



2018 Retreats

Anchored in Abundance

Elementary Retreat October 13-14, 2018
3rd-6th Grade \$90

God is so good! This retreat will focus on the overflowing abundance of God's great gifts.

Anchored in Grace

Sr. High Retreat November 2-4, 2018
9th-12th Grade \$115

We are all flawed and forgiven. Join us for this retreat as we learn about how BIG God's grace really is.

Anchored in Word & Sacrament

Confirmation Retreat November 16-18, 2018
6th-9th Grade \$115

The Apostle's Creed, the Lord's Prayer and the 10 Commandments will all be a part of this retreat.



2019 Retreats

Anchored in Faith

Sr. High Retreat January 11-13, 2019
9th-12th Grades \$115

Some mysteries are beyond the mystery of explanation, and that's where faith comes into play.

Anchored in The Word

Elementary Retreat January 26-27, 2019
3rd-6th Grade \$90

We know why we read should the Bible but this retreat will help us understand how to read it.

Anchored in Strength

Junior High Girls Retreat February 15-17, 2019
6th-8th Grades \$115

Calling all ladies! Let's talk about strong women of the Bible and see how their lives can influence our lives.

Anchored in Creation

Junior High Retreat March 1-3, 2019
6th-9th Grade \$115

Junior High Retreat March 15-17, 2019
6th-9th Grade \$115

Junior High Retreat March 29-31, 2019
6th-9th Grade \$115

Did Jesus ever ride a dinosaur? Let's take some time to talk about the intersection of faith and science.

Anchored in Abundance

Elementary Retreat April 6-7, 2019
3rd-6th Grades \$90

God is so good! This retreat will focus on the overflowing abundance of God's great gifts.

Deposit of \$50 is due with registration form (see back)
NEW One Night Retreats Run 10am Sat-10am Sun
Two Night Retreats Run 7pm Fri-10am Sun

Registration Deadline: Form & Deposit are due 3 weeks before retreat!

Chaperone Note: Church groups must provide one chaperone for every 8 campers of each gender attending.

Campers register with Church Group for these Events



Lutherdale

Retreat Registration and Health Form

This form may be copied. Use a separate form for each camper.

Health information on this form is gathered to assist us in identifying appropriate care.

NOTE: A \$50 non-refundable deposit must be returned with this form in order to secure reservation.

Name _____ E-mail _____
 Address _____ City _____ State _____ Zip _____
 Home Phone (_____) _____ Sex _____ Current grade _____ Birth date _____
 Parent/Guardian Name _____ Work Phone (_____) _____ Cell phone (_____) _____
 Address _____ City _____ State _____ Zip _____
 Church _____ City _____ State _____ Zip _____

Program Event _____ **Date** _____

<p>Health History (Give approximate dates.)</p> <p>Diseases/Conditions:</p> <p>_____ None _____ Ear Infections _____ Heart Defect/Disease _____ Seizures _____ Diabetes _____ Bleeding/Clotting Disorders _____ Hypertension _____ Mononucleosis _____ Asthma _____ Measles _____ Chicken Pox _____ German Measles _____ Mumps _____ Hepatitis _____ Other _____</p>	<p>Food Allergies</p> <table style="width:100%;"> <tr> <td>_____ No</td> <td><u>Life Threatening</u></td> <td></td> </tr> <tr> <td>_____ Dairy</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>_____ Grain</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>_____ Eggs</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>_____ Seafood</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>_____ Meat</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>_____ Peanuts</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>_____ Other Nuts</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Other _____</td> <td></td> <td></td> </tr> </table>	_____ No	<u>Life Threatening</u>		_____ Dairy	Yes	No	_____ Grain	Yes	No	_____ Eggs	Yes	No	_____ Seafood	Yes	No	_____ Meat	Yes	No	_____ Peanuts	Yes	No	_____ Other Nuts	Yes	No	Other _____			<p>Emergency Information</p> <p>Emergency Contact Person _____ Phone (_____) _____ Family Doctor _____ Phone (_____) _____</p> <hr/> <p>Immunizations (✓ if current or up to date)</p> <p>_____ DPT Permanent Shots _____ TD (tetanus/diphtheria) _____ Tetanus booster (MM/YYYY) _____ Polio Immunization _____ MMR (Measles, Mumps, Rubella) _____ Hepatitis B <input type="checkbox"/> Pos <input type="checkbox"/> Neg Tuberculosis Test</p> <hr/> <p>Do we have your permission to administer to your child as needed: Benedryl, Antacid, Ibuprofen, Acetaminophen, Milk of Magnesia, Cold Medicine, Antihistamines? Please initial next to your answer _____ No _____ Yes</p>
_____ No	<u>Life Threatening</u>																												
_____ Dairy	Yes	No																											
_____ Grain	Yes	No																											
_____ Eggs	Yes	No																											
_____ Seafood	Yes	No																											
_____ Meat	Yes	No																											
_____ Peanuts	Yes	No																											
_____ Other Nuts	Yes	No																											
Other _____																													

Dietary Needs (i.e. vegetarian, dairy free, gluten free) _____

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

Other suggestions that may help make your camper's week more comfortable and enjoyable (fears, anxieties, etc.) _____

Medications (please list and send with instructions) _____

PERMISSION TO PROVIDE NECESSARY TREATMENT OR EMERGENCY CARE: I hereby give my permission to the health care professional to order x-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician to secure and administer treatment, including hospitalization, for the person named above. **PLEASE SEND PHOTO-COPY OF INSURANCE CARD.**

Parent or Guardian signature _____ Date _____

PERMISSION TO TAKE PART IN PROGRAM: I give permission for my child to attend Lutherdale Bible Camp and participate in the program. This may include but is not limited to: the climbing tower, high ropes course, low ropes course, toboggan slide and field games. Camp photographs which include my child may be used in promotional material, which may include Lutherdale's web page.

Parent or Guardian signature _____ Date _____

Credit Card Information

Please Charge \$ _____ to my: Visa Mastercard Discover/Novus Signature _____

Card # _____ Validation Code (on back of card) _____ Expiration Date _____

Date recd: _____ Dep: _____ Cash CC _____ Ind # _____ Church# _____