



# LAKE OKOBOJI

UNITED METHODIST CAMP & RETREAT CENTER

## YOU ARE REGISTERED FOR:

**Boundary Waters Canoe Adventure  
- Event # 4901**

**Departure: Saturday, July 21**

**Arrival: Thursday, July 26**

**(Your group leader will contact you  
for specific times and locations.)**

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

We are so excited to share the Boundary Waters Canoe Adventure with you! We are going to have a great time enjoying the beauty of God's creation in a wilderness setting and meeting some new friends along the way! So let's get started!

Included with this letter, you will find **three forms**. Please fill them out, either here or online, **no later than June 1** and send them back to camp.

Two of these forms are 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.

The last form you will see is the **Covenant Agreement**. This covenant outlines our promise to each other as we begin our boundary waters adventure. Please keep this covenant and bring it with you on your trip. You will turn it in to the group leader when you depart for your trip.

Now all you have to do is wait for your camp time to arrive! See you soon!

<p><b>Please keep this letter for reference. It has important information that will help you prepare for camp, including:</b></p>	<ul style="list-style-type: none"> <li>• Dates and times</li> <li>• Packing lists</li> <li>• Contact information</li> <li>• Required forms</li> </ul>
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## WHAT'S THE TRAVEL SCHEDULE?

We'll be traveling through Iowa to the boundary waters area on your Saturday departure date. We will make stops along the route to pick up participants based on their locations. You will be notified no later than a week before departure when and where you will be picked up. We will arrive at the outfitter's base that evening.

On Sunday morning, Day 2, our outfitter will transport us to our entry point to the boundary waters. From Sunday to Thursday, Days 2-6, we will be enjoying the boundary waters area! This will be the heart of our adventure as we canoe, fish, swim, grow as a group and take in God's beautiful creation!

Thursday afternoon, Day 6, we will be picked up by our outfitter at our exit point, and head back to base.

Friday morning, Day 7, we will head back home directly after breakfast. You will be dropped off in the same place where you were picked up. Rest up and share with friends and family about your amazing experience!

# WHAT WILL I NEED TO BRING FOR OUR ADVENTURE?

This is a suggested packing list of personal items. It is important to pack light, as we have to carry **everything** we pack (food, tents, canoes, personal gear, etc.) across the portages between lakes. Do **not** pack anything extra! If you bring too much gear, you will be asked to repack and leave some items in the van. **Remember** - everything you pack will be with you the entire trip - every pound counts!

## Packing Checklist

- Signed Covenant Agreement**
- Medications **needed** during camp
- 2 short sleeved shirts
- 1 long sleeved shirt
- 1 pair of shorts
- 1 pair of lightweight pants
- 1 pair of warm pants (sweatpants or wool)
- Swimsuit
- Towel
- A few pairs of underwear and socks (remember, you can wash them out)
- 2 pairs of shoes (one for canoeing, one for camp)
- Jacket
- Rain gear
- Hat
- Lip balm (Important!)
- Sunscreen (SPF 15+)
- Mosquito repellent
- Toiletries (as fragrance free as possible)

- Pocket knife
- Book (for rain or relaxing)
- Notebook and pencil
- Small flashlight and batteries
- Pillow case (used as pillow when stuffed with clothing)
- 2, one-liter bottles with carabineer
- Change of clothes for the trip home (will stay in the van during trip)

## If you plan on fishing:

- Money for a MN fishing license (Adult: \$38; Youth 16-17: \$5; Youth under 16 need no license)
- Your Social Security Number (don't need the card, just know the number)
- Tackle box no larger than 11"x7"x2"
- Fishing tackle: lead jig head; twister tail, Berkely power bait, etc.; spoons, rapapla; rattletrap; steel leaders 6-8" in length; rope stringer; needle nose pliers.

## HOW CAN I CONTACT MY CAMPER?

- **By Phone:** While experiencing our boundary waters adventure, we are out of cell phone range for most carriers. On travel days, the Group Leader, Ed Frank, may be reached at (712) 577-3606.
- **In case of Emergency:** In the event of an emergency, you may contact the camp, toll free, 24 hours a day at (866) 856-9862. Our voice mail system will route your call to the appropriate extension. You may also call the director's cell phone at (401)-203-0782. We will have contact information for the outfitter's base.

## WHAT IF I STILL HAVE QUESTIONS?

If you have any other questions, please feel free to contact the camp, toll free, at (866) 856-9862, or by email at [info@okobojicamp.com](mailto:info@okobojicamp.com). You may also contact the group leader, Ed Frank, at (712) 577-3605, or by email at [swmreved@hotmail.com](mailto:swmreved@hotmail.com).



# 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 to be contacted in case of illness or injury:</b>	Name:		Relationship to camper:
		Home Address (if different from above):		
		Preferred Phones: (      )		(      )
		Email address:		
	<b>Second parent/guardian or other emergency contact:</b>	Name:		Relationship to camper:
		Preferred Phones: (      )		(      )
		Email address:		
	<b>Additional contact in event parent(s)/guardian(s) cannot be reached:</b>	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:		

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>