



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

**HELP US GET TO KNOW YOUR CHILD BETTER!**

Please answer any or all of the below questions that you feel will be of value for your child's week at camp.

<p><b>What would you like to see your child get out of their time at Camp Luther?</b></p>	
<p><b>Is there anything that frustrates or overwhelms your child?</b></p>	
<p><b>Are there day to day tasks that your child needs assistance with?</b></p>	
<p><b>What are some things your child enjoys the most?</b></p>	
<p><b>Tell us a little about your child's typical school environment.</b></p>	

<p><b>Is there any other information which the medical staff, director, deans, counselors, etc. should be aware?</b></p>
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Camper's Name \_\_\_\_\_

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

**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.**

<b>Height _____</b>	<b>Weight _____</b>	<b>Does your child wear glasses?</b> <b>Y N (circle one)</b>	<b>Contacts?</b> <b>Y N (circle one)</b>
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<b>Drug Allergies:</b>	<b>Describe Reaction:</b>
<b>Other Allergies:</b>	<b>Describe Reaction:</b>
<b>My child's immunizations are up to date. Y N (circle one)</b>	<b>Date of last tetanus shot:</b>

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	State	Zip
Phone Number ( )		
Address		
City		

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

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

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

\_\_\_\_\_  
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, Camp Covenant forms, 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:** (\_\_\_\_) \_\_\_\_\_

( ) **Check here if you agree to receive the camper packet by email rather than receiving a physical copy.**

**(circle one):** Parent's email / Child's email

Print email address **CLEARLY:** \_\_\_\_\_

**Registration Fee Schedule:**

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

**Early Bird Registration\*: \$330 postmarked by **May 1****

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

**Deadline to guarantee a free camper Tshirt: \$350 postmarked by **June 1****

**Late Registration Fee: \$355 postmarked after **June 1****

**Check List for Application:**

- Camper Registration & Health Form
- Photocopy of camper's health insurance card
- Camp Luther Camper Covenant (both Camper & Parent forms)
- 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

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

Yes, we know this page is blank. Trust us, there's a method to the madness.

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

## Camp Luther Camper Covenant

### CAMPER

**Pledge:** *I promise to follow Jesus as my guide for living at Camp Luther.*

1. Cooperation and following camp guidelines makes a better camp for everyone.
2. Respect the rights of others, including the staff of Camp Caesar.
3. Remember your manners in the dining hall.
4. Help keep your cabin clean and do not litter the camp with papers, bottles, and other trash.
5. There will be no raiding or rough-housing in the cabins.
6. You are asked to consume pop, candy, and other foods in the areas purchased or otherwise designated, unless you have special permission from your counselors/dean.
7. After evening devotions and "lights out," you are to retire quietly. A good night's sleep (rest) is essential to enjoying the next day's activities.
8. All Juniors and Intermediates must deposit their money in the **bank** on the first day of camp at the registration tables.
9. There is always something to do at camp. Keep busy! The best way to have a good time is to take part in all activities. **Campers are not to wander off alone! Do not leave the camp area unless you are with a counselor!** In the afternoon, let your counselor know what you will be doing and check in with them occasionally.
10. Be respectful and quiet when asked during worship services and during times of prayer.
11. Be on time for all classes, worship services, 5 o'clock News, and all program events.
12. **All cell phones are to be turned in at registration and will be returned to you when you depart.** If you need to use a phone, ask your Dean.
13. Proper behavior in all classrooms is expected.
14. If you have any questions or problems, talk them over with your counselor. They are there to help you enjoy camp.
15. Understand that there is a **zero tolerance policy** at Camp Luther. Campers caught in possession of drugs, alcohol, weapons or tobacco products or engaging in intimate relations (i.e., sex) will be dismissed from camp immediately. Transportation home will be at the expense of the parent/guardian.

**PLEASE SIGN, DATE, AND SUBMIT WITH REGISTRATION!**

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

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

Program: (circle one) Juniors Intermediates Seniors

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

Camp Luther  
Camper Covenant

**PARENTS**

Camp Luther would not exist without the support of parents. You entrust us with that which is most precious to you— your children— and for that we are truly humbled and grateful.

That said, should an emergency (e.g., family illness) make it necessary for you to talk to or pick up your child(ren) during camp, please call the Camp Office at **(304) 226-3888** (after hours emergency, please call **(304) 226-5875**). Conversely, should an emergency (e.g., medical or behavioral) make it necessary for you to talk to or pick up your child(ren), we will contact you at the phone number you listed on the Camper Registration and Health Form.

It has been asked why we have a “no cell phone” policy. In a nutshell, it is because we are attempting to build a community in a very short period of time. Cell phones severely disrupt this process. I promise that if your child needs to talk to you, we will provide them access to a phone!

As for photos and videos of camp, we have several staff members whose job it is to take the photos, create the videos, and post the media to our Facebook page and website ([www.CampLutherWV.com](http://www.CampLutherWV.com)). If you do not want your child's image on either the website or the Facebook page, please notify me ([director@camplutherwv.com](mailto:director@camplutherwv.com)) so we can ensure your needs are met. Please note: we will never post names with the photos or videos.

We're sorry, but due to limited bed space, we will not be able to accommodate overnight visitors at any time during the week.

Finally, we ask that you review the following statement, put an “X” by your choice and sign where it says “Parent/Guardian Signature.” This is necessary should your child(ren) need or request counseling while at camp. Please understand that it's not a common occurrence, but it happens often enough that we need to include the statement.

**My child has permission to speak with a licensed volunteer counselor consultant.**

Yes \_\_\_ No \_\_\_

**Camper Name Printed:** \_\_\_\_\_

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

We look forward to helping your child(ren) experience Christ in a very unique and special environment and having a great year at Camp Luther. And should you have any questions/concerns/comments, please email them to me at [director@camplutherwv.com](mailto:director@camplutherwv.com).