



THE SACRAMENTS

HT Confirmation Camp at Camp Io-Dis-E-Ca
July 30- August 2, 2024

HT Confirmation Camp // The Sacraments

The greatest gift God gives is the forgiveness of all our sins, which has been won for us by Christ upon the cross. Baptism and the Lord's Supper provide concrete and tangible ways for us to connect to Christ and His sacrifice. Through Baptism, we have been united with Christ in His death and resurrection (Romans 6). Through the Lord's Supper, we eat and drink the very body and blood of Christ for the forgiveness of our sins and are strengthened and preserved in the one, true faith unto life everlasting.

Speaker // Pastor Chad Hoover

Pastor Chad Hoover serves as Campus Pastor at Concordia Lutheran High School and as a pastoral assistant at Emanuel Lutheran Church in New Haven, Indiana. He received his Bachelor of Arts degree in elementary education with a concentration in speech and theatre from Concordia University Chicago in 1998. He taught third grade from 1998-2000 at Seymour Elementary School in Payson, IL, before receiving his M.Div. from Concordia Theological Seminary in 2004. Pastor Hoover has been married to his wife Andrea since 1998. They have been blessed with four children, Alexa, Callie, August, and Cillian.

Things to Know

When: July 30 - August 2, 2024

Where: Camp Io-Dis-E-Ca, Solon, IA

Who: Grades 5th - 8th Students, Individuals or Groups

Cost: \$300 per person

Contact: Alec Deppe, Director of Programs & Retreats
Camp Io-Dis-E-Ca
(319) 848-4187
programdirector@iodiseca.org
OR
Tana McKenna, HT Retreats Coordinator
888-482-6630 ext.4
retreats@higherthings.org

Included: Edifying Catechesis, Lutheran Worship, Camp Activities, Meals, Lodging

Activities: Archery, Canoeing, Rock climbing, Zip line, Disc Golf, Swimming, Games, Campfires, S'mores, and so much more!

Forms Needed: The Camper Profile
Health Form
Health Screening Form
Release of Liability
completed for each camper

RSVP: via online registration at
<https://campiodiseca.org/htcamp/>
by July 22, 2024

www.higherthings.org

The mission of Higher Things is to make the Gifts of Christ Jesus known to youth and young adults.



<https://campiodiseca.org/htcamp/>
Camp Io-Dis-E-Ca exists to promote and provide Christ-centered education, recreation, and inspiration for individuals and groups of all ages.

Camper Profile

(Please RETURN at least two weeks prior to the campers first day of camp)

Help us by sharing information so the counselor may better know and understand the camper.

What is the camper's name? _____

What is the camper's preferred nickname (if any) ? _____

What is the camper's family status? Check all that apply.

Parent/Guardian Information: _____ Two Parents, _____ Single Parent, _____ Other Relative,
_____ Foster Home _____ Separated, _____ Divorced

The camper lives with: _____ Two Parents, _____ One Parent, _____ Other, Please list _____

Siblings: _____ Only Child, _____ Brother(s), _____ Sister(s)

Enter number for brother(s)/sister(s)

Other significant family information: _____

Has the camper attended Camp Io-Dis-E-Ca before? _____

What does the camper hope to experience at camp? _____

Does the camper have any special needs? _____

Is there any reason why the camper may need additional supervision? _____

Does the camper attend church? ___ Yes ___ No

If yes, how often? ___ Less than monthly, ___ Monthly, ___ 2-3/Month, ___ Weekly

Does the camper attend Sunday School or Youth Group? ___ Yes ___ No ___ Sometimes

Church Name _____ Denomination _____

What fears does the camper have? _____

Is the camper afraid of the dark? ___ Yes ___ No ___ Sometimes

Has the camper ever been away from home overnight? _____

Does the camper ever become homesick? ___ Never ___ Sometimes ___ Frequently

What are the camper's interests? _____

What are the camper's favorite hobbies? _____

Have there been any significant or life-changing circumstances in the camper's life recently or that you would care to share?

Thank you for sharing information to better accommodate the camper's stay and experience.

Camp Io-Dis-E-Ca Health Form

All information is confidential. Full disclosure must be made regarding any Physical, Social and/or Psychological conditions. Failure to do so may result in campers being sent home with forfeiture of tuition.

Return to Camp no later than 2 weeks prior to the first day of camp.

First Name _____ Last Name _____

Birthday ___ / ___ / ___ Age ___ Grade this Fall ___ Gender _____

Address _____ Information Provided By: _____

City _____ State _____ Zip _____ Home Phone _____

Parent 1 First Name _____ Last Name _____ Cell _____ Work _____

Parent 2 First Name _____ Last Name _____ Cell _____ Work _____

IF NOT AVAILABLE IN AN EMERGENCY, NOTIFY:

Name _____ Relationship _____ Phone _____ Cell _____

Doctor _____ Phone _____

Dentist _____ Phone _____

Pharmacist _____ Phone _____

NAME OF FAMILY MEDICAL/HOSPITAL INSURANCE:

Insurance Carrier _____ Policy # _____

Insurance Phone Number To Call (if applicable) _____

PHYSICAL AND HEALTH HISTORY: All campers are required to have a health exam within the last 2 years.

Please attach a proof of physical exam signed by a Physician **OR** complete this section. Date of Last Physical ___ / ___ / ___

List any medical concerns over the last 2 years that we should be aware of, i.e.: Ear infection, Surgeries, Psychological, Heart Condition, Convulsions/Seizures, Blood Disorders, Hypertension, Mono, Broken Bones hospitalizations etc.

Physician's Findings: _____

Activity Restrictions by parent's/physician's advice?: _____

Other information we need to know? _____

(Required) Physician's Signature: _____ Date: _____

ALLERGIES: Hay Fever Poison Ivy Insect Stings Food: _____

Asthma Penicillin Other Drugs: _____

Medications used in the last 3 months: _____

Medications brought to camp: _____

Notes on giving: _____

Acetaminophen, Ibuprofen, antacids, anti-diarrhea medication, and first aid **MAY / MAY NOT (CIRCLE ONE)**

be administered to my child, as needed, by designated staff members.

IMMUNIZATION HISTORY: (dates of last boosters)

Tetanus ___ / ___ / ___ Oral Polio (Sabin) TOPV ___ / ___ / ___ Injectable Polio (Salk) ___ / ___ / ___

MMR ___ / ___ / ___ Hepatitis B ___ / ___ / ___ HIB ___ / ___ / ___ Tuberculin Test ___ / ___ / ___

If female: has she menstruated? yes no Has she been told about it? yes no Is cycle normal? yes no

Special Considerations? _____

AUTHORIZATIONS:

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted above. I also give permission to the medical personnel selected by Camp Io-Dis-E-Ca to order x-rays, routine tests and treatment. In the event I cannot be reached in an emergency, I give permission to the physician selected by Camp Io-Dis-E-Ca to transport, hospitalize, secure proper treatment, order injection, and/or anesthesia, and/or surgery.

Signature of Parent/Guardian _____ Date _____



RELEASE AND WAIVER OF LIABILITY
ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

Camp lo-Dis-E-Ca requires each user of the Camp or participant in Camp sponsored activities to sign this Release and Waiver of Liability form. We appreciate your understanding.

In consideration of being permitted to use the grounds and facilities at Camp lo-Dis-E-Ca for recreational or other activities, or to participate in any activity conducted or sponsored by Camp lo-Dis-E-Ca regardless of location, the undersigned, for themselves, their personal representatives, heirs, spouse, parents, siblings, and children, hereby:

1. The user of the camp or participant acknowledges, agrees, and represents that they have or will immediately acquaint themselves with the rules for use of Camp lo-Dis-E-Ca and ask an employee if he has any questions regarding the rules or concerns regarding the safe use of the facilities.

2. Releases, waives, discharges and covenants not to sue Camp lo-Dis-E-Ca, its officers, directors, trustees, agents and employees, the Lutheran Church Missouri Synod - Iowa District East, its officers, directors, trustees, agents and employees, the Lutheran Church Missouri Synod, its officers, directors, trustees, agents and employees -- all of whom shall be referred to as "Releasees" in this document -- from all liability to the undersigned, his personal representatives, assigns, heirs, parents, siblings, spouse, and children for any and all loss or damage, and any claim or demands therefore on account of injury to the undersigned's person, his death or damage to his property, which occurs as a result of the undersigned's presence at Camp lo-Dis-E-Ca, or participation in any Camp sponsored/conducted activity, whether such death, injury or property damage is caused by the negligence or other wrongful conduct of, or breach of contract or warranty by, one or more of the Releasees.

3. Agrees to indemnify and save and hold harmless the Releasees and each of them from any loss, liability, damage, or cost (including but not limited to attorney fees and other defense costs incurred in defending a claim brought by the undersigned, his relative, heir, successor, assign or personal representative) one or more of them may incur arising out of or related to the undersigned's use of or presence at the facilities known as Camp lo-Dis-E-Ca, or the undersigned's participation in any Camp sponsored/conducted activity, whether such claim is based on one or more of the Releasees' negligence, breach of contract or warranty, or other legal theory.

4. Assumes full responsibility for any risk of bodily injury, death or property damage arising out of or related to the undersigned's presence at or use of the facilities known as Camp lo-Dis-E-Ca, or participation in any Camp sponsored/conducted activity, whether caused by the Releasees' negligence, breach of contract or warranty or other legal theory.

5. Agrees that this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement extends to all claimed wrongful acts of Releasees, whether sounding in tort, contract or other legal theory, and that said Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement is intended to be as broad in scope as is permitted by the laws of the State of Iowa. The undersigned further agrees that in the event any portion of this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement is held invalid, the balance shall, notwithstanding, continue in full legal force and effect to the greatest extent possible under Iowa law.

I have read this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and have signed it freely and voluntarily without any inducement, assurance, or guarantee being made to me, and I intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by Iowa law.

No variation in the terms of this Release and Waiver shall be effective unless in writing and signed by the Camp Director.

Please check (✓) one of the following boxes:

- I certify that I, the undersigned, am at least 18 years old.
- I certify that I, the undersigned, have sole custody or primary physical care of my child(ren), _____, who will use the facilities at Camp lo-Dis-E-Ca within the next 12 months.
- We certify that we, the undersigned, are the parents of _____, who will use the facilities at Camp lo-Dis-E-Ca within the next 12 months.

Dated this _____ day of _____, 20_____.

Adult Guest or Parent of Minor Guest

(2nd Parent of Minor Guest, Where Applicable)