

JOY Junior High District Youth Gathering October 1-3, 2021- Camp Lutherhoma

Camp Lutherhoma Physical Address:
23197 E 742 Rd, Tahlequah, OK 74464, 918-458-0704

Group Registration- For All Groups Attending

Registration Information



Registration: Due by September 22, 2021

All participants from a congregation must register for the same type of cabin. • \$125.00 per youth participant for Summer Cabin two-night stay + meals

• \$145.00 per youth participant for Pine or Aspen Retreat Cabin two-night stay + meals **Limited space in Retreat Cabins, 4 rooms in each cabin & individual rooms cannot house registrants from multiple churches due to spacing restrictions*

• \$75 per LCMS congregation guest participant, must room with your group (non-church member friend of youth who has not attended previously)

• \$75 per High School counselor for your youth group, must room with your group • \$60 per Adult Leader for your youth group (age 21 and over), must room with your group

leader/church contact email on the group registration page. This will be your only confirmation. Please print and save this confirmation once it is received.

Age & Friend Requirement: **JOY is open to junior high school students.** This includes students who are in 6th-8th grade or the age equivalent. The friend rate is meant to be an incentive for LCMS congregation youth to invite a friend outside of your church congregation. This rate is only for outside friends of your youth who are non-members of your church or do not regularly attend your church and have never come to Joy previously. The OK District will incur the remaining cost of their registration fee on your behalf. Non-LCMS congregations may register groups at the regular rates. High school students may not register as attendees.

Cabins: When registering please keep in mind, **all members of your group MUST stay in the same style of cabin.** If your group chooses the retreat cabins, all group members must pay the retreat cabin price and vice versa. Retreat cabin stay is located in the Pine and Aspen cabins at the entrance to camp grounds. Stay in these cabins is priced at a higher rate because bed linens and towels are provided for each registered participant. Summer cabin stay is in the smaller cabins on camp grounds in the bunk beds. Participants in the summer cabins must bring their own bedding and towels.

JOY Junior High District Youth Gathering

October 1-3, 2021

Camp Lutherhoma



Give this form to your adult leader to complete your registration.

Due by _____

Individual Participant Registration

Each student and adult attending must complete this form to be held by your Primary Adult and a copy is to be given at Arrival.

Personal Information		
Name	Youth/Adult	Male/Female
Birthdate (xx/xx/xxx)	T-shirt size (adult sizes only)	High School Grad Year
Address		
City/State/Zip		
Email Address	Phone Number	
Home Church	City	
Pastor/DCE/Youth Leader Name (Primary Adult who will be attending JOY with your group)		

Signatures

Students:

I appreciate the opportunity to attend the JOY Oklahoma District Youth Gathering. I agree to participate fully in all events, be respectful of my adult leaders, and conduct myself in a God pleasing manner during the event.

Student Signature _____

Parents/Guardians:

PARENTAL CONSENT

The undersigned does hereby give permission for my child/youth _____ (child's name) ("Participant"), to attend JOY, sponsored by Camp Lutherhoma, Oklahoma District LCMS Youth Ministry, and the Oklahoma District LCMS at Camp Lutherhoma in Tahlequah, OK, on October 1-3, 2021.

LIABILITY RELEASE: In consideration of Camp Lutherhoma, Oklahoma District LCMS Youth Ministry, and the Oklahoma District LCMS allowing the Participant to participate, I, the undersigned, do hereby release, forever discharge and agree to hold harmless Camp Lutherhoma, Oklahoma District LCMS Youth Ministry, and the Oklahoma District LCMS, its pastors, directors, employees, volunteers and teachers (collectively herein the "Camp and District") from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the

undersigned and the Participant while involved in the activities. I, the parent or legal guardian of this Participant, hereby grant my permission for the Participant to participate fully in the activities, including trips away from the camp premises. Furthermore, I, on behalf of my minor Participant, hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein. The undersigned further hereby agrees to hold harmless and indemnify said Camp and District for any liability sustained by said Camp and District as the result of the negligent, willful or intentional acts of said Participant, including expenses incurred attendant thereto.

MEDICAL TREATMENT PERMISSION: I authorize an adult, in whose care the minor Participant has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor Participant under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned youth pursuant to this authorization. I declare that my Participant is covered by primary accident and medical insurance.

I understand that it is my responsibility as parent or guardian to screen my child for the 10 days leading up to the event for symptoms of COVID-19 or another communicable virus or disease. If my child has been in contact with someone exhibiting symptoms within 12 days of the event, he/she will not attend. I authorize the "Camp and District" staff and congregational adult chaperones to conduct temperature checks and ask screening questions to my child upon arrival at Camp Lutherhoma and each day of the event. I understand that the "Camp and District" as well as my congregational adult chaperones will do everything in their power to screen and protect my child; however, if the "Participant" exhibits symptoms after attending, I do hereby release, forever discharge and agree to hold the "Camp and District" as well as my congregational adult chaperones from any and all liability, claims or demands.

EARLY RETURN HOME POLICY: Should it be necessary for my Participant to return home due to medical reasons, disciplinary action or otherwise, the undersigned shall assume all transportation costs and responsibility.

PHOTO RELEASE POLICY:

Please initial one option:

☐ I/We AGREE that Camp Lutherhoma, Oklahoma District LCMS Youth Ministry, and the Oklahoma District LCMS may photograph and record my child/dependent's likeness and activities (Images) during district-related activities. I grant the following rights to Camp Lutherhoma, Oklahoma District LCMS Youth Ministry, and the Oklahoma District LCMS: permission to use and re-use, publish and re-publish, and modify or alter the Image(s) taken during the shoot. Use of the Images for editorial, commercial, trade, advertising, and any other purpose may be done in any medium now existing or subsequently developed, on the church website and on the Internet, and worldwide in perpetuity for the purposes stated above.

I waive my right to inspect or approve any editorial text or copy that is used in connection with the Images and release and discharge Camp Lutherhoma, Oklahoma District LCMS Youth Ministry, and the Oklahoma District LCMS from any and all claims arising out of use of the Images for the purposes described above, including any claims for libel, invasion of privacy, or other tortuous act.

I have read the foregoing. I fully understand its contents, understand that this agreement does not expire, and confirm my agreement by signing below. I am over the age of 21 and have legal capacity to sign the release.

☐ I/We DO NOT GRANT permission for any image that includes this child/dependent to be published by Camp Lutherhoma, Oklahoma District LCMS Youth Ministry, and the Oklahoma District LCMS Camp Lutherhoma, Oklahoma District LCMS Youth Ministry, and the Oklahoma District LCMS MAY NOT use and re-use, publish and re-publish, and modify or alter the Image(s). Use of the Images for editorial, commercial, trade, advertising, and any other purpose MAY NOT be done in any medium now existing or subsequently developed, on the church website and on the Internet, and worldwide in perpetuity for the purposes stated above.

Parent/Guardian Signature _____

Date _____

MEDICAL INFORMATION

YOUTH INFORMATION (Please Print)

Youth Full Name _____ Nickname _____

Home Address _____

Home Phone _____ DOB _____

PRIMARY CARE PHYSICIAN

Name: _____

Phone(s) _____ Fax: _____

Name of practice: _____

Date of last Tetanus shot _____

DENTIST

Name: _____

Phone(s) _____ Fax: _____

Name of practice: _____

INSURANCE INFORMATION

Medical Insurance Company: _____ Phone: _____

Policy/Group ID#: _____

Policy Holder's Name (please print): _____

Required: Attach a front and back copy of medical insurance card here.

MEDICATION:

List all medications the youth will bring with him/her during any youth ministry trips, retreats, or events. This includes any prescription, non-prescription medications, herbal supplements and vitamins. Any participant under the age of 18 is required to give ALL MEDICATIONS to the adult youth leader in their original containers with complete dispensing instructions before the start of the event. Youth are not permitted to carry any prescription or non-prescription medication, with the exception of rescue inhalers, and will be sent home at the parent/guardian's expense if they do.

Medication Name	Dose	Treatment for	Dispensing instructions
Example: Zyrtec	5mg	Seasonal allergies	Take one pill daily in the morning with food

Over-the-Counter Medication Permission:

Do you give permission for your child/youth to be given over-the-counter medication as needed and as directed on the label, to treat non-emergency medical conditions that do not require a doctor or hospital visit such as a minor headache, stomachache, or allergic reaction (i.e. Tylenol, Advil, antacids, Benadryl) while at a youth ministry event? *Please choose one.*

No. Contact me or get medical help if my child has any minor medical concerns.

Parent signature_____

Yes. I give permission for an adult youth leader to give my child approved over-the-counter medications as directed on an as needed basis to treat non-emergency medical conditions.

Please initial under yes or no to indicate your preference.

Medication	Yes	No
Anti-itch cream (i.e. Benadryl)		
Acetaminophen (i.e. Tylenol)		
Ibuprofen (i.e. Advil)		
Antihistamine (i.e. Benadryl)		
Antacid (i.e. Tums)		
Anti-diarrheal (i.e. Imodium)		
Other:		

Parent Signature_____

MEDICAL CONDITIONS:

Please answer in detail if applicable or write N/A. Attach additional pages if necessary.

List any medical conditions you have (asthma, diabetes, epilepsy, etc.):

List any allergies (drug/medicine, food, and/or environmental):

Does your child carry and epi pen?

Does your child carry an inhaler?

Please explain any other pertinent information about the participant (i.e. physical, behavioral, or emotional) that would be important for the adult leaders to know.

FOOD ALLERGY & SPECIAL DIETARY NEED

Name of Event: JOY Jr High District Gathering

Dates: October 1-3, 2021

Please return to Camp Lutherhoma by September 22, 2021 if your attendee has a food allergy or special dietary need that the Camp staff needs to be aware of when meal planning.

Youth Name: _____ Age: _____

Church: _____

Parents Name: _____

Phone #: _____



Is parent attending event with youth? _____

If not, please list name of chaperone who will be assigned to provide assistance

Is youth aware of his/her allergies or dietary needs? _____

Is youth able to monitor his/her own food requirements without assistance from an adult chaperone? _____

**It is expected that high school students can monitor their requirements without constant assistance from a chaperone although we do understand that in extreme cases they may require additional help.*

List allergies or explain special dietary needs, please be as specific as possible:

Is child bringing some of his/her own food? _____ If so please list below:

All food must be labeled with youth's name directly on packaging.