Higher Things and Camp Io-Dis-E-Ca are pleased to announce the third annual Higher Things Confirmation Camp! This year’s camp will be held August 3–6, 2021.

It’s time to give those catechisms some summer attention! With the busyness of summer, many confirmands go months without picking up their catechism, let alone even thinking on the content they learned in confirmation and catechesis class the year before. Before confirmands know it, they’ll be thrust right back into the swing of their confirmation studies in the fall, scrambling to recover and remember what they already went through last year. Higher Things Confirmation Camp is here to give confirmands a refresher and new insight into their Lutheran catechesis life. Over the course of the 4-day camp, Rev. Sam Beltz (St. John Lutheran Church, Oskaloosa, IA) will lead confirmands in their catechism study of Baptism and The Sacrament of the Altar. This will be a week filled with edifying catechesis, distinctively Lutheran worship, and tons of outdoor fun that you won’t want to miss!

At Camp Io-Dis-E-Ca, campers will enjoy numerous outdoor activities along with their worship and learning! Participants will spend time in activities such as archery, canoeing, horseback riding, rock climbing, zipping (zip line), disc golf, swimming, large-group games, campfire and s’mores, and many more! Registration is open to both groups and individuals, meaning confirmands can come with their classmates and a chaperone or register individually and be chaperoned by one of Camp Io-Dis-E-Ca’s camp counselors. This event is open to all youth grades 5th-8th, or ages 10-14.

Registration for each camper is $275. The registration fee includes all meals throughout the duration of camp as well as all activities, classes, and lodging at Camp Io-Dis-E-Ca. You may contact Andrew Folkmann, Director of Programs and Retreats at Camp Io-Dis-E-Ca at (319) 848-4187 or programdirector@iodiseca.org to email you an information packet. The Camper Profile, Health Form, Health Screening Form, and Release of Liability must be completed for each camper. To register a group please follow the registration instructions located on the website as well as the informational packet. Groups and individuals should register online or by mailing the Camp Registration Packet to Camp Io-Dis-E-Ca by July 20th.

Higher Things is a Recognized Service Organization of the LCMS. Its mission is to make the gifts of Christ Jesus known to youth and young adults. Higher Things accomplishes this through conferences, retreats, and various print and online media. For more information about Higher Things, please visit www.higherthings.org or contact Tana McKenna, Retreat Coordinator. Camp Io-Dis-E-Ca is a mission of the Iowa District East of the LCMS. Leveraging a best-in-class outdoor recreational and camping environment, Camp Io-Dis-E-Ca exists to promote and provide Christ-centered education, recreation, and inspiration for individuals and groups of all ages. Camp Io-Dis-E-Ca offers year-round, Christ-centered programs that support the ministries of local congregations, nurture the faith of individuals and families, and motivate people toward congregational involvement and living in their God-given vocations.

Retreat Contacts:
Andrew Folkmann
Director of Programs and Retreats at Camp Io-Dis-E-Ca
(319)-848-4187
programdirector@iodiseca.org

Tana McKenna
Higher Things Retreat Coordinator
(888) 482-6630 ext.4
retreats@higherthings.org
Greetings in Christ,

We’re excited to have your group register for Higher Things Confirmation Camp at Camp Io-Dis-E-Ca. There are two ways you can register:

1) Complete paper registrations for each participant in your group and mail them in.
   a. A deposit of $75 per camper is due upon registration, which can be mailed in or called in via credit card.

2) Submit the Group Hold Information form for Online Registration, email it to Camp Io-Dis-E-Ca, and each camper/chaperone for your group registers online individually.
   a. A deposit of $75 per camper is due upon registration, which can be mailed or called in (credit card), or be paid for by each registrant individually in online registration.
   b. Once your Group Hold Information Form has been received, the Contact Person will receive a GROUP HOLD REGISTRATION ID (GHRID) and distribute it to each camper/chaperone.
   c. Each camper/chaperone completes the online registration process.
   d. During online registration, each camper/chaperone enters the GRHID and that syncs them up as a part of your congregation group and any deposits or payments that have already been submitted by the group.

Upon registering, please head back to the registration page at our website and have each camper/chaperone complete the health form, waiver, and camper profile. Also view our Camp Preparation Guide for general information about your stay at Camp Io-Dis-E-Ca. It is not necessary for chaperones to complete the camper profile. Final balances for all campers/chaperones are due at registration on August 3.
Higher Things Confirmation Camp
Group Hold Information for Online Registration – Please send completed form to office@iodiseca.org.

GROUP/CHURCH INFORMATION (items in bold are required)

GROUP/CHURCH Name _______________________________________________________________

GROUP/CHURCH Address 1 ___________________________________________________________

GROUP/CHURCH Address 2 ___________________________________________________________

GROUP/CHURCH City/St/Zip _________________________________________________________

GROUP/CHURCH Email ___________________________________________________________________

GROUP/CHURCH Phone ___________________________Ext ___________________________

GROUP/CHURCH Phone ___________________________Fax ___________________________

GROUP/CHURCH CONTACT INFORMATION (The primary contact can also be the billing contact, or a second person can be the billing contact.)

Contact Person Name: ___________________________________________________________________

Street _______________________________________________________________________________

City / St / Zip __________________________________________________________________________

Home Phone ___________________________Work Phone ___________________________

Cell Phone ___________________________Fax _________________________________

Email _______________________________________________

GROUP/CHURCH REGISTRATION INFORMATION (GROUP/CHURCH needs to provide for setup of their Group Hold)

Number of Campers in GROUP/CHURCH _______________________________________________

GROUP/CHURCH is paying: ☐ Deposit ☐ Full Balance ☐ Other Amount:_________

Campers from our GROUP/CHURCH are paying ☐ Deposit ☐ Full Balance ☐ Other Amount:_____  

A deposit of $75 per camper is due to formally register, the remaining balance is due the first day of the camp on July 31.

Have GROUP/CHURCH been to Camp Io-Dis-E-Ca before? Y or N

Notes:

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________
Camper Profile
(Please RETURN at least two weeks prior to the camper’s 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

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 ______________

(Revised 1/7/2009)
RELEASE AND WAIVER OF LIABILITY
ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

Camp Io-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 Io-Dis-E-Ca for recreational or other activities, or to participate in any activity conducted or sponsored by Camp Io-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 Io-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 Io-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 Io-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 Io-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 Io-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 Io-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 Io-Dis-E-Ca within the next 12 months.

Dated this _____ day of _____________, 20___.

______________________________  (2nd Parent of Minor Guest, Where Applicable)
Pre-Camp Health Screening

Dear Camp families,

In an effort to minimize illness at camp we ask that you check on the health of your camper daily beginning 14 days prior to camp. The best camp sessions start with healthy campers and this begins at home. Please bring this completed form to camp on opening day.

Please indicate if your camper has any of the following symptoms prior to camp and record a temperature daily. **If any temperature or symptoms are present, please have your camper evaluated by a licensed provider and contact camp for further guidance.**

Symptoms (symp):

- Cough
- Shortness of breath or difficulty breathing
- Fever
- Chills
- Muscle Pain
- Sore throat
- New loss of taste or smell
- Nausea
- Vomiting
- Diarrhea

Please initial

1. My child has not been around anyone with any of the listed symptoms or diagnosis of COVID19 in the 14 days before the start of camp. Initial _______

2. No one in our household has been sick in the 14 days prior to camp. Initial _______

Start date of temperature/symptom screening: _______

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Our signature indicates that we completed this health screening daily for 14 days prior to camp and to the best of our ability. **We understand that arriving to camp healthy is vital to a healthy camp for all campers.**

Parent Signature: ___________________________________________ Date: __________