

Week _____	Program Name _____	Circle One: ONSITE, SERVANT
If attending a second week:		
Week _____	Program Name _____	Circle One: ONSITE, SERVANT

Complete all 4 PAGES. Must have a PHYSICIAN'S SIGNATURE plus PARENT SIGNATURES in THREE SIGNATURE LOCATIONS. Submit by MAY 1, 2015. Make a copy for your records before sending.

Name _____
Last _____ First (Name Used) _____ MI _____

Birth Date _____ Age _____ ☐ Male ☐ Female

Parent/Guardian Names(s) _____ Relationship _____

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email _____

Emergency Contact #1 _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

Emergency Contact #2 _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

Physician name _____ **Phone** _____

Carrier Name _____

Carrier Address _____

Policy # _____ Phone _____

Policy Holder's Name _____

Policy Holder's Date of Birth _____

If you have an Rx card Bin # _____ ID # _____ Group # _____

Printed Name _____ Signature _____ Date _____

PHYSICIAN'S EXAM: Physician must either complete this section of the health form or a copy of a signed, completed physical or sports physical from the last 24 months must be attached to this form. Copies of health forms/physicals for campers from previous summers are archived and cannot be readily accessed. This information must be kept on file by the parent/guardian and resubmitted each year.

Date of last exam (must be within past 24 months of camp week) _____

Any physical condition requiring restriction(s) on participation in the camp program and a **description of that restriction** (please describe in detail – attach further documentation if needed)

Any current or on-going treatment or medications to be administered at camp (name, dosage, frequency)

Any modified nutritional /meal plan: _____

☐ Yes or ☐ No This applicant **can** participate in a weeklong resident camp program.

☐ Yes or ☐ No This applicant **can** participate in a camp program of high activity including backpacking, rock climbing and rafting.

Licensed physician's signature _____ **Date** _____

Phone _____ **Address** _____ **City** _____ **State** _____ **Zip** _____

PAST MEDICAL TREATMENT & HEALTH HISTORY

Has/does the participant:	Yes	No		Yes	No
Had any recent injury, illness or infectious disease....	<input type="checkbox"/>	<input type="checkbox"/>	Ever had high blood pressure.....	<input type="checkbox"/>	<input type="checkbox"/>
Have a chronic or recurring illness/condition.....	<input type="checkbox"/>	<input type="checkbox"/>	Ever had back problems.....	<input type="checkbox"/>	<input type="checkbox"/>
Have frequent headaches.....	<input type="checkbox"/>	<input type="checkbox"/>	Ever had problems with joints (eg. knees, ankles)....	<input type="checkbox"/>	<input type="checkbox"/>
Ever had a head injury.....	<input type="checkbox"/>	<input type="checkbox"/>	Have any skin problems.....	<input type="checkbox"/>	<input type="checkbox"/>
Have frequent ear infections.....	<input type="checkbox"/>	<input type="checkbox"/>	Had mononucleosis in the past 12 months.....	<input type="checkbox"/>	<input type="checkbox"/>
Ever passed out during or after exercise.....	<input type="checkbox"/>	<input type="checkbox"/>	Have problems with sleepwalking.....	<input type="checkbox"/>	<input type="checkbox"/>
Ever had chest pain during or after exercise.....	<input type="checkbox"/>	<input type="checkbox"/>	Have a history of bed-wetting.....	<input type="checkbox"/>	<input type="checkbox"/>
Ever had seizures	<input type="checkbox"/>	<input type="checkbox"/>	Ever had an eating disorder.....	<input type="checkbox"/>	<input type="checkbox"/>
Ever had an operation.....	<input type="checkbox"/>	<input type="checkbox"/>	Been diagnosed as ADD or ADHD.....	<input type="checkbox"/>	<input type="checkbox"/>

Please explain any "yes" responses _____

Describe any current physical or psychological conditions requiring medication, treatment, or special restrictions or considerations while at camp.

Describe any camp activities from which the camper should be exempted for health reasons. _____

Allergies: ☐ Hay Fever ☐ Poison Ivy ☐ Insect Stings ☐ Food _____ ☐ Other _____

Asthma: ☐ Severe ☐ Moderate ☐ Mild Triggers? _____

Nutritional/dietary restrictions: _____ Diabetic? ☐ Yes ☐ No Vegetarian? ☐ Yes ☐ No

Does camper have any medication allergies? ☐ Yes ☐ No If yes, list medication(s) _____

Has the camper had any of the following: ☐ Measles ☐ Chicken Pox ☐ Mumps ☐ German measles

Please attach immunization record or indicate **the date** (MM/YY) of the last immunizations/booster for:

DTP _____ MMR _____ Hepatitis B _____ HIB _____

Does the camper know how to swim? ☐ Yes ☐ No Is camper currently taking any prescribed or over-the-counter medicine? ☐ Yes ☐ No

If "yes", what medications? _____

Which of these medications will the camper be bringing to camp? _____

ANY MEDICATIONS TO BE TAKEN AT CAMP MUST BE IN CLOSED VIALS WITH ORIGINAL PHARMACY LABELS INTACT. PLEASE COMPLETE THE MEDICATION FORM FOUND ON THE FORMS PAGE OF OUR WEBSITE AND BRING IT TO CHECK-IN.

LUTHER SPRINGS CAMP AND RETREAT CENTER
PARTIAL WAIVER AND RELEASE OF LIABILITY

READ CAREFULLY BEFORE SIGNING

In consideration of Lutheran Outdoor Ministries of Florida furnishing services and/or equipment to enable me to participate in a variety of outdoor and recreational activities, I agree as follows:

I fully understand and acknowledge that outdoor recreational activities have: (a) inherent risks, dangers, and hazards and such exists in my use of outdoor recreational equipment, transportation to, and my participation in outdoor recreational activities; (b) my participation in such activities and/or use of such equipment may result in injury or illness including, but not limited to bodily injury, disease, strains, fractures, partial and/or total paralysis, death, or other ailments that could cause serious disability; (c) these risks and dangers may be caused by the negligence of the participants, the negligence of others, accidents, breaches of contract, the forces of nature, or other causes. Risks and dangers may arise from foreseeable and unforeseeable causes including risks, hazards, and dangers that are integral to recreational activities that take place in a wilderness, outdoor, or recreational environment; and (d) by my participation in these activities and/or use of equipment, I hereby assume all risks and dangers and all responsibility for any losses and/or damages.

I hereby agree and consent to my participation in each outdoor and recreational activity or retreat that is provided by or on behalf of Lutheran Outdoor Ministries of Florida for the age group in question (which may include, among other things, camping, hiking, canoeing, playground activities, and swimming). I, on behalf of myself, and my personal representatives hereby waive, release and discharge Lutheran Outdoor Ministries of Florida, its agents and employees, of any claim whatsoever that is not the direct result of active, foreseeable negligence on the part of Lutheran Outdoor Ministries of Florida and its respective agents and employees. I further waive, release and discharge Lutheran Outdoor Ministries of Florida for any claim arising from participation in any programs, service, or other outdoor and recreational activities.

The sole proper venue of any dispute that may arise out of this Waiver or Release or otherwise between the parties to which Lutheran Outdoor Ministries of Florida, or its agents is a party shall be the General Court of Justice, Putnam County, Florida. I understand and acknowledge that this Waiver and Release and any claim arising herein shall be interpreted pursuant to the laws of the State of Florida, which shall be controlling in all respects and at all times.

I HAVE READ THE ABOVE PARTIAL WAIVER AND RELEASE OF LIABILITY AND PARENTAL CONSENT AND BY SIGNING IT AGREE THAT IT IS MY EXPRESS INTENT TO EXEMPT AND RELIEVE LUTHER SPRINGS CAMP AND RETREAT CENTER, LUTHERAN OUTDOOR MINISTRIES OF FLORIDA, AND THE FLORIDA/BAHAMAS SYNOD OF THE EVANGELICAL LUTHERAN CHURCH IN AMERICA FROM LIABILITY FOR PERSONAL INJURY, PERSONAL PROPERTY DAMAGE OR WRONGFUL DEATH OTHER THAN CLAIMS THAT ARISE AS THE DIRECT RESULT OF ACTIVE FORESEEABLE NEGLIGENCE.

PARTICIPANT NAME (PRINT)

PROGRAM OR RETREAT DATES

SIGNATURE (If 18 years of age or older)

DATE

SIGNATURE OF PARENT OR GUARDIAN
(If less than 18 years old)

DATE

TRANSPORTATION AND PHOTOGRAPH PERMISSION

I hereby allow my child to be transported for off-site outings and photographed for possible inclusion in Luther Springs/NovusWay publications or the Luther Springs/NovusWay website.

SIGNATURE OF CUSTODIAL PARENT/GUARDIAN*

DATE

***Signature of Custodial Parent or Guardian Required**

Luther Springs wants to provide your child with the best possible camp experience and is interested in the spiritual, physical and social growth of your child. The following information will help your our staff meet his/her needs in the best way possible.

Camper's Name _____ Grade just completed _____

- ☐ Camper is attending an overnight camp for the first time.
- ☐ Camper has attended another overnight camp, but this is his/her first time at Luther Springs.
- ☐ Camper has attended Luther Springs before. Number of years: _____
- ☐ I have other children attending Luther Springs the same week.

Names/Grades _____

Please describe camper's feelings about attending camp. _____

Use the following scale (put a mark) to let us know how the decision was made for this camper to attend camp.

●-----●

Totally Voluntary	Mutual Decision	Totally Involuntary
Decision completely camper's	Camper made w/ encouragement	Decision made for camper

Does camper often get homesick when spending the night away from home? _____

Are there any major events or significant situations of which we should be aware?

Has this camper had any negative camp experiences of which we should be aware?

Are there any concerns this camper is addressing that would be helpful for us to know?

What camp activities do you think this camper will enjoy the most?

Anything else you'd like us to know that would help us give this camper the best camp experience possible?

Thanks for the information. Please know staff working directly with your child will only read it.
WE LOOK FORWARD TO HAVING YOUR CHILD AT CAMP!

Please scan and email to info@lomfla.org, fax to 352-546-1469, or mail to Luther Springs, 264 Vause Lake Rd., Hawthorne, FL 32640