child as needed: Benadryl, Aripid, Ibuprofen, Acetaminophen, Milk of Magnesia, Cold Medicine, Antihistamines?
 Please initial next to your answer: No _____ Yes _____
 (Any Exceptions) _____

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. Camp photographs which include my child may be used in promotional material, which may include Lutherdale's web page.

Parent or Guardian signature _____ Date _____

PERMISSION TO TAKE PART IN THE ROPES PROGRAM: I give permission for my child to climb the tower at camp. I assure that my child has completed the sixth grade and is under the 250 lb. maximum for safe use of the equipment necessary to climb the tower. \$10 fee to be paid at registration.

Parent or Guardian signature _____ Date _____

Credit Card Information

Please Charge \$ _____ to my: Visa _____ Mastercard _____ Discover/Novus _____ Signature _____
 Card # _____ Validation Code (on back of card) _____ Expiration Date _____
 Date rec'd _____ Dep: _____ Cash _____ C/P _____ Fuel # _____ Check # _____