

# Pathfinder Information

Hello from Camp Luther! We have received your Pathfinder registration and are eager to share our summer with you! The following is essential information; please read it carefully.

## **ARRIVAL AND DEPARTURE**

**Check-in is on Sunday between 1:30 p.m. and 3:30 p.m.** (no early check-ins, please). If you plan on arriving after 3:30 p.m., please let us know ahead of time so we can make special arrangements to have someone available to meet you. **Camp ends on Friday at 11:00 a.m.** You are invited to join us for closing devotions at 10:30 a.m. Sorry, lunch is not available.

## **CANCELLATIONS**

A full refund minus the \$25 processing fee will be provided up to 30 days before the camp begins.

No refunds will be granted within 30 days except in cases of family death or illness.

**All requests for refunds must be made in written form.**

## **SPECIAL DIETARY NEEDS**

If your child has special dietary needs, we are happy to work with you to meet those needs. Our food service director is happy to provide the planned menu for your time at camp. Her name is "Beads" and can be reached at [beads@campluther.com](mailto:beads@campluther.com) or 715-546-3647 Ext. 228. Many parents will bring foods to accommodate their child's special diet. We welcome those food supplies in well-marked containers at the time of your on-site registration.

## **THE CANTEEN AND SPENDING MONEY**

Campers visit the Camp Luther Canteen three times during the week. Campers are allowed to purchase three items at each Canteen session. Snacks and drinks are \$1.00. Clothing and souvenir prices range from \$.50 - \$40.00.

## **PLEASE HELP CAMP LUTHER MAKE A DIFFERENCE!**

While at camp you will have an opportunity to donate to the Camp Luther Mission project. Our 2012 project is the Lutheran Malaria Initiative. LMI is raising funds to eradicate malaria from the continent of Africa. Last summer we raised over \$3000. Our goal for Summer 2012 is \$5000! Help us reach this goal. Every \$10 purchases a net to protect a child from this deadly disease while they sleep.

## **FORMS All forms are due by June 1st.**

Parents or guardians are to complete and mail the *Camper Information Form* and the *Emergency Medical Form* (which are enclosed in this mailing) **by June 1st**. A copy of both the front and back of your family's insurance card should be attached to the emergency medical form. State law mandates that all prescription medication brought to camp must be in its original container. You will also be receiving waiver forms. Please fill these out and return no later than **June 1st**.

## **PAYMENTS**

**Full payment is required by June 1st.** Payment of your balance can be made by check or credit card, via postal mail or submitting a credit card payment at [www.campluther.com](http://www.campluther.com). If you register after June 1st, payment is due in full.

## **CAMPER EXPECTATIONS**

Camp Luther provides opportunities for spiritual growth, social development, and outdoor activity. We would like to provide a Christian environment for all who visit. We ask that each camper's behavior, speech and clothing are appropriate for the Christian atmosphere we try to model.

## **PROGRAM INFORMATION**

Pathfinder is an exciting, new, five-night residential camp for youth grades 3-6\*. Campers grow in faith, independence, and interpersonal skills as they live, eat, and play with their counselors and other campers. In this small-group based camp, counselors lead intentional activities designed to promote friendships and Christian community. Pathfinder is a not-to-be-missed experience for your child!

## **MORE INFORMATION FOR PARENTS**

Check out the **Questions and Answers** page of our website. Click on the Summer Camp Corner.

# CAMP LUTHER

1889 Koubenec Road " Three Lakes, WI 54562  
Phone (715) 546-3647 " (877) 264-CAMP

## EMERGENCY/MEDICAL INFORMATION FORM

**REQUIRED BY JUNE 1st**

This form must be completed and submitted to the Camp Luther office by June 1st. Failure to properly complete and submit this form may result in the non-acceptance of the child/youth into the camp program.

This form should be returned via USPS mail or scanned and emailed with signatures. Please remember to include a copy of your insurance card. **Do not fax!**

Camp Luther shall not be held responsible for medical expenses incurred by camper through accident or illness before, during, or after enrollment in the camp program. Complete insurance information must be provided by the guardian.

### EMERGENCY ADMISSION INFORMATION

Parent(s)/Guardian: This information will be needed in the event of an Emergency Room visit. Having this information will expedite the admission process and treatment. **Please print!**

### **CAMPER INFORMATION**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ County of Residence: \_\_\_\_\_

### **PARENT/GUARDIAN (PRIMARY EMERGENCY CONTACT)**

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

### **SECONDARY EMERGENCY CONTACT**

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/ZIP: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

### **AUTHORIZATION FOR MEDICAL CARE**

*For Campers Under 18 years of age:*

We, the undersigned parent(s) and/or natural guardians of \_\_\_\_\_, **a minor**, do hereby authorize the Camp Luther Health Services Staff (and/or any other qualified adult appointed or designated by them) **(1)** to consent to medical, surgical, and dental care for such minor child; **(2)** to consent to any diagnostic tests, medical, surgical, or dental procedure or treatment as may be considered therapeutically necessary by the physician, surgeon, dentist, or other health care personnel providing care for such minor child; **(3)** to employ physicians, surgeons, dentists, nurses, and other health care personnel as may be deemed necessary for such minor child; **(4)** to admit such minor child to any hospital, clinic, emergency room, laboratory, or other health care or diagnostic facility for examination, treatment, surgery, or care; and **(5)** to sign all necessary consents and authorizations.

It is understood that this authorization is given in advance of the occurrence of any condition or situation which would necessitate any such medical, surgical, or dental care being required; but is given to provide authority to obtain such care if it should be required. I fully understand the consequences of the foregoing statements and sign this AUTHORIZATION TO CONSENT TO MEDICAL AND DENTAL CARE knowingly, freely and willingly.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### INSURANCE INFORMATION

Camper's primary insurance is under whose name?  
(e.g. name of father, mother, guardian, or other)

Insurance Company: \_\_\_\_\_

Ins. Co. Group #: \_\_\_\_\_

Policy/Contract #: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

If self-employed, give occupation: \_\_\_\_\_

We do not currently have insurance.

**PLEASE INCLUDE A COPY OF BOTH SIDES OF YOUR INSURANCE CARD!**

Name: \_\_\_\_\_

Counselor: \_\_\_\_\_

Block Code: \_\_\_\_\_

**OVER-THE-COUNTER MEDICATIONS**

When beneficial, the camp staff has permission to give the following or their equivalent to my child (check all that apply):

Acetaminophen (Tylenol) \_\_\_\_\_ Cough Drops/Syrup \_\_\_\_\_ Pepto-Bismol \_\_\_\_\_ Cold Medication (Sudafed) \_\_\_\_\_

Allergy Medication (Benadryl) \_\_\_\_\_ Ibuprofen (Advil) \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PHYSICAL HEALTH**

When was the camper's last physical exam? (date) \_\_\_\_\_

Please check any of the following health ailments camper is subject to:

Asthma \_\_\_\_\_ Seizure Disorder \_\_\_\_\_ Headaches \_\_\_\_\_ Frequent ear infections \_\_\_\_\_ Sleepwalking \_\_\_\_\_

Fainting \_\_\_\_\_ Bedwetting \_\_\_\_\_ Depression/Anxiety \_\_\_\_\_ Diabetes (list type) \_\_\_\_\_ (check all that apply)

Provide information and supportive health care needed for each checked item: \_\_\_\_\_

Describe any other health ailments camper is subject to: \_\_\_\_\_

Severe Allergies to: Bee Stings \_\_\_\_\_ Penicillin \_\_\_\_\_ Other (please list) \_\_\_\_\_

This camper has an allergy to the following food(s): \_\_\_\_\_

Does this cause anaphylaxis? Yes \_\_\_\_\_ No \_\_\_\_\_

Describe the reaction if this food is eaten and what should be done to manage it: \_\_\_\_\_

(see the Program Information Form for information on special menus and diets while at camp.)

Operations or Serious Injuries (Type and Date) \_\_\_\_\_

Are there any additional details or information on the camper's health that either the Camp Luther staff or attending doctor should know? \_\_\_\_\_

**SPECIAL NEEDS**

**IF YOUR CHILD HAS ANY PHYSICAL, EMOTIONAL, BEHAVIORAL, OR COGNITIVE SPECIAL NEEDS YOU MUST CONTACT THE YOUTH CAMP PROGRAM DIRECTOR ASAP TO DISCUSS NECESSARY ARRANGEMENTS.**

**IMMUNIZATION HISTORY**

List the **MONTH, DAY, AND YEAR** your child received each of the following immunizations. **DO NOT USE A (Y) OR (X).** If you do not have an immunization record for this child at home, contact your doctor or public health agency to obtain the dates.

TYPE OF VACCINE	First Dose month/day/year	Second Dose month/day/year	Third Dose month/day/year	Fourth Dose month/day/year	Fifth Dose month/day/year
DTP -- DIPHTHERIA-TETANUS-PERTUSSIS (Whooping Cough)					
POLIO					
HIB (Haemophilus influenza b)					
HEPATITUS B			COMMENTS:		
MMR -- MEASLES-MUMPS-RUBELLA					
TETANUS BOOSTER					
VARICELLA (CHICKEN POX) VACCINE					

**PRESCRIBED MEDICATIONS:** (list all brought to camp) *If injections are necessary, contact the camp office.*

Medication	Dosage	Times Given	Prescribing Physician	Reason for Medication

Physician's Name: \_\_\_\_\_ City/State: \_\_\_\_\_ Office Phone: ( ) \_\_\_\_\_

**State law mandates that all medications must be in their original container.** At registration you will be asked to fill out a detailed form listing all medications, dosages, and times to be administered. It is helpful if camper brings two additional doses beyond what will be needed for the duration of camp.

# CAMP LUTHER

## CAMPER INFORMATION FORM

**To be filled out by Parent or Guardian with input from your child**

Welcome to Camp Luther! You have sent in your child's registration form and down payment securing your child's place at Camp Luther this summer. Please write the date on your calendar so you can prepare for the week. In addition to filling out this form and the medical form, please help prepare your child for camp by talking with them. Discuss what they can expect in a week at Camp Luther, what kind of behavior you expect them to display, and how much fun they will have. Discuss the "What to Bring" form with your child. This will help your child be mentally prepared for the week.

Please help us be prepared for your child's week at camp by completing this form. The information requested will help the assigned counselor become better acquainted with your child prior to arrival. This enables us to be more informed and effective in our care of your child and his or her transition time spent away from home.

**Please complete this form and provide us with any additional information you consider helpful.** Be assured that this information will be held in strict confidence among our staff. The information you provide will enhance your child's experience at Camp Luther. We encourage you to keep your child and our staff in your prayers! It is our prayer that each child at Camp Luther has a positive experience and grows in their faith development, social skills and appreciation for God's creations during their week here.

**Return this form via USPS mail by June 1st Do not fax any forms!**

*If you register for camp after this date, complete and return immediately.*

### GENERAL INFORMATION

Camper's name \_\_\_\_\_ Nickname \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Grade in School \_\_\_\_\_ Date of Birth \_\_\_\_\_

Camper lives with:  Both Parents  Just Mom  Just Dad  Other

*(This information helps us relate to the camper and understand their daily life.)*

### INTERESTS AND HOBBIES

Camper's hobbies: \_\_\_\_\_

Camp activities camper is especially looking forward to: \_\_\_\_\_

Activities camper is apprehensive about: \_\_\_\_\_

Behavior at school is:  Excellent  Good  Fair  Poor

Camper's attitude toward school: \_\_\_\_\_

For office use only:

Camper Name \_\_\_\_\_

Block Code \_\_\_\_\_

**PHYSICAL HEALTH** (These should be listed in detail on the medical form.)

Describe any special needs we can accommodate: (If your child has any kind of physical, emotional, cognitive or behavioral special needs you **must contact** the Youth Camp Program Director ASAP to discuss how we can accommodate those needs.) \_\_\_\_\_  
\_\_\_\_\_

Is camper troubled with bed wetting? \_\_\_\_\_

Specific food or environmental allergies: (all food allergies must be separately reported to the Program Director ASAP) \_\_\_\_\_  
\_\_\_\_\_

Severity of allergic reaction:     Mild                     Medium                     Severe                     Deadly

Any recent injuries that might impede camp activities? \_\_\_\_\_

What time does camper typically go to bed and wake up? \_\_\_\_\_

**SOCIAL SKILLS AND EMOTIONAL HEALTH**

Describe camper's reading ability/favorite books: \_\_\_\_\_

Number of Brothers: \_\_\_\_\_ Ages: \_\_\_\_\_

Number of Sisters: \_\_\_\_\_ Ages: \_\_\_\_\_

Camper's attitude toward camp experience:     Enthusiastic     Interested     Lukewarm     Unenthused

Prior camp experience: *yes no* significant notes \_\_\_\_\_

Do you think camper might become homesick? *yes no* Explain: \_\_\_\_\_

What care do you recommend for homesickness? \_\_\_\_\_

\_\_\_\_\_ (Calling home is a last resort)

Camper's temperament is usually: (check all that apply)

- Timid                     Outgoing                     Aggressive                     Sensitive                     Nervous
- Happy                     Moody                     High Strung                     Laid Back

Camper's fears and weaknesses: \_\_\_\_\_

Does your camper know how to swim?  Y or  N Is Camper afraid of the water? \_\_\_\_\_

Describe how camper gets along with children: \_\_\_\_\_

In what way do you think the Camp Luther experience will best help your child? \_\_\_\_\_  
\_\_\_\_\_

Have there been any significant life changes within the last year that may be affecting your child emotionally and/or behaviorally? If so, would you be willing to identify them for us? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SPIRITUAL DEVELOPMENT**

Home church and denomination: \_\_\_\_\_

Has camper been baptized? \_\_\_\_\_ Confirmed? \_\_\_\_\_ Attend Sunday school? \_\_\_\_\_

Is camper enrolled in a Parochial School? \_\_\_\_\_

Does camper feel comfortable talking about their faith? \_\_\_\_\_

How important is faith in the camper's life? \_\_\_\_\_

How can our summer staff assist or encourage your child to achieve his or her life goals on a more personal level? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# CAMP LUTHER ZIP LINE RELEASE – MINOR

## PLEASE READ CAREFULLY BEFORE SIGNING THIS IS A RELEASE OF LIABILITY AND WAIVER OF CERTAIN LEGAL RIGHTS

I wish to consent for my minor child to use the zip line installed at Camp Luther in Three Lakes, Wisconsin. I understand that because it involves descending an elevated wire at high speed, a zip line involves certain risks of personal injury or death, from causes including but not limited to, falls, slips, striking objects at high speed, being struck by others using the zip line, and injuries from malfunctioning equipment.

In return for the North Wisconsin District of the Lutheran Church - Missouri Synod d/b/a Camp Luther (“Camp Luther”) allowing my minor child to use the Camp Luther zip line, the undersigned, for myself and for my minor child, hereby waive, release and discharge any claims that I, or my minor child, as well as our heirs, estates, executors, successors or assigns, may have as the result of any injury or death to a person or any property damage which may occur when my child uses the Camp Luther zip line, whether foreseen or unforeseen. This release and waiver extends to Camp Luther as well as to its officers, board members, employees, agents, and volunteers (the “Released Parties”).

I agree that neither I, nor my minor child, will bring any claim or action against the Released Parties as the result of any personal injury, death or property damage resulting from the use of the Camp Luther zip line by my child.

I also agree to hold the Released Parties harmless and to indemnify and defend them from any claims brought against them by anyone as the result of any injury to person or damage to property that results from my child using the zip line at Camp Luther, including all costs and attorney fees. In addition, I agree to satisfy that portion of any award or judgment for damages awarded to me or to my child as the result of any lawsuit or claim brought against released parties. This clause is intended to operate as a *Pierringer* release according to the court’s holding in *Pierringer vs. Hoyer*, 21 Wis. 2d 182 (1963).

I represent that I have full authority to enter into this waiver and release, and that it is intended to be binding upon me as well as upon my minor child.

**I have carefully read this waiver and release of liability and understand its contents. I am aware that by signing this release I am waiving certain legal rights for myself and for my minor child, including the right to sue the Released Parties.**

### CAUTION: READ BEFORE SIGNING

**THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS AND WILL BAR YOUR RIGHT TO SUE!**

Camper’s Name (Print): \_\_\_\_\_

Parent or Guardian’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(If there are two parents or guardians both must sign)

Name of Camp Program: \_\_\_\_\_

Dates of Attendance: \_\_\_\_\_



# SUMMER CAMP CHECKLIST

**PLEASE PLACE CAMPER'S NAME ON ALL BELONGINGS!  
CAMP LUTHER IS NOT RESPONSIBLE FOR ITEMS LEFT BEHIND!**

**WHAT TO BRING TO CAMP**

## SLEEPING GEAR

- Sleeping bag
- Pillow and pillowcase

## ITEMS FOR HEALTH AND HYGIENE

- Prescribed medication in original container only
- Body soap
- Shampoo and Conditioner
- Deodorant
- Toothbrush and toothpaste
- Hairbrush or comb
- Towels and wash cloths
- Laundry bag (labeled with name)

## OTHER USEFUL ITEMS

- Bible
- Flashlight
- Camera, Batteries, Digital Card
- Beach towel
- Sunscreen and lotion
- Bug Spray
- Paper, pen/pencil, envelopes, stamps
- Sunglasses
- Cap or hat
- Backpack
- Water Bottle

## PLEASE LEAVE AT HOME

- Radios
- Televisions
- MP3 Players/Discmans/iPods
- Knives
- Fireworks
- Skateboards
- Rollerblades
- Pets
- **Cell Phones**
- **Laptops**
- Portable Video Games
- Food/Snacks/Drinks
- Lighters/matches
- Laser Lights
- Coolers

Life jackets are provided for all water activities, but you may bring a personal life jacket if you so choose.

## CLOTHING

- Changes of jeans, shorts, shirts, underwear, Socks, etc.
- Tennis shoes
- Light jacket
- Rain gear
- Swimsuit - one piece please!
- Sweatshirt or pullover sweater
- Pajamas
- Sandals

## Statement on Dress and Behavior

One of the things that guests to Camp Luther appreciate most is the family-friendly Christian community that is created at camp when God's people gather together. To maintain this atmosphere we ask that campers, cottagers and other guests come to Camp Luther with an attitude of cooperation, goodwill, and a respect for people. We ask that your language, dress, and behavior while at camp are appropriate for our Christian community. Thank you for being considerate of others and helping us to maintain the special atmosphere we enjoy together at Camp Luther. In keeping with this policy, we ask that girls wear one piece bathing suits while at camp. Thank you.

