



Chicago Confirmation Retreat

February 2-4, 2018

Sacraments

This event is being hosted collaboratively by Lutherdale and the Chicago Youth Ministry Network for youth of the Metro Chicago Synod, with confirmation programming for 6th-8th graders and Bible study activities for 9th-12th graders.

Music, games, worship, toboggan slide (weather permitting), friends, fellowship and fun are all part of this weekend!

WHY

Together we will examine the Sacraments and how they are important in our faith journey.

WHO**6th-12th Grades**

Church groups must provide 1 chaperone per gender for every 8 campers attending.

Campers Register As Church Groups For This Retreat

SCHEDULE

Arrive 7pm Friday Night

Depart 10am Sunday Morning

ACTIVITIES

Great food, games, music, crafts, Bible study, worship, and more!

COST

Only \$115 per person!

Includes 4 meals, snacks, lodging and program.

\$25 Deposit is due with registration form (see back)

Through the teachings of Martin Luther, Baptism and Communion have become the two sacraments of Lutheran faith. Learn what makes these important to our faith and why we should practice them as we walk our faith journey.





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 \$25 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 border="0"> <tr> <td>_____ No</td> <td colspan="2"><u>Life Threatening</u></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>
_____ No	<u>Life Threatening</u>																												
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_____ None	<u>Life Threatening</u>																												
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_____ Penicillin	Yes	No																											
_____ Other Drugs	Yes	No																											
Other _____																													

Dietary restrictions (i.e. vegetarian, 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# _____