



# Camp Luther

June 18-24, 2023

## 2023 Camper Registration & Health Form

### For Office Use Only:

CK# \_\_\_\_\_ Amt: \_\_\_\_\_  
 Name on check: \_\_\_\_\_  
 PIF \_\_\_\_\_  
 insurance card \_\_\_\_\_  
 scholarship \_\_\_\_\_  
 Roommate: \_\_\_\_\_

Camper's Name: \_\_\_\_\_  
Last First Middle Initial

<b>Mailing Address:</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
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<b>Phone ( )</b>	<b>Date of Birth</b> ____/____/____	<b>Current School Grade (May 2023)</b>	<b>Gender</b>
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**Select Camp Program:**  
 (Based on child's *current* grade in school) \_\_\_\_\_ Juniors (grades 3-5) \_\_\_\_\_ Intermediates (grades 6-8) \_\_\_\_\_ Seniors (grades 9-12)

<b>Requested Roommate</b> (Juniors & Intermediates only):	( ) <b>Check Here if you agree to receive the camper packet by email instead of receiving a physical copy.</b>
Note: The person you request <b>must</b> also request you on her/his form for your request to be honored. <b>Only ONE name may be submitted.</b>	(circle one) Parent's Email Child's Email
	Print email address CLEARLY in box below:

**Will this be your child's first year at Camp Luther?**  
 (circle one) Y N

<b>Juniors</b>	<b>Beginning Swimming Lessons</b> — An instructor will teach the following: face in water, sideways breathing, floating, front and back crawl, back and breast strokes, treading, and deck diving. Classes occur in the afternoon during free time. Please check if you want your child to take lessons. <b>If your child is already able to do these activities, do not sign your child up for swimming lessons.</b>	_____ I want to be in swimming class. (junior campers only)
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<b>Intermediates</b>	<b>Camp Newspaper</b> — If you are an Intermediate who enjoys writing and journalism and would like to serve on the camp newspaper staff, please check here!	_____ I want to help with the newspaper. (intermediates only)
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Every child who registers <b>by the deadline</b> will receive a <b>free T-Shirt</b> . Please indicate your child's T-Shirt size!	(circle one) <b>Youth:</b> S M L XL <b>Adult:</b> S M L XL XXL XXXL
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<b>Home Church:</b>	<b>City of Church:</b>	<b>Pastor</b>	<b>Scholarship*</b> Y N <small>(circle one)</small>
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**\*If your child is receiving a church scholarship, please include pastor's signature:**

**Pastor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Note to Parents:* If your church is paying part or the entire registration fee, please give your registration & health form and check (if applicable) to your church. **All forms must be mailed with their payment.** If you are paying the full amount, send your completed registration forms along with your payment (see payment schedule on page 4 of application).

Camper's Name \_\_\_\_\_

Name of parent(s)/guardian(s) with whom the child resides:	Parent(s) Home Phone	Daytime/Work Phone	Cell Phone
Name of other parent/guardian (if not listed above):	Home Phone	Daytime/Work Phone	Cell Phone

Are there concerns about your child that we should be aware of with which camp staff may be able to help your child? (Examples: shyness for age, trying new activities, being a good sport, leadership skills, etc.)\*\*

PLEASE NOTE: If your child will be a camper with special needs, please contact the Director immediately.  
([director@CampLutherWV.com](mailto:director@CampLutherWV.com))

Has your child had any surgery/injury which may affect participation in camp activities? Please explain. Remember, your child is expected to participate in all the camp program activities unless otherwise noted on this form.

Height _____	Weight _____	Does your child wear glasses? Y N (circle one)	Contacts? Y N (circle one)
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Drug Allergies:	Describe Reaction:
Other Allergies:	Describe Reaction:

My child's immunizations are up to date. Y N (circle one)	Date of last tetanus shot:
My child has been vaccinated for Covid-19. Y N (circle one)	Please note date(s) of Covid vaccinations:

Do you have any other concerns about which the medical staff should be aware?

Camper's Name \_\_\_\_\_

**\*\*\*You must attach a photocopy of your child's health insurance card with this form. Include a copy of the Prescription Card if separate from the Medical insurance card.\*\*\***

Name of Primary Insurance Company:
Group Number:
ID Number:
If your child does <u>not</u> have health insurance, please initial here: _____

**Please list ALL conditions and ALL medications, including over-the-counter and herbal remedies your child is taking (attach extra sheet as necessary):**

Condition	Medication(s)	Dose	Frequency

**NOTE: Send all medications prescribed in the original container with the prescription label. ONLY send the necessary amount for the week.**

Doctor's name		
Phone Number ( )		
Address		
City	State	Zip

**\*\*Physician's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*\*If your child has a diagnosed condition AND is taking any prescribed medication including inhalers, a physician's signature must be provided, otherwise, it is not required.**

**Emergency Contact Information:**

In the case of an emergency when you cannot be reached, please list the names of two people who can assume responsibility for your child. This serves as your written permission that these contacts may also pick up your child from camp.

<b>Emergency Contact #1:</b>	
<b>Name</b>	<b>Phone Number(s)</b>
<b>Emergency Contact #2:</b>	
<b>Name</b>	<b>Phone Number(s)</b>

If you will be out of town during the week of camp, please provide location and phone number where you can be reached:

**Location:** \_\_\_\_\_  
**Phone number ( )** \_\_\_\_\_  
**Dates you will be there** \_\_\_\_\_

## Covid-19 Liability Waiver

**ADULT/CHILD PARTICIPANT NAME:** \_\_\_\_\_ (Please Print)

IN CONSIDERATION of being permitted to utilize the services and programs of Camp Luther and/or for my child listed above to so participate for any purpose, including, but not limited to, use of Camp Luther equipment, the undersigned, on behalf of himself or herself and such participating minor and any personal representatives, heirs, and next of kin (hereinafter referred to as "the undersigned") hereby acknowledges that novel coronavirus ("COVID-19") infections have been confirmed throughout the United States, including cases in the State of West Virginia. In accordance with the most recent guidance and protocols issued by the Centers for Disease Control and Prevention ("CDC"), and the West Virginia Department of Health and Human Resources for slowing the transmission of COVID-19, the undersigned hereby agrees, represents, and warrants that:

- neither the undersigned nor such participating children are experiencing symptoms of COVID-19 (such as cough, shortness of breath, or fever)
- do not have a confirmed or suspected case of the virus
- And have not come in contact in the last 14 days with a person who has been confirmed to have or suspected of having COVID-19.

I will comply with all federal, state, and local laws, orders, directives, and guidelines related to COVID-19 while attending Camp Luther, including, without limitation, requirements related to hand sanitation, social distancing, and use of face coverings and safety equipment as determined by outbreak status. I will also follow all instructions, recommendations, and cautions at all times while participating in Camp Luther's programs. If at any time I believe conditions to be unsafe, that I am no longer in proper physical condition to participate, or if I begin experiencing symptoms of COVID-19, I will immediately discontinue further participation and inform the medical cabin at Camp Luther. I furthermore represent and warrant that I shall not visit or utilize the facilities, services, and programs of Camp Luther within 14 days of (i) experiencing symptoms of COVID-19, including and without limitation, fever, cough, or shortness of breath, (ii) having a suspected or diagnosed/confirmed case of COVID-19, or (iii) having been in close proximity to a person with a diagnosed/confirmed case of COVID-19.

Camp Luther has taken certain steps to implement recommended guidance and protocols issued by the DHHR for slowing the transmission of COVID-19, including, without limitation, the access/use restrictions set forth above. The undersigned acknowledges and agrees that, due to the nature of the facilities and services offered by Camp Luther, social distancing of 6 feet per person may not be possible at all times. The undersigned fully understands and appreciates both the known and potential dangers of utilizing facilities, services, and programs of Camp Luther and acknowledges that use thereof by the undersigned and/or such participating children may, despite Camp Luther's reasonable efforts to mitigate such dangers, result in exposure to COVID-19, which could result in quarantine requirements, serious illness, disability, and/or death. The participant has voluntarily agreed to participate knowing there are these risks.

Guardian or Parent Signature: \_\_\_\_\_

Camper Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_

Camper's Name

## Consent

\_\_\_\_\_ (Initial here.) **By signing below, I acknowledge that I have made Camp Luther, Inc. aware of all my camper's physical and emotional health issues, and I consent to the distribution of his/her prescription medications as listed, and consent to the administration of over-the-counter medications as deemed appropriate by the licensed healthcare staff.**

**Parent/Guardian's Permission:** I support my child's total participation at Camp Luther. I have enclosed the completed Camp Registration and Health Form, a copy of my insurance card, and the appropriate fee. This camper will stay until the close of Camp (unless otherwise worked out previously with the Director). I understand that in the event of a serious illness or injury, I will be notified. If this is not possible, I hereby give permission for emergency treatment as recommended by the appropriate medical personnel. In the event of extreme homesickness or an emergency, I assume full responsibility for transporting my child home before the end of Camp.

**Parent/Guardian Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Phone: (\_\_\_\_\_)** \_\_\_\_\_

### **Registration Fee Schedule:**

(make checks payable to "**Camp Luther**")

**Early Bird Registration\*: \$295** postmarked by **May 1**

\*please note: Early Bird discount is not transferrable to other campers

**Deadline to guarantee a free camper Tshirt: \$315** postmarked by **June 1**

**Late Registration Fee: \$320** postmarked **after June 1**

### **Check List for Application:**

- Camper Registration & Health Form
- Covid-19 Liability Waiver
- Photocopy of camper's health insurance card
- payment according to the Registration Fee Schedule (above)

### **Mail to: Camp Luther Registrar**

c/o Shepherdstown Lutheran  
Parish  
PO Box 2008  
Shepherdstown, WV 25443

To contact the Director regarding **any special needs or concerns:**

email: [director@CampLutherWV.com](mailto:director@CampLutherWV.com)

phone: (304) 876-6771