

## JOY Junior High District Youth Gathering

October 4-6, 2019- 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 20, 2019, you may register for the full price after this date; however, you WILL NOT receive a t-shirt.

A participant is a youth or adult from a congregation. All participants from a congregation must register for the same type of cabin.

- \$125.00 per participant for Summer Cabin two-night stay
- \$145.00 per participant for Pine or Aspen Retreat Cabin two-night stay  
*\*Limited space in Retreat Cabins, 24 men and 24 women*
- \$75.00/95.00 per LCMS congregation guest participant on group cabin choice (non-church member friend of youth who has not attended previously)
- \$75 High School Leader for Summer cabin two-night stay and meals & t-shirt (do not pay until you are notified you have been accepted as a leader)

To register visit [www.lutherhoma.com](http://www.lutherhoma.com) and go to the Account Login button.

The website will guide you through the process. If you have difficulties, please contact Camp Lutherhoma at 918-458-0704 or email [lutherhoma@lutherhoma.com](mailto:lutherhoma@lutherhoma.com)

You can mail payment to: Camp Lutherhoma/JOY, PO Box 1672, Tahlequah, OK 74465

#### Registration Forms:

- 1) The Group Registration Form and Roster are for YOUR INFORMATION ONLY. Please bring this with you so that you know which t-shirts belong to which members of your group.
- 2) The Individual Registration Form MUST be signed and completed for EACH PARTICIPANT. You should retain a copy and a second copy must be made and given to the check-in volunteer upon arrival for the event. YOU MUST HAVE A COPY SIGNED BY THE PARENT OR GUARDIAN TO ATTEND.
- 3) A 2-page sample Medical Release is included if your church does not have a standard form. Please have your primary adult chaperone bring either this form or your standard church form to the event. We do not need a copy, but your primary adult leader will need to keep a copy onsite for the weekend.
- 4) A Food Allergy & Dietary Need Form is attached to be used by youth with medically diagnosed needs that Camp Lutherhoma should be aware of when serving meals ( For example: nut allergies, soy allergies, Celiac's Disease, etc.). Please return this form to Camp at least 1 week in advance so that they may plan meals accordingly.

Payment: Must be in the form of church/youth group check or credit card. NO PERSONAL CHECKS will be accepted. Please make checks payable to the "Oklahoma District LCMS." If you register online, you may use a credit card.

Please note: You may pay a \$50.00 nonrefundable deposit per person by September 20. The final balance must be paid in full by October 4. If you register after September 20, the full balance is due at the time of registration. The \$50.00 nonrefundable deposit will be retained per individual cancellation. Substitutions will be allowed of the same gender only; however, t-shirts in a different size may not be available.

Confirmation: You will receive an EMAIL containing confirmation and other important gathering information starting **August 30th** to the email provided as the youth 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 6<sup>th</sup>-8<sup>th</sup> grade or the age equivalent. The friend rate it 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.

Adult Leaders: **All groups are REQUIRED to send adult chaperones with their group.** Please check with your church policy manual or church insurance provider to determine the proper age for adult chaperones. At the very minimum you may not send a chaperone under the age of 18; 21 and over is preferred.

You may decide the youth to adult ratio for your group; however, we recommend at least 1 adult for every 6 junior high students.

Because we are in summer camp/retreat cabins all sleeping cabins will be solely male or female. Male students must have a male chaperone and female students must have a female chaperone. If your congregation is unable to send any chaperone at all or needs one or more male or female chaperones, you may team up with another congregation to have their chaperone(s) supervise your student(s). You must identify on your registration which congregation you have charged to supervise your student and your student must register for the same housing option as the supervising congregation. Please make sure you speak to the supervising congregation and adult leader ahead of time and ensure they are willing and comfortable supervising your student. **DO NOT** register a student without having adult supervision coordinated.

**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 (age 18 and over) that attend District sponsored youth events, including but not limited to the District Youth Gatherings (JOY and OK'D in Christ); District service events; and Lutherhaven Retreat Center or Camp Lutheroma sponsored retreats or camps.** Please make sure your church has conducted a background check for all adults who chaperone youth attending these events and maintain this information locally. This is a best practice. If your congregation does not currently obtain background checks for staff or volunteers who work with minors, we highly encourage you move in this direction as soon as possible. You may consider speaking to your church's liability insurance provider for assistance. Thank you for your cooperation!

Transportation: **Groups are in charge of their own transportation to and from the event as well as during the event.**

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Register online: [www.lutherhoma.com/](http://www.lutherhoma.com/)



**Group Registration-** Group leaders, This form and the Group Roster form are for your use only. Please register online. Please be aware of what size t-shirt each member of your group registers for so you can distribute them upon arrival.

Basic Information	
Church Name	
Youth Leader or Church Contact Name	
Church Address	
Church City/State/Zip	
Youth Leader or Contact Email Address	Youth Leader or Contact Phone Number
Pastor's Name and Contact (Email or Phone)	

**Signatures**

**Pastor/DCE:**

As pastor/DCE of this congregation, I commit to, Pray for these youth and adults as they prepare for, travel to and attend the JOY Oklahoma District Youth Gathering.

Pastor/DCE Signature \_\_\_\_\_

Payment			
Type of Registration	Number of Participants	Cost	Total
Retreat Cabin		X \$145.00	
Retreat Cabin Friend		X \$95.00	
Summer Cabin		X \$125.00	
Summer Cabin Friend		X \$75.00	
2x or 3x Shirts		X \$5.00 (each)	
Total Due			
Total Paid			



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

**Due by** \_\_\_\_\_

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.

**Individual Participant Registration**

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 4-6, 2019.

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.

**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

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**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 4-6, 2019

*Please return to Camp Lutherhoma by September 30, 2019 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.