

2021 Family Retreat Registration Form

Camp Okoboji 1531 Edgewood Dr Milford, IA 51351
712-337-3325 | camp@campokoboji.org



___ Family Retreat #1 (August 1-6) ___ Family Retreat #2 (August 8-13)

Contact Information

Family's Last Name _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Emergency Contact: _____ Relationship: _____ Phone #: _____

Primary Contact First Name: _____ M / F Date of Birth: _____

Family Member #1: _____ M / F Date of Birth: _____

Family Member #2: _____ M / F Date of Birth: _____

Family Member #3: _____ M / F Date of Birth: _____

Family Member #4: _____ M / F Date of Birth: _____

Family Member #5: _____ M / F Date of Birth: _____

NOTE: Star (☆) any minors for whom you are not custodial parents. An additional form will be sent for their parent/guardian to complete prior to arrival at Camp Okoboji. Use another sheet of paper to list any other family members included in your household.

Additional Information

Home Congregation & City: _____

Please list any dietary needs or concerns, including food allergies (include name of individual to which they apply): _____

If you're paying for another household's registration (i.e. extended family), please list their name here: _____

Lodging Preferences

1. **Indicate (mark with an '✓') if your household would like to be lodged in an air/non-air conditioned facility.**

2. **Then indicate your top 3 facilities preferences** (Example: 1 Bethel Retreat Center 2 Gad 3 Zebulun)

- Our household would like to be lodged in an **Air-Conditioned Facility (\$175/wk/person)**.

Indicate your first, second, and third choice preferences.

___ Bethel Retreat Center ___ Leviticus* ___ Shiloh ___ Asher ___ Dan ___ Ephraim ___ Gad

___ Manasseh ___ Simeon ___ Zebulun

- Our household would like to be lodged in a **Non-Air Conditioned Facility (\$135/wk/person)**. Circle your preferred facility.

Indicate your first, second, and third choice preferences.

___ Benjamin ___ Issachar** ___ Judah ___ Levi ___ Naphtali ___ Reuben

* Indicates facility is only available for Family Retreat #1

** Indicates facility is only available for Family Retreat #2

Yes No One of our household members needs to be housed in a handicap-accessible room (circle Y or N)

Meal Costs

All meals from Sunday Dinner to Friday Lunch, along with snacks, are included.

Ages 10+ | \$135/wk
Ages 3-9 | \$80/wk
Ages 0-2 | FREE

Recreation & Program Fee

\$75 per Family

Includes speaker honorarium, access to Camp Okoboji's recreational equipment, and any expenses for Family Retreat #1 & #2's activities. Collectively, these program fees are what'll make the Family Retreat Experience happen!

Calculate Your Family's Registration Fee

Use this tool to calculate your family's total registration fees. *No cost to children ages 2 & Under.*

Lodging Cost	_____	x	\$ _____	= _____
	<i># of family members</i>		<i>Cost of living unit</i>	
Adult Meals	_____	x	\$130	= _____
	<i># of Age 10+</i>			
Child Meals	_____	x	\$80	= _____
	<i># of Age 3-9</i>			
Program Fee*	<u>1 per famil</u>	x	\$75	= \$75
	_____		TOTAL	= _____

*The Program Fee includes an honorarium for the week's speaker, access to all of Camp Okoboji's recreational equipment, and any expenses to Family Retreat #1 & #2's activities. In essence, it is what'll make the Family Retreat Experience happen.

Payment Options

- Check enclosed. Bill any remaining amount due.
- Payment plan \$ _____ per month.
- Charge \$ _____ to the card noted below. Bill any remaining amount due.
- We will pay upon arrival. Bill remaining amount.

Card # _____ Expiration Month & Year _____ / _____

Security Code _____ Name On Card _____

Billing Address (if different than above) _____

Terms Of Agreement

I hereby enroll and give permission for my family listed above to participate in all aspects of Camp Okoboji's Family Retreat. I acknowledge that I am responsible for fulfilling payments to all charges and fees for my family's registration. I acknowledge that our participation in this program involves risk, and may result in various types of injury including, but not limited to, the following: sickness, exposure to an infectious/communicable disease, contraction of an infectious/communicable disease, bodily injury, death, emotional injury, personal injury, property damage, and financial damage. I release Camp Okoboji - LCMS of liability and promise to defend and hold harmless Camp Okoboji - LCMS, Camp Okoboji's Board of Directors, camp staff, and volunteers for any sickness, exposure to an infectious/communicable disease, contraction of an infectious/communicable disease, injury, damage, or death arising directly or indirectly out of our participation in this program. I give permission and consent for my family to be included in photographs and videos taken during this camp session. I further give consent that any such images, videos, and interviews may be published and used to illustrate and promote Camp Okoboji - LCMS and the National Lutheran Outdoors Ministry Association. I understand an effort will be made to contact me if a family member needs emergency medical-surgical treatment. I hereby give informed and expressed consent to the staff member selected by the camp to secure proper treatment, hospitalize, order injections, anesthesia, x-ray or surgery as deemed necessary for the adult(s) and child(ren) named above. I accept responsibility for payment of such services.

Primary Contact Printed Name: _____

Primary Contact Signature: _____ Date: _____

COVID-19 Discipleship Program Adjustments

We here at Camp Okoboji honored and privileged to serve our campers, guests, and families this summer. Consistent research and survey results have indicated a strong desire and enthusiasm for camps to be safely open this summer. Our campers, guests, and families need the Camp Okoboji Experience this summer. So a global pandemic will not prevent us from running our programs, but it will require some adjustments to uphold the integrity of our participants' overall health. The following are the steps we have taken to further ensure the integrity of our program participants' health this summer:

1. **Participant Pre-Arrival Health Monitoring** | Participants in Camp Okoboji's Family Retreats should monitor their health for persistent symptoms of COVID-19 for seven days prior to their arrival at Camp Okoboji. COVID-19 symptoms include fever, difficulty breathing or shortness of breath, persistent cough, new loss of smell or taste, sore throat, congestion, or running nose. Participants that develop persistent COVID-19 symptoms must remain home. It is recommended that participants self-isolate as much as possible for seven days prior to their arrival to Camp Okoboji to minimize potential viral exposure and spread.
2. **Improved Hygiene Orientation For Staff, Volunteers, Campers, & Families** | Consistent signage for hygiene will be posted encouraging healthy hygiene practices (i.e. regular hand-washing, hand sanitizing, covering your cough) along with more accessibility to hand sanitizer in every building.
3. **Facial Coverings** | All indicators point to facial coverings as one of several best non-pharmaceutical interventions to prevent the spread of COVID-19. Facial Coverings will be optional. Those who elect to wear facial coverings and those who do not elect to wear facial coverings will be respected. Families are encouraged to make informed decisions to prevent viral spread, including washing hands regularly, utilizing the hand sanitizer we have made accessible, physically distancing when deemed necessary, and utilizing facial coverings when deemed necessary, and most importantly, staying home if you feel sick or knowingly have been exposed to someone who tested positive for COVID-19.
4. **Enhanced Cleaning Procedures** | To enhance the integrity of our facility cleanliness, we have updated our cleaning procedures. All facilities used between groups will be disinfected and sanitized utilizing EPA approved cleaning products that kill SARS-CoV-2, the virus that causes COVID-19. Facilities and bathrooms will be cleaned, disinfected, and sanitized regularly. Visit [Camp Okoboji's COVID-19 Information Page](#) on our website to view a cleaning checklist for participants' housing.
5. **Outdoor Activities** | The beauty of summer camp is that it is beautiful in the summertime. As much as possible, our programmed activities will be outdoors.
6. **Prepared For Response** | Our Camp Staff and volunteers will be prepared to respond to the presence of COVID-19. To view Camp Okoboji's Communicable Disease Plan, visit [Camp Okoboji's COVID-19 Information Page](#).

We, the Camp Okoboji Staff, have placed priority into ensuring our Discipleship Program Participants receive the most excellent, Gospel-oriented, safe experience possible. However, we cannot do this alone. We need your help.

Terms Of Agreement

I acknowledge that I have read, sought, and received clarification and fully understand the requirements of myself, child, and/or family as described above. I agree to honor Camp Okoboji - LCMS's guidelines as necessary to prevent the potential spread and exposure of COVID-19 at Camp Okoboji. I confirm that I have communicated or will communicate this information to my child and/or family and agree to abide by them. I additionally acknowledge that I am not to and will not knowingly bring or send any member of my family to Camp Okoboji if they are sick, show symptoms of COVID-19, have tested positive for COVID-19, or are aware that they've been exposed to someone who has tested positive for COVID-19 ten days prior to the program.

Primary Contact Printed Name: _____

Primary Contact Signature: _____ Date: _____