



WINTER TEAM USA

A unique retreat for adults with developmental disabilities

DECEMBER 11-13, 2020



SCHEDULE

Arrive 5pm Friday
Depart 2pm Sunday

ACTIVITIES

Games, music, crafts, Bible study, Toboggan Run, Cookie Making and more!

COST

\$200/person
Includes 6 meals, snacks, lodging and program cost!

Hey Team USA Campers, this is a winter themed weekend retreat **just for you!** Come out to Lutherdale for this 2-night retreat with crafts, worship, fun outside and Bible study, where we will talk about the gifts we have been given and the gifts we have to give!

- **Note:** Lutherdale asks that all Team USA Campers be able to care for their own hygiene needs. Interaction skills are helpful, as campers will be sharing rooms. Space is limited so sign up early.



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 (_____) _____ Gender _____ Current grade _____ Birth date _____
 Parent/Guardian Name _____ Work Phone (_____) _____ Cell phone (_____) _____
 Address _____ City _____ State _____ Zip _____
 Church _____ City _____ State _____ Zip _____

Program Event _____ **Date** _____

Health History
 (Give approximate dates.)

Diseases/Conditions:

_____ None
 _____ Ear Infections
 _____ Heart Defect/Disease
 _____ Seizures
 _____ Diabetes
 _____ Bleeding/Clotting Disorders
 _____ Hypertension
 _____ Mononucleosis
 _____ Asthma
 _____ Measles
 _____ Chicken Pox
 _____ German Measles
 _____ Mumps
 _____ Hepatitis
 _____ Other _____

Food Allergies

_____ 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 _____		

Medical Allergies

_____ None	<u>Life Threatening</u>	
_____ Hay Fever	Yes	No
_____ Bee Stings	Yes	No
_____ Penicillin	Yes	No
_____ Other Drugs	Yes	No
_____ Other _____		

Emergency Information

Emergency Contact Person _____
 Phone (_____) _____
 Family Doctor _____
 Phone (_____) _____

Immunizations (✓ if current or up to date)

_____ DPT Permanent Shots
 _____ TD (tetanus/diphtheria)
 _____ Tetanus booster (MM/YYYY) _____
 _____ Polio Immunization
 _____ MMR (Measles, Mumps, Rubella)
 _____ Hepatitis B
 Pos Neg Tuberculosis Test

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
 (Any Exceptions) _____

Chronic or recurring illness or medical condition that may affect camp life _____
 Dietary restrictions (i.e. vegetarian, lactose intolerant) _____
 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. Program may include the Eagle's Nest Adventure Center, Challenge Course, Climbing Tower or Waterfront Activities. 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# _____