

# 2021 JOY Camp Registration Form

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## Participant Information

\_\_\_\_\_ Joy Camp #1 (June 10-13)

\_\_\_\_\_ Joy Camp #2 (July 8-11)

Participant First & Last Name: \_\_\_\_\_ M / F Date of Birth: \_\_\_\_\_

Name Of Camp (see list on back): \_\_\_\_\_ Dates of Camp: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent's/Guardian's Full Name: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Home Congregation & City: \_\_\_\_\_

**Y or N** Will Camp Okoboji need to bill your church for any financial assistance? If so, how will they be contributing? \_\_\_\_\_

Roommate Request: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

List the full names of adults authorized to sign your camper out at the end of the session: \_\_\_\_\_

\_\_\_\_\_

## Terms Of Agreement

I hereby enroll and give permission for this camper to participate in the activities of this Camp Okoboji Program. I acknowledge that this camper's participation in this program involves risk, and may result in various types of injury including, but not limited to, the following: sickness, exposure to an infectious/communicable disease, contraction of an infectious/communicable disease, bodily injury, death, emotional injury, personal injury, property damage, and financial damage. I accept personal financial responsibility for any of this camper's injury or other loss sustained during this program, as well as for any medical treatment rendered to this camper that is authorized by Camp Okoboji - LCMS's staff, volunteers, or any other representatives. Further, I release Camp Okoboji - LCMS of liability and promise to defend and hold harmless Camp Okoboji - LCMS, Camp Okoboji's Board of Directors, camp staff, and volunteers for any sickness, exposure to an infectious/communicable disease, contraction of an infectious/communicable disease, injury, damage, or death arising directly or indirectly out of this camper's participation in this program. I give permission and consent for this camper to be included in photographs and videos taken during this camp session. I further give consent that any such images, videos, and interviews may be published and used to illustrate and promote Camp Okoboji - LCMS and the National Lutheran Outdoors Ministry Association. I hereby give permission for my child/youth/camper to ride in any vehicle driven by an approved and licensed adult chaperone while attending and participating in activities sponsored by Camp Okoboji - LCMS that are offsite.

Primary Contact Printed Name: \_\_\_\_\_

Primary Contact Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Camp Okoboji Health Form

This form must be on file with Camp Okoboji prior to participation in any programming.

Participant's First & Last Name \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Sex: M F Camp Program Attending \_\_\_\_\_ Dates of Camp \_\_\_\_\_

E-mail Address \_\_\_\_\_ Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Mother's Full Name (if under 18) \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Father's Full Name (if under 18) \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ In case of emergency, who should we call first? \_\_\_\_\_

Name & Phone of Attendee's... ..Primary doctor(s): \_\_\_\_\_ ....Dentist(s): \_\_\_\_\_

## 1. Please review and answer the questions below about the attendee's allergies (circle 'Y' or 'N'):

Y or N Is the attendee allergic to food? *Explain allergy and reaction:* \_\_\_\_\_

Y or N Does the attendee have any environmental allergies? *Explain allergy and reaction:* \_\_\_\_\_

Y or N Does the attendee have any other allergies? *Explain allergy and reaction:* \_\_\_\_\_

## 2. Please review and answer the questions below about the attendee's dietary needs. The Attendee.... (circle Y or N)

Y or N ...eats a vegetarian diet. Y or N ...is gluten free. Y or N ...is dairy free.

## 3. Please answer whether the attendee currently or ever has experienced any of the following (circle 'Y' or 'N'):

Y or N Ever had surgery?	Y or N Passed out or had chest pain during exercise?
Y or N Have recurrent or chronic illnesses?	Y or N If female, have problems with periods or menstruation?
Y or N Had a recent infectious disease?	Y or N Have problems with falling asleep or sleepwalking?
Y or N Had a recent injury?	Y or N Ever had back or joint problems?
Y or N Had asthma or wheezing or shortness of breath?	Y or N Have a history of bedwetting?
Y or N Have diabetes?	Y or N Have problems with diarrhea or constipation?
Y or N Had seizures?	Y or N Have any skin problems?
Y or N Had headaches?	Y or N Traveled outside the country in the last 9 months?
Y or N Wear glasses, contacts, or protective eyewear?	Y or N Has the attendee had chicken pox?
Y or N Had fainting or dizziness?	Y or N Has the attendee had a Tuberculosis (TB) test?
Y or N Had mononucleosis ("mono") during the past 12 months?	

Comments & Explanations for responses above \_\_\_\_\_

## 4. Please answer the following questions and provide any explanations. The camp may contact you for additional information (circle Y or N)

Y or N Has the attendee ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)

Y or N Has the attendee ever been treated for emotional or behavior difficulties or an eating disorder?

Y or N During the past 12 months, has the attendee seen a professional to address mental or emotional health concerns?

Y or N Had a significant life event that continues to affect the camper's life? (*History of abuse, death of a loved one, adoption, new sibling, foster care, etc.*)

Comments & Explanations for responses above : \_\_\_\_\_

## 5. Is the attendee allergic to any medicine (circle Y or N)

Y or N If Y, Explain: \_\_\_\_\_

## 6. Please indicate if your attendee is currently taking any medications or will be taking medications during the event.

'Medication' is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. Medicine will not be dispensed unless the following guidelines are met:

- Prescription medications MUST have your attendee's name on the bottle
- Any doctor's office samples MUST be accompanied by a signed physician prescription
- Provide enough of each medication to last the entire time the attendee will be on location
- Our Health Center provides most common over the counter medications. Please do not send these to Camp Okoboji

<b>Medication #1:</b>		Strength:	Method (tablets, puffs, chewables, etc.):		
# at Breakfast:	# at Lunch:	# at Supper:	# at Bedtime:	# As Needed	
Special Instructions or Comments:					
<b>Medication #2:</b>		Strength:	Method (tablets, puffs, chewables, etc.):		
# at Breakfast:	# at Lunch:	# at Supper:	# at Bedtime:	# As Needed	
Special Instructions or Comments:					

*List any additional medications on a separate sheet*

**7. Please indicate dates of all Attendee immunizations. State law requires an accurate record of your attendee's current immunization status.**

*I have religious / personal objectives to vaccinations and my this camper is in good health.*

Vaccination	Most Recent Date	Vaccination	Most Recent Date	Vaccination	Most Recent Date	Vaccination:	Most Recent Date:
Diphtheria, Tetanus, Pertussis (DTaP or TdaP)		Tetanus booster (dT or TdaP)		Mumps, measles, rubella (MMR)		Polio (IPV)	
COVID-19		Other:		Other:		Other:	

**8. Answer the following and provide any explanations (circle Y or N)**

Y or N I have reviewed the program and activities of the camp and feel the camper can participate without restrictions. If N, Explain: \_\_\_\_\_

Y or N This attendee is covered by family medical/hospital insurance.

If Y – **please attach a copy of both the front and back of your health insurance card**

If N – **please attach a signed letter stating that you agree to pay for any medical costs in the event of an emergency.**

The following non-prescription medications may be stocked in the Health Center at Camp Okoboji and are used on an as needed basis to manage illness and injury.:

*Acetaminophen (Tylenol), Phenylephrine decongestant (Sudafed PE), Antihistamine/allergy medicine, Diphenhydramine antihistamine/allergy medicine (Benadryl), Sore throat spray, Lice shampoo or cream (Nix or Elimite), Calamine lotion, Laxatives for constipation (Ex-Lax), Ibuprofen (Advil, Motrin), Pseudoephedrine decongestant (Sudafed), Guaifenesin cough syrup (Robitussin), Dextromethorphan cough syrup (Robitussin DM), Generic cough drops, Antibiotic cream, Aloe, Bismuth subsalicylate for diarrhea (Kaopectate, Pepto-Bismol)*

**List any non-prescription medications that should NOT be given to the attendee:** \_\_\_\_\_

**9. Please provide in the space below any additional information about the attendee's health that you think is important or that may affect the camper's ability to fully participate in the camp program. What have we forgotten to ask?** \_\_\_\_\_

**10. Please read carefully and sign below to agree to the terms:**

This health history is correct and accurately reflects the health status of the attendee to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of this camper for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this camper. I understand the information on this form will be shared on a 'need to know' basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of this camper's health record from providers who treat this camper and these providers may talk with the program's staff about this camper's health status.

I hereby give informed and expressed consent for this individual to take part in all camp activities under supervision, and agree that the camp or camp personnel will not be held responsible for accidents arising there from. I authorize the camp Health Care provider and/or designated camp staff to provide appropriate treatment to this individual for injuries and/or illness. This includes, but is not limited to, following Camp Okoboji's medical procedures and protocols, following poison control recommendations, administering prescription medications as noted above, administering over the counter medications as approved above, transportation to clinic or hospital care, and following directions from the medical director. I understand that the information on this form may be released to the appropriate medical personnel in case of emergency. I agree to pay any cost for medical care in the event of an emergency, even if I do not have health insurance coverage or not all costs are covered by insurance. I also understand that failure to disclose medical or emotional problems in advance may lead to serious consequences while at camp. Lastly, I verify that everything contained on this form is complete and accurate, to the best of my knowledge.

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

# COVID-19 Discipleship Program Adjustments

We here at Camp Okoboji honored and privileged to serve our campers, guests, and families this summer. Consistent research and survey results have indicated a strong desire and enthusiasm for camps to be safely open this summer. Our campers, guests, and families need the Camp Okoboji Experience this summer. So a global pandemic will not prevent us from running our programs, but it will require some adjustments to uphold the integrity of our participants' overall health. The following are the steps we have taken to further ensure the integrity of our program participants' health this summer:

- Participant Pre-Arrival Health Monitoring** | Participants in Camp Okoboji's Discipleship Programs should monitor their health for persistent symptoms of COVID-19 for seven days prior to their arrival at Camp Okoboji. COVID-19 symptoms include fever, difficulty breathing or shortness of breath, persistent cough, new loss of smell or taste, sore throat, congestion, or running nose. Participants that develop persistent COVID-19 symptoms must remain home. It is recommended that participants self-isolate as much as possible for seven days prior to their arrival to Camp Okoboji to minimize potential viral exposure and spread.
- Health Screenings Upon Arrival** | Participants in Camp Okoboji's Discipleship Programs will receive a brief health screening upon their arrival. Expect the following to be included in a health screening:
  - Have you tested positive for COVID-19 within the last 10 days? (Provide documentation)*
  - To your knowledge, have you had close contact with anyone who has tested positive for COVID-19 within the last 10 days?*
  - Have you had any COVID-19 symptoms now or within the last 10 days?*
  - A contactless temperature check*
- Improved Hygiene Orientation For Staff, Volunteers, Campers, & Families** | Consistent signage for hygiene will be posted encouraging healthy hygiene practices (i.e. regular hand-washing, hand sanitizing, covering your cough) along with more accessibility to hand sanitizer in every building.
- Facial Coverings** | All indicators point to facial coverings as one of several best non-pharmaceutical interventions to prevent the spread of COVID-19. Facial Coverings will be required by participants over the age of 2 when both indoors & within 6 feet of members. Participants must wear facial coverings indoors unless they are actively eating, drinking, or showering.
  - OUTDOOR ACTIVITY:** There is evidence to suggest that viral spread is minimal when public gatherings spaces. sleeping. Therefore, facial coverings will be not required outdoors, but **highly recommended especially when within 6 feet of others**.
  - EXCEPTIONS:** Children 2 & younger, anyone who has trouble breathing, anyone who is incapacitated or otherwise unable to remove a facial covering without assistance will not be required to wear a facial covering.
  - PROVISIONS:** Camp Okoboji will provide facial coverings for participants, but we also recommend participants to bring a facial covering for each day of their stay.
- Enhanced Cleaning Procedures** | To enhance the integrity of our facility cleanliness, we have updated our cleaning procedures. All facilities used between groups will be disinfected and sanitized utilizing EPA approved cleaning products that kill SARS-CoV-2, the virus that causes COVID-19. Facilities and bathrooms will be cleaned, disinfected, and sanitized regularly.
- Outdoor Activities** | The beauty of summer camp is that it is beautiful in the summertime. As much as possible, our programmed activities will be outdoors.
- Prepared For Response** | Our Camp Staff and volunteers will be prepared to respond to the presence of COVID-19. To view Camp Okoboji's Communicable Disease Plan, visit [Camp Okoboji's COVID-19 Information Page](#).

We, the Camp Okoboji Staff, have placed priority into ensuring our Discipleship Program Participants receive the most excellent, Gospel-oriented, safe experience as possible. However, we cannot do this alone. We need your help. Therefore, we ask that you comply with the above requirements to participate in Camp Okoboji's Discipleship Programs this summer.

## Terms Of Agreement

I acknowledge that I have read, sought, and received clarification and fully understand the requirements of myself, this camper, and/or family as described above. I agree to honor Camp Okoboji - LCMS's guidelines as necessary to prevent the potential spread and exposure of COVID-19 at Camp Okoboji. I confirm that I have communicated or will communicate this information to this camper and/or family and agree to abide by them. I additionally acknowledge that I am not to and will not knowingly bring or send any member to Camp Okoboji if they are sick, show symptoms of COVID-19, have tested positive for COVID-19, or are aware that they've been exposed to someone who has tested positive for COVID-19 ten days prior to the program.

Camper Parent/Guardian Printed Name: \_\_\_\_\_

Camper Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# JOY Camp Camper Information Form

## Camp Okoboji

The following information will be presented to all staff working with this camper. The information will be used only to serve the camper better. It will provide basic information concerning behavioral concerns and special considerations needed. This information will be considered confidential, not to be discussed in public or with people who are not serving this camper. We thank you for taking the time to provide us with this information. It will help make your camper have a positive experience while at camp.

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

Please give **Specific** information in the following areas that will assist the staff/helpers in assisting your camper. **This is very important if we are providing staff helpers for this program!**

1. Will a staff person be accompanying this camper?                      Yes        No

If Yes please provide the following information:

Staff person's Name \_\_\_\_\_

Staff person's home phone (\_\_\_\_) \_\_\_\_-\_\_\_\_                      Cell phone (\_\_\_\_) \_\_\_\_-\_\_\_\_

Will the staff person be lodging at Camp Okoboji?                      Yes        No

Will the staff person be having meals at Camp Okoboji?                      Yes        No

2. What level of assistance does this camper need for the following items. Provide any additional information below:

Showering / Bathing	<input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> Total	Provide any additional information here:
Getting Dressed	<input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> Total	Provide any additional information here:
Eating	<input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> Total	Provide any additional information here:
Oral Hygiene (i.e. brushing teeth)	<input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> Total	Provide any additional information here:
Toileting (i.e. using the toilet; flushing)	<input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> Total	Provide any additional information here:

3. Does the Camper need a wheelchair accessible room?                      Yes      No

4. Provide any pertinent information about this camper's ambulation / mobility:

5. Provide any pertinent information about this camper's social behavior:

6. Provide any pertinent information about this camper's sleeping habits:

7. Provide any pertinent information about this camper's communication behaviors:

8. List any safety concerns about this camper's involvement in activities:

9. What hobbies / activities does this camper enjoy?

10. Provide any other information you feel our staff needs to know about this camper to provide the best JOY Camp Experience possible:

11. Roommate Preference: \_\_\_\_\_