



2019 Camp Lakeview Summer Camps

Parent/Child Weekends

What time do I arrive at camp?

Camper check-in will occur at the Dining Hall from 9:00 - 10:00 a.m. EST on Saturday. The program ends at noon on Sunday, and will include Sunday worship (10:45a) followed by lunch (11:45a). You are welcome to remain at camp Sunday afternoon until the next week of camp begins. The beach, stables, and camp store will be open from 2:00-3:45 p.m. on Sunday so the entire family may enjoy their visit.

What do I need for camper check-in?

- **MEDICAL FORM:** In your online account, you can download and print the camper medical form. **THIS FORM CAN NOT BE FILLED OUT ONLINE.** Please fill out the form completely and bring it with you to check-in. It contains health history information and an authorization for medical care both of which are critical in the event of an emergency.
- **DISCLAIMER FORM:** In your online account, you can download and print the disclaimer form. **THIS FORM CAN NOT BE FILLED OUT ONLINE.** Please fill out the form completely and bring it with you to check-in. This form is **REQUIRED** to be able to participate in camp activities.
- **MEDICATION:** Prescription medication brought to camp can remain in the possession of the adult but must be in a secured location to prevent unwanted access. The camp stocks some common non-prescription medication. The parent or guardian at camp with the child may authorize its use for the child or for themselves if and when it is needed.
- **HORSES:** Horseback riding will be available on an optional basis during free time on Saturday afternoon. All rides will be geared towards the young child and will be complimentary (**FREE!**).
- **CANTEEN:** Unlike our normal camp programs, campers during the weekend programs will not need to turn spending money over to the camp. During this weekend, the canteen will accept cash. It is highly suggested that the adult be the keeper of the spending money.
- **T-SHIRTS:** Campers wishing to purchase a camp shirt may do so at check-in. Most shirts cost \$13-\$15.

What should I bring to camp?

Jeans, sweatpants, shorts

T-shirts, sweatshirt

Socks, underwear, pajamas

Shoes (two pairs), laundry bag

Rain coat, hat, light jacket

Swimsuit, sandals, beach towel

Pillow

Sleeping bag or sheets and blankets

Bath towel, washcloth

Soap, shampoo

Toothpaste, toothbrush

Deodorant, comb or brush

Suntan lotion, insect repellent

Flashlight, sunglasses, camera

Bible, notebook, pen

Water Bottle

What should I NOT bring to Camp?

Gaming devices, iPods, MP3 players, cell phones or e-readers (e.g. Kindle)

Firearms, knives, matches, or fireworks

Illegal drugs, tobacco, alcohol

What are the Parent/Child programs?

The Parent/Child Weekends (Tiny Tykes, Mother/Daughter, and Father/Son) are designed for a younger camper (Grades K-2) to experience the wonders of camp accompanied by an adult (over 18). All activities are designed with the child in mind. Although activities will not be designed for the adult half of the pair, the adult will need to share the activities with their child, to see and experience through the eyes of their child, and to spend time and have fun together. Therefore, even though Camp Lakeview staff will be leading the activities, we will not assume the responsibility for supervising your own child because that would defeat the purpose of the program. Adults, here's your chance to be a kid again.

What is the dress code?

Camper attire should be modest and in keeping with the character and attitude of Christ.. Campers will be asked to change if wearing shirts that contain sexual innuendoes, that promote the use of cigarettes, drugs, or alcohol, that are anti-Christian, or that would be offensive to the general public. Swimsuits should be one-piece or tankinis (no bikinis). Expect clothes to get dirty at camp, so don't bring anything too nice!

What if my camper gets sick or injured?

In the event that you or your child needs professional medical treatment, the parent/guardian's insurance will be considered the primary carrier. The camp carries medical and dental insurance on all campers which can be used in a secondary role, helping with deductibles and filling the gaps left unpaid by the parents' primary coverage.

How can I contact my camper at camp?

To send a message for your child, visit the camp's website at www.lakeviewministries.camp. On the home page, click the "Camper Mail" button and follow the instructions. Your message will be limited to about 500 characters. These messages will be printed and delivered to your camper at supper on Saturday. Regular mail can be sent to your camper at the following address (please make sure that you allow enough time for the postal service to deliver while your child is at camp):

(Your child's name); c/o Camp Lakeview; 13500 W. Lake Road; Seymour, IN 47274

What if we forget something at camp?

All lost and found items from the summer of 2019 will be stored at camp until January 1, 2020. We will make every effort to help the owners retrieve all lost and found items. Please [help us help you](#) by marking all items brought to camp, checking your items before leaving camp, and notifying us as soon as possible once you realize an item is missing. Camp Lakeview is not responsible for lost items that cannot be located.

What if we have to cancel our session?

Refunds will be granted 14 days prior to your scheduled arrival for all but \$25 of your deposit. No refunds will be granted within 14 days of your scheduled arrival except in cases of illness, injury, or family emergencies.

Lakeview Ministries ♦ 13500 West Lake Road ♦ Seymour, IN 47274
(812) 342-4815 ♦ office@lakeviewministries.camp ♦ www.lakeviewministries.camp

Emergency Medical Information Form for Family Programs

This form must be completed and submitted to the Camp Lakeview office prior to final admission of the camper into the camp program. Failure to properly complete and submit this form will result in the non-acceptance of the family into the camp program. This form may be mailed or given to the office personnel at the time of registration. If the form is mailed, make certain that enough time is allowed for postal service to deliver the form prior to the day of registration. Camp Lakeview shall not be held primarily responsible for medical expenses incurred by the camper through accident or illness before, during or after enrollment in the camp program. Therefore, it is extremely important that complete insurance information be provided by the guardian.

Family Information:

Camper Name:	FIRST _____	MIDDLE _____	LAST _____
Birthdate:	____ / ____ / ____	Sex:	Age: _____
Camper Name:	FIRST _____	MIDDLE _____	LAST _____
Birthdate:	____ / ____ / ____	Sex:	Age: _____
Camper Name:	FIRST _____	MIDDLE _____	LAST _____
Birthdate:	____ / ____ / ____	Sex:	Age: _____
Camper Name:	FIRST _____	MIDDLE _____	LAST _____
Birthdate:	____ / ____ / ____	Sex:	Age: _____
Camper Name:	FIRST _____	MIDDLE _____	LAST _____
Birthdate:	____ / ____ / ____	Sex:	Age: _____

Family Address:

Family Home Address: STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____
 Family County of Residence: _____ Home Phone: (____) _____

Authorization for Emergency Medical/Dental Care

I, the undersigned parent, spouse, and/or natural guardian of all individuals listed above do hereby authorize the Camp Lakeview Health Services Staff (and/or any other qualified adult appointed or designated by them) (1) to provide routine health care and administer prescription medications, (2) to consent to medical, surgical and dental care for such individual(s); (3) to consent to any diagnostic test, medical, surgical or dental procedure or treatment as may be considered therapeutically necessary by the physician, surgeon, dentist or other health care personnel providing care for such individual(s); (4) to employ physicians, surgeons, dentists, nurses and other health care personnel as may be deemed necessary for such individual(s); (5) to admit such individual(s) to any hospital, clinic, emergency room, laboratory or other health care or diagnostic facility for examination, treatment, surgery or care; and (6) to sign all necessary consents and authorizations.

It is understood that this authorization is given in advance occurrence of any condition or situation which would necessitate any such medical, surgical or dental care being required; but is given to provide authority to obtain such care if it should be required. I fully understand the consequences of the foregoing statements and sign this AUTHORIZATION TO CONSENT TO MEDICAL AND DENTAL CARE knowingly, freely and willingly.

Signature: _____ Date: _____
 Printed Name: _____

Emergency Contact Information:

Not someone who will be at camp:

Name: _____ Relationship to Family: _____
 Home Address: STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____
 Home Phone: (____) _____ Cell Phone: (____) _____ Work Phone: (____) _____

Medical Insurance Information:

Attach a copy of medical insurance card to this form.

Insurance Company: _____ Insurance Company Phone: (____) _____
 Policy Number: _____ Group Number: _____
 Subscriber Name: _____ Social Security Number: _____ Birthdate: ____ / ____ / ____

PLEASE STAPLE A COPY OF YOUR MEDICAL INSURANCE CARD HERE!

Family Name: _____

Date of Program: _____

Camp Lakeview Program Name: _____

Health History:

Primary Physician Name: _____ Phone Number: _____

Is any family member allergic to:

- Bee Stings Yes No Food (gluten, nuts, etc.) Yes No Dairy Yes No
- Poison Ivy / Oak Yes No Penicillin Yes No Other Yes No

Is any family member subject to:

- Frequent colds Yes No Frequent sore throats Yes No Sinus Trouble Yes No
- Constipation Yes No Kidney Trouble Yes No Bed Wetting Yes No
- Convulsions Yes No Ear Trouble Yes No Sleep Walking Yes No
- Fainting Yes No Upset Stomach Yes No Other Yes No

Has any family member had:

- Abscessed Ears Yes No Chicken Pox Yes No Tuberculosis Yes No
- Bronchitis Yes No Athletes Foot Yes No Rheumatic Fever Yes No
- Hernia (Rupture) Yes No Diabetes Yes No Heart Trouble Yes No
- Asthma or Hay Fever Yes No ADD/ADHD Yes No Eating Disorder Yes No

If you answered yes to any of the above questions, please explain in the space below, including the name of the family member to which it pertains (an additional sheet may be attached for more room):

Has any family member had any operations or serious injuries? Yes No

If yes, please comment:

Are there any restrictions of activity for medical reasons? Yes No

If yes, please comment:

Are there any additional details or information on the camper's health that either the camp staff or an attending doctor should know?

Immunization Record:

Please list each family member's first name and the date of their last tetanus booster. In the space marked "other", please list all common immunizations which the family member has not had.

- Name: _____ Tetanus Booster: ____/____/____ Other: _____
- Name: _____ Tetanus Booster: ____/____/____ Other: _____
- Name: _____ Tetanus Booster: ____/____/____ Other: _____
- Name: _____ Tetanus Booster: ____/____/____ Other: _____
- Name: _____ Tetanus Booster: ____/____/____ Other: _____

Prescribed Medications:

Please list all medications brought to camp:

Family Member	Name of Medication	Dosage	Times Given	Reason for Medication	Prescribing Physician

RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

(Family Camps/Retreats)

I execute this Release, Indemnification and Hold Harmless Agreement (“Agreement”) on my behalf and on behalf of my spouse, children and other family members (my “Family”) who are attending the family camp/retreat (“Camp”) with me at Lakeview Ministries on the dates of _____. I certify that I am at least 18 years of age and the custodial parent and/or legal guardian of my child(ren) and have full legal authority to execute this Agreement on behalf of my Family, my heirs, representatives, successors, executors, administrators and assigns.

I agree, on behalf of each member of my Family in attendance at Camp, my heirs, representatives, successors, executors, administrators and assigns, to FOREVER RELEASE, INDEMNIFY, DEFEND, AND HOLD HARMLESS South Central Lutheran Camp Association of Indiana, Inc., doing business as Lakeview Ministries, and its agents, servants, employees, volunteers, patrons, officers, and directors (collectively, “Lakeview”), from any and all actions, claims, demands, suits, liabilities, assertions of liability, losses, costs, judgments, and expenses, including but not limited to attorney fees, reasonable investigative and discovery costs, and court costs, which in any manner may arise or be alleged to have arisen, or resulted, or alleged to have resulted, from (i) the participation of any member of my Family in Camp, or (ii) the presence, activities, acts or omissions (whether negligent, intentional, or otherwise) of Lakeview. This includes, but is not limited to, all actions, claims, demands, suits, liabilities, assertions of liability, losses, costs, judgments, and expenses on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to the participation in Camp, of any member of my Family, however the injury or damage is caused, including but not limited to, the NEGLIGENCE of Lakeview.

I fully understand and acknowledge that certain elements of Camp may be physically hazardous and that by participation in Camp, the members of my Family face the risk of accidental and/or other injury. There risks include, but are not limited to, (i) loss or damage to personal property, (ii) injury or fatality due to and/or related to walking, running, jumping, swimming, handling athletic equipment, horseback riding, zip lining and/or other physical activity, (iii) head, neck, arm, leg and/or back injuries, (iv) exposure to inclement weather, outdoor terrain and all the risks inherent therein, (v) slips and falls, and (vi) any other aspects related to Camp. I have fully investigated the nature of Camp and assume the risks of my Family’s participation in Camp. I agree that my Family’s participation in Camp is entirely voluntary and that no member of my Family is under any obligation to take part in Camp. I am fully aware that any member of my Family may suffer these or other injuries arising out of participation in Camp. However, I voluntarily assume these risks on behalf of my Family so they may participate in Camp.

I also consent to Lakeview’s use of photographs and/or video images of any member of my Family for official Lakeview promotional purposes, including print, internet, social media, video, and other media. While the image of a member of my Family may be captured, I understand that my Family’s name will not be shared. I further understand and acknowledge that I am entitled to withdraw my consent to the use of photographs and/or video images of any member of my Family, by providing a request in writing along with a photo or photos of the members of my Family to Lakeview.

This Agreement is to be governed by and construed under the laws of the State of Indiana. In the event that any term or provision of this Agreement is found to be unenforceable or void, in whole or in part, the term or provision concerned shall be construed as valid and enforceable to the maximum extent permitted by law, and the balance of this Agreement shall remain in full force and effect. I agree that exclusive venue for any dispute arising between Lakeview and me involving this Agreement shall be in Bartholomew County, Indiana.

Parent or Guardian Signature _____ Date _____

Spouse Signature _____ Date _____

Names of Child(ren) _____

Names of other Family members attending Camp _____

Directions to Camp Lakeview:

From I-65, take the Ogilville exit (#64). Go WEST on Highway 58 for 8 miles. At Waymansville, turn sharp right at the general store onto 930 S. (also called "Lake Rd.") Go 1½ miles on Lake Rd. The camp entrance will be on the right.

