



# LAKE OKOBOJI

## UNITED METHODIST CAMP & RETREAT CENTER

### YOU ARE REGISTERED FOR:

Adventure Camp #3: Big Boji Splash

UPGRADE: Sky Zone

Event# 42531

**Check-In:** Monday, July 9 - 3-4 p.m.

**Check-Out:** Saturday, July 14 - 10:30 a.m.

#### INSTAGRAM

Check out the Camp Instagram page: "lakeokobojiumcamp." Keep an eye out for some amazing fun-packed photos throughout the week.

#### FACEBOOK

"Like" the Lake Okoboji U.M. Camp & Retreat Center page on Facebook for the latest camping news and photos!

### I'M REGISTERED FOR CAMP! WHAT NEXT?

We are so excited to share camp with you! Camp is an experience that lasts a lifetime, and we can't wait to get to know you! Speaking of getting to know you, included in this letter is a **Get-to-know-ya form**. This is an opportunity for you and your family to share any special information, ideas or concerns that will help us make your camp experience the very best it can be. Please fill it out either here or online, and send it back to camp as soon as possible. To fill it out online, visit [www.okobojicamp.com/forms](http://www.okobojicamp.com/forms). Next, you'll find a **Camper Health History & Authorization form**, and a **Release of Liability form**. These forms are **REQUIRED** to attend camp and **must be signed by the participant's legal parent or guardian!** Feel free to download these forms from our website and bring them with you to check-in. Now all you have to do is wait for your camp time to arrive! **PARENTS/GUARDIANS MUST FILL OUT AN ONLINE WAIVER FOR SKYZONE AT <https://siouxfallsstore.skyzone.com/waiver/>** See you soon!

### CHECK-IN

First, you'll meet with the camp director to turn in your **signed Release of Liability form**, pick up your water bottle and receive a **Camper ID Card**. This card **must** be presented to camp staff at your check-out time in order to pick up your camper.

Next, you'll meet with our camp health care manager, who will take your **signed Health History & Authorization form**. You will also check in any medications needed during camp, including vitamins, cough drops, etc. The health care manager will also be able to answer any health-related questions you have.

Finally, you'll meet with one of the camp staff who will assign you to a cabin and camp counselor. If you have a friend or sibling that you would like to be in the cabin with you, please mark them as a bunkmate. If you did not mark them on your registration form, please email camp at [info@okobojicamp.com](mailto:info@okobojicamp.com) to make sure we place you in the right cabin!

The **Camp Store** is open during check-in, and is located in next to the Aldersgate Room. Can't find the Camp Store? Feel free to ask our staff!

Remember, campers are required to be supervised by a parent or guardian until check-in is completed.

### CHECK-OUT

*Your check-out time is listed on the front of this letter. You may want to arrive at camp a few minutes ahead of time to complete some of the check-out process.*

- Staff will collect the **Camper ID Card** you received. If Camper ID Cards are lost or misplaced, a photo ID or personal call from camp staff to the contact listed on your health form will be required.
- The **Camp Store** will be open. Make sure to head up to the Aldersgate Room and check it out!
- The health care manager will be available to **return any checked-in medications**.
- There will be a short **closing program** on the front lawn beginning at your listed check-out time. This is a time for your campers to share about their week.
- Check out the **Lost and Found** and pick up your camper's **crafts** in the Aldersgate Room.
- If possible, please sit down with your camper and complete a **Camp Evaluation** that will be emailed to you before closing program. Your feedback is extremely important to us and to help us better serve campers throughout the summer!
- Directly after the closing program, everyone is invited to a **free-will donation brunch**. Feel free to sit down with our camp staff to chat about the amazing week your camper had!

# WHAT SHOULD I BRING TO CAMP OR LEAVE AT HOME?

## Packing Checklist

- Signed Health & Liability Forms
- Medications needed during camp
- Sleeping bag (or bedding) and pillow
- Bath towel, soap/shampoo, toothbrush/paste
- Sunscreen & insect repellent
- Bible, pencil & paper
- Swimsuit, swim towel, sandals/water shoes, hat
- Clothing for each day (rainy days, too)
- Jacket/sweatshirt
- Tennis shoes (or other closed-toe shoes)
- Stationary & stamps to write home

## What NOT to bring

- **Money** - Your camp registration fee covers ALL expenses while you are at camp. If you would like to purchase items from the Camp Store at your check-in/check-out time, you can leave your money with an adult who will be with you, or with the Camp Office during check-in.
- **Cell Phones** - If campers bring a cell phone, they will need to leave it with a camp staff member during check-in.
- **iPods/MP3 players/video games/computers**
- **Sports equipment/fireworks/lighters**
- **Extra food/snacks/pop**
- **Alcohol/tobacco/drugs/weapons/vehicles**

# HOW CAN I CONTACT MY CAMPER?

- **Mail** - Campers LOVE to receive mail! Please allow at least three days for standard mail to reach camp. Keep in mind that for shorter events, you may need to mail letters before your camper leaves home. You are also free to leave letters with a staff member during check-in to be distributed throughout the week.
- **Phone Calls** - If you have questions, concerns or need to contact your child, please feel free

to call the camp's toll free number at any time. Our staff is happy to assist you and will deliver your message to your camper as soon as possible.

- **Email** - Campers may receive email at camp, but will not have access to a computer to respond. Our staff will print emails and deliver them to campers during mealtimes. We encourage family and friends to keep emails loving,

positive and encouraging, in the case of potential homesickness.

- **Emergency Contacts** - In the event of an emergency, you may contact the camp, toll free, 24 hours a day. Our voice mail system will route you to the appropriate extension. You may also call the director's cell phone at (402)203-0782.

## DEAR PARENTS & GUARDIANS

We are so excited to have your children attending camp this summer! We want you to know that the health and welfare of your children is a priority. Notification of parent/guardians will be attempted in the case of a medical situations.

If your Camper is nervous about being away from home, now is the time to begin talking about it. Often times, bringing a "sleep-aid" like a stuffed animal or favorite blanket can help homesickness. We spend a lot of time training on homesickness and how to help campers through those times. It is important for campers and parents to know that children **will not be allowed to call home**. We have a lot of experience working with youth, so we will make sure your child feels safe and has a much fun as he/she possibly can! **Don't forget** to write your camper letters and/or emails.

We are excited to see you this summer!

LOUMC STAFF

### CAMPER MAILING ADDRESS:

Lake Okoboji U.M. Camp  
**Your camper's name**  
21413 154th Street Place  
Spirit Lake, IA 51360

### CAMPER EMAIL ADDRESS:

Subject line:  
**Your camper's name**  
Send to:  
campers@okobojicamp.com

## PHOTOS AND VIDEOS

**Don't forget to pick up an address sheet** from the camp store after closing program. It includes a website and password for all the **photos and videos** from the week that you can download for **FREE**.



# MY GET-TO-KNOW-YA PAGE!

My name is:

My friends call me:

I am coming to (name and date of camping event you'll be attending):

We're excited to get to know you at camp this summer! Please help us get a head-start by answering a few questions so we can make your camping experience the best it can be!

- Have you been to Okoboji Camp before? If yes, when and what event(s) did you attend?
- What are three things you really like to do?
- What are three things you don't like to do?
- What is one thing most people don't know about you?
- The happiest time in my life was...
- The saddest time in my life was...
- What I am most excited to do at camp is...
- I'm a little nervous about coming to camp because...
- I feel closest to God when...

Dear Families,

We would like to invite you to share any information, questions or concerns you may have about your camper with us on the back of this form. The information you share will be kept confidential. As always, you're welcome to call toll free (866-856-9862), or email [office@okobojicamp.com](mailto:office@okobojicamp.com) with any questions, concerns or ideas you may have!

Thank you!

Please send this form to:  
Lake Okoboji U.M. Camp  
My Get-to-know-ya Page  
21413 154th Street Place  
Spirit Lake, IA 51360





# Camper Health History & Authorization Form

Iowa Annual Conference of the United Methodist Camps



Please bring this completed form to camper check-in

This form is **MANDATORY** and must be completed by the legal guardian of any minor participant, as well as all adult participants, attending camping events. This form is **REQUIRED** at the time of camper check-in and the "Authorization Information" section (back page) **MUST** be signed.

## Okoboji • Pictured Rocks • Wesley Woods

<b>General Information</b>	<b>Participant:</b>	Name (last, first, middle):		
		Birth Date:	Grade Completed:	
		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security No.:	
		Home Address:		
	<b>Parent/Guardian with legal custody</b> to be contacted in case of illness or injury:	Name:		Relationship to camper:
		Home Address (if different from above):		
		Preferred Phones: (      )		(      )
		Email address:		
	<b>Second parent/guardian</b> or other emergency contact:	Name:		Relationship to camper:
		Preferred Phones: (      )		(      )
		Email address:		
	<b>Additional contact</b> in event parent(s)/guardian(s) cannot be reached:	Name:		Relationship to camper:
		Preferred Phones: (      )		(      )
		Email address:		

<b>Insurance Information</b>	<b>Please attach a copy of the front and back of health insurance card</b>	
	Is the participant covered by family medical/hospital insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If so, indicate carrier or plan name:	
	Policy or Group #:	
	Date of birth of policy holder:	
Social Security No. of policy holder:		

<b>Allergy Information</b>	<input type="checkbox"/> <b>No known allergies</b>	
	<b>The camper is allergic to:</b>	Please describe what the camper is allergic to, the reaction seen, and how it is treated:
	<input type="checkbox"/> Food	
	<input type="checkbox"/> Medicine	
	<input type="checkbox"/> The environment (insects, hay fever, etc.)	
<input type="checkbox"/> Other		

<b>Diet/Nutrition Information</b>	<input type="checkbox"/> This camper eats a regular diet
	<input type="checkbox"/> This camper eats a regular vegetarian diet
	<input type="checkbox"/> This camper has special food needs (please describe below)

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. All medications are collected, stored, and distributed by camp health care personnel. Please list ALL medications (including over-the-counter or non-prescription drugs) taken routinely.  
**Bring only enough medications to last the entire time at camp.** Keep it in the **original packaging/bottle** that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

This camper will not take any daily medications while attending camp

This camper will take the following daily medication(s) while at camp:

Name of Medication and Start Date:	Reason for taking:	Times Given:	Amount/Dose Given:	How dose is given:	Pill Count:		Initials: <i>(parent and staff)</i>
					In:	Out:	
_____  _____ <i>(mm/yyyy)</i>		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other:			In:		
					Out:		
_____  _____ <i>(mm/yyyy)</i>		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other:			In:		
					Out:		
_____  _____ <i>(mm/yyyy)</i>		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other:			In:		
					Out:		
_____  _____ <i>(mm/yyyy)</i>		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other:			In:		
					Out:		
_____  _____ <i>(mm/yyyy)</i>		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other:			In:		
					Out:		

Medication Information

Medication Treatment Information

Non-prescription medications are stocked in the camp Health Center and are used on an as needed basis to manage illness and injury.

Camp staff has permission to administer **over-the-counter** medications as necessary.

Camp staff has permission to administer **over-the-counter** medications as necessary, except the following:

Camper should not be given any **over-the-counter** medications.

Healthcare Providers

Name of camper's	Phone:
Primary doctor(s):	( )
Dentist:	( )
Orthodontist:	( )

<b>General Questions</b>	<b>Has/does the participant:</b>	<b>YES</b>	<b>NO</b>	<b>Has/does the participant:</b>	<b>YES</b>	<b>NO</b>
	1. Ever been hospitalized?			11. Had fainting or dizziness?		
	2. Ever had surgery?			12. Passed out/had chest pain during exercise?		
	3. Have recurrent/chronic illnesses?			13. Had mononucleosis ("mono") during the past 12 months?		
	4. Had a recent infectious disease?			14. If female, have problems with periods/menstruation?		
	5. Had a recent injury?			15. Have problems with falling asleep/sleepwalking/nightmares?		
	6. Had asthma/wheezing/shortness of breath?			16. Ever had back/joint problems?		
	7. Have diabetes?			17. Have a history of bedwetting?		
	8. Had seizures?			18. Have problems with diarrhea/constipation?		
	9. Had headaches?			19. Have any skin problems?		
	10. Wear glasses, contacts, or protective eyewear?			20. Traveled outside the country in the past 9 months?		
<b>Please explain "YES" answers in the space below, noting the number of the questions. For travel outside the country, please name countries visited and dates of travel.</b>						

<b>Mental, Emotional And Social Health</b>	<b>Has the camper:</b>	<b>Yes</b>	<b>No</b>
	Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)?		
	Ever been treated for emotional or behavioral difficulties or an eating disorder?		
	During the past 12 months, seen a professional to address mental/emotional health concerns?		
	Had a significant life event that continues to affect the camper's life? <i>(History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others)</i>		
<b>Please explain "Yes" answers in the space below, attaching a separate sheet if more space is needed. The camp may contact you for additional information.</b>			

<b>Immunization, Disease and Exam History</b>	<b>Has the camper had or been vaccinated for:</b>	<b>Yes</b>	<b>No</b>	<b>Has the camper had or been vaccinated for:</b>	<b>Yes</b>	<b>No</b>
	Measles			Hepatitis A		
	Chicken Pox			Hepatitis B		
	German Measles			Hepatitis C		
	Mumps			Positive TB Mantoux Test <i>(date _____)</i>		
	Are the camper's immunizations/vaccinations up to date?					
	Date of last Tetanus shot:					
	Date of last Health Exam:					

<b>Restriction Information</b>	<input type="checkbox"/> I have reviewed the program/activities of the camp and feel that the camper can participate without restrictions
	<input type="checkbox"/> I have reviewed the program/activities of the camp and feel that the camper can participate with the following restrictions ( <i>please describe below</i> ):

<b>Additional Information</b>	<p><b>YOU WILL BE CONTACTED IF:</b></p> <ul style="list-style-type: none"> <li>• Your child is exposed to a communicable disease</li> <li>• Outside medical attention is necessary (e.g., if we transport your child to a hospital/Dr. office)</li> <li>• Your child is having discipline problems that jeopardize the safety of others</li> </ul>
	<p><b>WHAT HAVE WE FORGOTTEN TO ASK?</b>  <i>Please provide in the space below any additional information about the camper's health that you think important or that may affect the camper's ability to fully participate in the camp program. Attach additional information if needed.</i></p>

<b>Authorization Information</b>	<p>The undersigned person represents that he/she is the custodial parent/legal guardian of the above identified participant. The Camper has my/our permission to attend the camping session from _____ to _____ (dates) at _____ (Site Name). This permission is given by me/us with full knowledge of the conditions and activities contemplated during each session (see conference camping catalog and/or site brochure for details). The participant has no physical or mental disabilities that would impair their participation except as noted above. I/We acknowledge, agree to, reconfirm and incorporate herein by reference the Release of Liability signed by me/us which is attached hereto. I also understand that the information provided on this form will be kept confidential and shared only as necessary to provide care for the participant.</p>	
	<p>I understand that camp insurance is a supplemental policy only. It will pay whatever my own insurance doesn't cover (deductible or over) up to the limit of the policy. If medical (sickness, injury) care is needed, billings will be sent to the parent/guardian who will be responsible for direct payments to physician, hospital, clinic, etc.</p>	
	<p>The participant is currently taking only medications listed above. The camper has no allergies known to me/us except as noted on this form. The health information/history is correct as far as I/we know. In the event of illness or injury, I/we authorize the camp, physician and/or hospital to undertake such treatment of and perform such services (including surgical) for the participant as are reasonably indicated by the circumstances.</p>	
	<p><b>Signature of Custodial Parent/Guardian:</b></p>	<p><b>Date:</b></p>
<p>My Child will be riding home with :</p>	<p>Phone:</p>	

<b>Staff Use Only</b>				
	Yes	No	Yes	No
Recent exposure to communicable disease, illness, injury?			Any allergies?	
Authorization section signed?			Meds checked in , pill counts documented?	
Anything that requires follow-up?			All info current and complete?	
Staff Initials:			Date:	



# Release of Liability – Iowa United Methodist Conference

Each United Methodist Camp and Retreat Center ("Camp") in the Iowa Annual Conference of the United Methodist Church offers a variety of services and voluntary activities designed to enrich the camping or retreat experience. These services and voluntary activities may include, without limitation, the provision of food, lodging and transportation, as well as the sponsorship of challenging and educational activities often associated with camping and the outdoors such as hiking, boating, swimming, campfires, fishing, low and high rope courses, go-karts, horseback riding, archery, rock climbing, wall climbing, tree climbing and rappelling. Special camps offer special educational opportunities or off-site trips. Both participants and staff members (including volunteers) may have the opportunity to participate in one or all of these activities.

While each Camp will endeavor to assure the safety of its participants and staff members, there are unavoidable risks of injury – and even death – associated with camping and its related services and activities.

**Consequently, a properly executed Release of Liability is required before anyone may attend a Camp or Retreat as either a participant or a staff member.**

Such a Release of Liability is set forth below. If you are a prospective participant or staff member under eighteen years of age, one of your parents or your legal guardian must print his or her name below and then sign and date the line designated "Parent or Guardian of Minor Participant or Staff Member". If you are a prospective participant or staff member eighteen years of age or older, you must print your name below and then sign and date the line designated "Adult Participant or Staff Member." You are encouraged to consult an attorney if you have any questions about the meaning of this document. If you have any questions about the services or activities provided at any Camp you should contact the Office of Camp, Conference & Retreat Ministries at 1-800-765-1651.

**Person Signing:**

*(print neatly the appropriate name as described above, either parent or guardian of participant or staff under 18, or participant or staff 18 and older)*

**By signing below, I (Print)**

X \_\_\_\_\_  
**acknowledge and agree to the following:**

1. I have read and understand the risks summarized above and acknowledge that the activities in which I may engage can be dangerous and can involve risk of serious injury or death. I also acknowledge that not all potential risks associated with all camp or retreat activities or services are listed herein but are reasonably foreseeable;
2. I understand that my participation in camp activities and receipt of camp services is voluntary and I may decline to participate in any activity or service offered. I further understand that it is my obligation and responsibility to continually look out for any conditions or circumstances that may be unsafe. If at any time I feel anything to be unsafe, I will immediately notify a camp official and, if necessary, immediately leave the area or stop participating in the event which I feel may be unsafe;
3. I understand that in order to participate in certain offsite camp activities I may be transported in a licensed, insured vehicle of the Iowa Annual Conference of the United Methodist Church or in some instances a privately owned vehicle;
4. I understand that in the case of a medical need not requiring onsite emergency medical treatment I may be transported in a licensed, insured vehicle of the Iowa Annual Conference of the United Methodist Church or in some instances a privately owned vehicle;

5. In consideration of attending a United Methodist Camp(s) as a participant or staff member, I expressly assume the risks of such attendance. Further, for myself and on behalf of my executors, administrators and heirs, I release and hold the Iowa Annual Conference of the United Methodist Church and the United Methodist Camp(s) I attend, including the owners, trustees, officers, employees, agents and volunteers of the entities, harmless from any and all claims, suits or liability arising in any way from my attendance at a United Methodist Camp(s) for injury to my person or property or my death caused by the negligence of these entities and/or individuals to the fullest extent allowed by law, it being the intention of the parties for this release to be as broad and inclusive as allowed by law;
6. In consideration of my child's or ward's attendance at a United Methodist Camp(s) as a participant or staff member, I, for myself and on behalf of my minor child or ward and his or her executors, administrators and heirs, give permission to my minor child or ward to participate in any of the activities offered at such camp, subject to the limits identified on the Camper Health History & Authorization Form attached hereto and release and hold the Iowa Annual Conference of the United Methodist Church and the United Methodist Camp(s) my child or ward attends, including the owners, trustees, officers, employees, agents and volunteers of the entities, harmless from any and all claims, suits or liability arising in any way from the child's or ward's attendance at a United Methodist Camp(s) for injury to my child or ward or his or her property or his or her death caused by the negligence of these entities and/or individuals to the fullest extent allowed by laws, it being the intention of the parties for this release to be as broad and inclusive as allowed by law

**Printed Name of Participant or Staff Member:** X \_\_\_\_\_

If participant or staff member is under age 18:	
X _____	
<b>Signature of Custodial Parent/Guardian:</b>	<b>Date:</b>

- OR -

If participant is 18 or older:	
X _____	
<b>Adult Participant or Staff Member:</b>	<b>Date:</b>

### Public Relations Release

United Methodist Camp personnel may at their discretion, elect to include photographs of persons and events at United Methodist Camps in printed materials, news releases, film presentations, authorized camp or conference websites and the like for the purpose of advancing the mission of the United Methodist Camp program. I hereby give permission for photo or visual image of the above named individual to be used for such purposes, without compensation or prior approval rights, at any time with the understanding that said individual will not be identified by name, without permission.

X _____	X _____
<b>Signature of Custodial Parent/Guardian:</b>	<b>Adult Participant or Staff Member:</b>
<b>Date :</b>	<b>Date:</b>