



Camp Lutherhoma Spring Force Retreat: Nov. 19-21, 2021 **Information and Registration Packet**

Mission and Goals: Spring Force is a weekend retreat specifically designed for 8-12 year old campers. During Spring Force the Camp Lutherhoma Staff hope that campers will...

- Reconnect with friends and counselors they met at summer camp.
- Create new relationships.
- Grow in their faith as they study God's Word.
- Possibly experience Camp Lutherhoma for the first time through this weekend format.

Ages and Cost:

- 8-12 year old campers: \$130.00 per camper
- Parents or adult leaders: FREE

Lodging:

Campers will stay in the bunk cabins with college age Camp Lutherhoma Summer Counselors. Campers will need to bring bedding (twin bunk bed) and towels. Adults will stay in Pine or Aspen Retreat Cabins where bedding and towels are provided.

Program: Our camp counselors will lead cabin groups (divided by gender and age) of seven to nine campers through camp activities and Bible studies. We hope campers experience a weekend that feels like summer camp as they bond with their counselor and cabin mates and experience many fun activities and engaging Bible studies.

We hope the parents and youth leaders who attend also experience a glimpse of what happens during summer camp and also gain personal and spiritual growth through Bible studies, activities, and discussions created specifically for them. Parents and youth leaders will have many opportunities to interact with the campers they brought during meal times, whole group activities, and certain activity times.

Check In and Check Out:

On Friday, November 19 Registration Check-In will be from 8:00-9:00pm. A group welcome and the first activities will begin at 9:00pm.

On Sunday, November 21 parents, families, and friends are welcome to join us for our Closing Program at 11:00am. Campers will share songs and scripture they learned through the weekend. Everyone will be dismissed after the Closing Program and the camp store will be open for final purchases.

Registration: Due by Thursday, November 11, 2020.

Register online at www.lutherhoma.com. Refer to the Step by Step Registration Guide for more details.

Payment: There is a \$50 deposit per camper due at the time of registration. You can pay online with credit card or may send a check to: Camp Lutherhoma PO Box 1672, Tahlequah, OK 74464.

Health Forms: All participants (children and adults) attending are required to complete the attached health form. However, if a child attended a summer camp program at Camp Lutherhoma in 2021, we CAN use that health form for this retreat. You only need to provide health forms for individuals who did

NOT attend Camp Lutherhoma in summer 2021. Camp Lutherhoma staff will also collect and distribute all camper medication during the weekend. Adults may keep their personal medication with them in their cabin.

Adult Background Check Policy:

As of January 1, 2017, the Oklahoma District LCMS requires that all Oklahoma District congregations obtain criminal, violent and sexual offender background checks for all adult leaders (ages 18 and over) that attend District sponsored youth events, including Camp Lutherhoma sponsored retreats or camps. Please make sure your church has conducted a background check for all adults who chaperone youth attending this event and maintain this information locally. Any adults attending without a church group will need to give Camp Lutherhoma permission to perform a background check prior to the event.

Resources for obtaining background checks:

Protectmyministry.com

Church Mutual/Brotherhood Mutual Insurance Companies

Shepherd's Watch (Via Group.com)

Fall Force Step by Step Registration Guide

1. Logging into your Camp Lutherhoma Account
 - a. Go to www.lutherhoma.com
 - b. Click "Account Login"
 - c. If you are registering a church group log in with your church account Username. If you are registering a member of your family log in with your family account Username.
 - i. If you have forgotten your password, click "Forgot your login information?" and follow the prompts to reset your password.
 - d. Log in using your username and password.
2. **Registering your Group/Family**
 - a. Once you are logged in, make sure all participants you plan to register are in your account.
 - i. Under "Account Members" you should see a list of everyone in your account.
 - ii. Click "Add Person" if you need to add a youth or adult to your account.
 - iii. Fill in the required information about the individual (name, gender, birthdate) and click "Save"
 - b. Once all your participants are in your account, click "Reservations" along the top menu banner.
 - c. Click "Explore Sessions" to register for Fall Force and other group retreats.
 - d. Click "Register" next to Fall Force.
 - e. Select each individual who is attending Spring Force with your church group or family. Then click "Next".
 - f. Select your church affiliation using the drop down list. Lutheran churches are listed alphabetically by city.
 - g. Confirm the contact information for the Primary Contact (if you are registering with a church account the address should be your church address not your personal home address)
 - h. Participant Type- Let us know how many attendees are female youth, male youth, female adults, or male adults. This allows us to manage housing capacity.
 - i. Read and agree to the statements about background checks.
 - j. Read the statement about health forms for youth campers.
 - k. Your Cart will show the total balance due. You can click the small plus sign + to view the details of your registration. Then click "Proceed to Payment"
 - l. Select the Payment Option you desire and fill out the necessary information. If you are paying by check please select "Mail in Payment".
 - m. Once you click "Submit Payment" you are finished with your registration.
 - n. You will receive a confirmation email with a summary of your reservation and more information about the event.
 - i. Your Confirmation Email will include a health form attachment. Each participant must have a completed health form to attend an event at Camp Lutherhoma. If a child attended a summer camp program in 2021, we CAN use that health form for this retreat. You only need to provide health forms for individuals who did NOT attend camp in summer 2021.
 - ii. Please email the health form to each participant's parent or print and distribute the health form to each family. Completed health forms can be emailed to Lutherhoma@lutherhoma.com, printed and brought to the event, or uploaded to your account.

Fall Force Step by Step Registration Guide

How to upload health forms to your Camp Lutherhoma Account

- Once participants have filled out their health form you can digitally upload it to your account. Our online system will keep this document on file for use in future events. Health forms must be updated each year. The health forms stored in the church group account are not the same as those submitted for summer camp programs. However, if a child attended a summer camp program in 2021, we CAN use that health form for this retreat. You only need to provide health forms for individuals who did NOT attend camp in summer 2021.
- When you have participant health forms as digital documents (pdf or jpeg) on your computer follow these steps to save them in your account:
 1. Go to www.Lutherhoma.com and click "Account Login"
 2. Log in to your account using your username and password.
 3. Click on the menu on the left side of the top banner, then "Document Center"
 4. Click "Upload Document" then select "Retreat Health Form"
 5. Select the individual for whom you would like to upload a health form.
 6. Select the document from your computer or device (pdf or jpeg) and click "Upload Document"
 7. You will then return to the Document Center where you can repeat steps 4-6 for additional participants.



Health Form for Programmed Retreats at Camp Lutherhoma

For:

General Information

Name of Custodial Parent/Guardian

Relationship to Camper

Please indicate your Primary Phone Number

Allergies:

This camper is allergic to

Food

The environment (insect; stings; hay fever etc.)

No Known Allergies

Medicine

Other

Please describe below what the camper is allergic to and the reaction seen

Diet, Nutrition:

Diet and Nutrition

This camper eats a regular diet

This camper is lactose intolerant.

This camper eats a regular vegetarian diet

This camper is gluten intolerant.

Please describe below

Medical Insurance Information

This camper is covered by family medical/hospital insurance Yes

No

Insurance Company

Policy Number

Health Form for Programmed Retreats at Camp Lutherhoma (continued)

For:

Subscriber

Insurance Company Phone Number

Immunization History:

Minimum immunization requirements up to date for this attendee All are up to date Some are not up to date

Please explain if "Some are not up to date"

Tetanus booster* (dT) or (Tdap)

Most Recent Dose Month/Year

Medication:

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

Check the Non-Prescription Medication(s) the camper CAN be given.

- | | |
|--|--|
| <input type="checkbox"/> NO over the counter medicine for this individual please | <input type="checkbox"/> Dextromethorphan cough syrup (Robitussin DM) |
| <input type="checkbox"/> Ibuprofen (Advil; Motrin) | <input type="checkbox"/> Generic cough drops |
| <input type="checkbox"/> Acetaminophen (Tylenol) | <input type="checkbox"/> Laxatives for constipation (Ex-Lax) |
| <input type="checkbox"/> Pseudoephedrine decongestant (Sudafed) | <input type="checkbox"/> Antacid (TUMS etc.) |
| <input type="checkbox"/> Phenylephrine decongestant (Sudafed PE) | <input type="checkbox"/> Bismuth subsalicylate for diarrhea (Kaopectate; Pepto-Bismol) |
| <input type="checkbox"/> Antihistamine/allergy medicine | <input type="checkbox"/> Antibiotic cream |
| <input type="checkbox"/> Diphenhydramine antihistamine/allergy medicine (Benadryl) | <input type="checkbox"/> Hydrocortisone Cream |
| <input type="checkbox"/> Guaifenesin cough syrup (Robitussin) | <input type="checkbox"/> Ear Drying Aid (Swim Ear Drops) |

General Health History: Check 'Yes' or 'No' for each statement. Explain 'Yes' answers below.
Has/Does the camper...

Ever been hospitalized

Yes No

Ever had surgery

Yes No

Have recurrent/chronic illnesses

Yes No

Health Form for Programmed Retreats at Camp Lutherhoma (continued)

For:

Had a recent infectious disease

Yes No

Had a recent injury

Yes No

Traveled outside the country in the past 9 months

Yes No

Ever had back/joint problems

Yes No

Had asthma/wheezing/shortness of breath

Yes No

Have diabetes

Yes No

Had seizures

Yes No

Wear glasses, contacts, or protective eyewear

Yes No

Had headaches

Yes No

Had fainting or dizziness

Yes No

Passed out/had chest pain during exercise

Yes No

Have problems with falling asleep/sleepwalking

Yes No

Have problems with diarrhea/constipation

Yes No

Have any skin problems such as sensitivity to latex, band aids, or certain types of sunscreen?

Yes No

Please explain "Yes" answers in the space below. For travel outside the country, please name countries visited and dates of travel.

Health Form for Programmed Retreats at Camp Lutherhoma (continued)

For: _____

Mental, Emotional, and Social Health: Check "Yes" or "No" for each statement.

Is there anything we should know about the attendee's mental, emotional, or social health. If Yes, please explain. Yes No

Please explain "Yes" answers in the space below. The camp may contact you for additional information.

Experienced a significant life event that continues to affect the camper's life? Yes No

Please explain "Yes" answers in the space below. The camp may contact you for additional information.

Health-Care Providers:

Name of camper's primary doctor(s)

Phone

What Have We Forgotten to Ask?

What else do you want us to know about the attendee to help him/her have a successful experience at camp?

Authorization for Health Care:

Parent/Guardian Authorization for Health Care: This health history is correct and accurately reflects the health status of the camper 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 my child 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 child. 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 my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Adult Authorization for Health Care: 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 my health for both routine health care and in emergency situations. I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery. 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 my health record from providers who treat me and these providers may talk with the program's staff about my health status.

I have read the Authorization for Health Care section and agree that the contents of this health form accurately reflects the health status of the individual to whom it pertains and I give authorization for health care as listed.

Signature _____ Date _____