

OLD SCHOOL 2010 SPRING RECHARGE

Name _____

Address _____

City _____ State: **NE** Zip _____

Parent Email _____

Phone (402) _____ Cell Phone (402) _____

Birth date ____ / ____ / ____ Current Grade _____

Gender _____ Home Church: **Sheridan Lutheran**

For the Parent or Guardian: I give my permission for this child to participate in the Recharge and agree to provide the camp in advance the information concerning any physical or dietary restrictions and/or limitations. I hereby give permission to the medical personnel selected by the camp to secure and administer necessary medical treatment in case of an emergency. I also grant permission for photos taken of my child to be used in camp publications.

_____ Date: _____

Fill the box next to the weekend you wish to attend

- March 26-28** 6th-12th Grade
- April 9-11** 6th-12th Grade
- April 16-18** 6th-9th Grade
- April 23-25** 4th-6th Grade

Cost: **\$80 per camper**

___ I am so excited—this is my **first** recharge!

Payment Information:

my payment is enclosed

Don't forget the medical info form on back of this sheet.



The Who...

This recharge is open to all interested **6th-12th grade youth.**

The basics...

We will leave Sheridan on **Friday, April 9 at 4pm.** The van/bus will be open at 3:30pm to load. We will participate in all events of the recharge and arrive home on **Sunday at 6pm.** Sheridan is providing transportation and is included in the cost of the trip. Drivers may be needed, please let Amy know if interested.

The Cost...

Cost for you: **\$80...**This includes your registration, food, transportation, & housing for the entire weekend. Talk to Amy if cost is an issue in participation. Non-Sheridan youth cost: \$100.

The Deadline...

Please fill out the registration form & return it to church by **March 7, 2010** with cash or a check **payable to Sheridan Lutheran Youth.** You are welcome to check out Okoboji Camp on the web at www.okoboji.org or call Amy at church with questions, 423-4769 or by email at a.serflaten@sheridanlutheran.org. There will be a more detailed letter with times, what to bring, and transportation arrangements once registrations have been turned in.

Registration Forms

The please fill out the form to the left and the form below in its entirety. Both forms are need for you to participate in the recharge. Please keep this information portion for your records.

Thanks,
Amy Serflaten

Okoboji Recharge Trip from April 9-11, 2010

_____ has my permission to participate in the trip to Okoboji Lutheran Bible Camp to participate in the recharge, sponsored by the Okoboji camp and Sheridan Lutheran Church of Lincoln, NE from April 9-11. This also certifies that my child has a current Medical and Permission form on file.

I understand that neither Sheridan Lutheran Church nor anyone affiliated with this trip will be held liable for any accidents or injury which may occur as a result of this trip. I further understand that my student will be expected to exhibit a good Christian attitude in words and conduct during this trip.

Signed: _____
(Parent or Legal Guardian) (Phone Number)

The following information is required for your child's safe participation at camp.

Registration is incomplete until this information is provided.

Height: _____ Weight: _____ Are immunizations current? Y / N

Date of last tetanus shot: _____

ALLERGIES: (please list specific allergies under the following categories)

Environmental: _____

Medication (penicillin, etc.): _____

Food: _____

Other: _____

Please list any past medical treatment:

Chronic or recurring illness or medical condition that may affect camp life:

Dietary restrictions :

Medications—Please list names and dosages or attach separate detailed list:

All medicine MUST be brought in original container.

HISTORY: (Check and give approximate dates of items if known)

frequent ear infections

heart defect/disease

convulsions

diabetes

bleeding disorders

hypertension

mononucleosis

chicken pox

measles

German measles

mumps

hay fever

ivy poisoning, etc.

insect stings

penicillin

asthma

other drugs

May acetaminophen/ibuprofen be administered as needed? Y / N

INSURANCE INFORMATION:

Insurance Co. _____

Policy # _____

Company Address & Phone #: _____

Policy Holder's Name _____

Family Doctor _____

Dr. Phone# _____

We are looking forward to you joining us at camp!