

LUTHERAN HIGH SCHOOL ASSOCIATION OF GREATER MILWAUKEE  
2022 BAND CAMP

The purpose of Band Camp is for students to grow musically and spiritually in a Christian setting. Lutheran instructors make up the staff. Students participate in daily group rehearsals, sectionals, and music appreciation and music theory classes. Optional free time activities include swimming, boating, volleyball, soccer, horseback riding, horseshoes, waterslides, campfires, and fellowship. Some activities require a small additional charge. Please visit our web site at [www.lutheranbandcamp.org](http://www.lutheranbandcamp.org).

MAIL TO: Band Camp  
Martin Luther High School  
5201 S 76<sup>th</sup> Street  
Greendale, WI 53129

FOR OFFICE USE ONLY	
Date Rec'd _____	
Deposit _____	
Balance Due _____	

ENCLOSE: Registration fee of \$60.00  
(Payable to Lutheran High School Association of Greater Milwaukee or LHSAGM)

Camp Name BAND CAMP Camp Dates 7/24/22 – 7/30/22

Camper Name \_\_\_\_\_ Instrument \_\_\_\_\_ Years Played \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Birth date   /  /   Age \_\_\_\_\_ Grade (21-22 school year) \_\_\_\_\_ School \_\_\_\_\_

Sex \_\_\_\_\_ Church Membership \_\_\_\_\_ Home Phone \_\_\_\_\_

Parent E-mail Address \_\_\_\_\_ Parent Cell Phone(s) \_\_\_\_\_

*Note: E-mail will be the primary method of communication as camp approaches, unless you indicate otherwise.*

Roommate Requests (max of 3) \_\_\_\_\_

*Note: When selecting roommates both parties must include each other on their request in order to be considered a valid request. No requests are guaranteed; they are based on available space in the cabins and the ages of the campers.*

Dietary Restrictions \_\_\_\_\_

Full Amount	\$479.00
Earlybird Discount before April 14 (-\$40)	\$ _____
Second/Third Sibling Discount (-\$30)	\$ _____
Canteen* (\$25 recommended)	\$ _____
Waterpark/Amusement Park** (+\$40) <i>All-Camp Activity</i>	\$ _____
Optional Horseback Ride 45 min.*** (+\$30)	\$ _____
<b>Total Due</b>	<b>\$ _____</b>
<b>Amount Enclosed (\$60 non-refundable)</b>	<b>\$ _____</b>
<b><u>All final fees, including Canteen, Waterpark, and Horseback Ride, are due July 1.</u></b>	

**\*Canteen**

*Twice each day campers have an opportunity to buy snacks (candy, chips, soda, Gatorade, ice cream, etc.) at the Canteen. Canteen money is collected with registration or at check-in and is deposited into their Canteen Account. We recommend \$25. Pay along with registration (include with your check), or pay at check-in using **CASH ONLY**.*

**\*\*Waterpark/Amusement Park**

*This is an all-camp activity. On Wednesday afternoon, we bus to Chula Vista waterpark in Wisconsin Dells for the afternoon. We enjoy the waterpark, mini-golf, and a picnic supper. We return to Camp LuWiSoMo in the evening. All campers participate unless arrangements have been made with the band camp directors.*

**\*\*\*Horseback Ride**

*This activity is optional.*

If your application is accepted, the \$60.00 registration fee is not refundable. There will be no refunds if you cancel less than two weeks before camp. Your registration fee will be credited toward camp. To receive earlybird discount, the deposit is due anytime before April 14; the fee after April 14 is \$479.00. All balances must be paid in full by July 1, 2022. **Payment will not be accepted at check-in** except for CASH additions to Canteen.

We, the parent(s) or guardian of \_\_\_\_\_ hereby authorize and give our consent to the personnel of Camp LuWiSoMo and the doctors and nurses at the Wild Rose Clinic and Hospital (or nearby hospitals), to act on our behalf in case of a medical emergency involving our child.

- I give my full permission for my child to attend Camp LuWiSoMo and to participate in all activities unless otherwise specified.
- I hereby grant permission for hospitalization and medical treatment for my child, if needed.
- I agree to abide by Camp LuWiSoMo's and Band Camp's COVID Safety Protocol, which may include providing proof of vaccination and/or negative Covid test. I understand that this is a changing situation, and the most updated version of these protocol will be sent close to the start of camp.
- I agree that my child's picture may be used to promote Camp LuWiSoMo and Lutheran Band Camp, unless otherwise specified.
- I understand that I am able to communicate with my camper **via postal mail only**.  
(We do not have an email option available this year.)
- I understand that cell phones and other electronic devices are not allowed at Band Camp.
- I understand that my camper is able to communicate with me via postal mail only, and will not be allowed to call or email me during the week.

**Why do we not allow campers to call/email home?**

In our experience, the best medicine for homesickness is to stay focused on the fun activities and new friends at camp. We frequently see well-intentioned, loving parents who wish to talk to their camper each day, and this nearly always *increases* — not *decreases* — homesickness. We encourage you to send letters to your camper, but we do not allow campers to call or email home. Your camper may communicate with you through postal mail only.

In the case of a serious or medical issue, one of the Band Camp staff will call the number(s) you list on your registration form.

- I understand ***Camp LuWiSoMo's Dress & Behavior Policy*** below:

Camp LuWiSoMo is a family-friendly Christian community. To maintain this environment, we expect that your language, dress, and behavior are appropriate for this community. At no time should campers wear clothing that shows their undergarments. Avoid short or tight shirts, short shorts, and clothes that reference drugs, alcohol, or have inappropriate innuendos. Girls are asked to wear one-piece bathing suits at camp.

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

# CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: American Camp Association,  
American Academy of Pediatrics Council on School Health, &  
Association of Camp Nurses

Dates will attend camp: from \_\_\_\_\_ to \_\_\_\_\_  
Month/Day/Year Month/Day/Year

Camper Name: \_\_\_\_\_  
First Middle Last

Gender: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_  
Month/Day/Year

Camper Home Address: \_\_\_\_\_  
Street Address City State Zip Code

Parent/guardian with legal custody to be contacted in case of illness or injury:

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Home: \_\_\_\_\_  
Email: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(If different from above) Street Address City State Zip Code

Second parent/guardian or other emergency contact:

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Home: \_\_\_\_\_

Additional contact in event parent(s)/guardian(s) can not be reached:

Name(s): \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Home: \_\_\_\_\_

**Allergies:** This camper is allergic to: \_\_\_\_\_  
*(Please describe below what the camper is allergic to and the reaction seen.)*

**Diet, Nutrition:** \_\_\_\_\_  
*(Please describe below.)*

**Restrictions:** \_\_\_\_\_  
*(Please describe below.)*

## **Medical Insurance Information:**

This camper is covered by family medical/hospital insurance: \_\_\_\_\_

**Include a copy of your insurance card if appropriate; copy both sides of the card so information is readable.**

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Subscriber \_\_\_\_\_ Insurance Company Phone Number \_\_\_\_\_

## **Parent/Guardian Authorization for Health Care:**

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Signature of Custodial Parent/Guardian \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

*If for religious or other reasons you cannot sign this, contact the camp for a legal waiver which must be signed for attendance.*

# CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

Camper Name: \_\_\_\_\_  
 First Middle Last  
 Birth Date: \_\_\_\_\_  
 Month/Day/Year

**Immunization History:** Provide the month and year for each immunization. Starred ( ) immunizations must be current. Copies of immunization forms from health-care providers or state or local government are acceptable; please attach to this form.

Immunization	Dose Month/Year	Most Recent Dose Month/Year
Diphtheria, tetanus, pertussis (DTaP) or (TdaP)		
Tetanus booster (dT) or (TdaP)		
Mumps, measles, rubella (MMR)		
Polio (IPV)		
Haemophilus influenzae type B (HIB)		
Pneumococcal (PCV)		
Hepatitis B		
Hepatitis A		
Varicella (chicken pox)	Had chicken pox Date: _____	
Meningococcal meningitis (MCV4)		

Tuberculosis (TB) test	Date: _____	Result: _____
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**If your camper has not been fully immunized, please sign the following statement:** I understand and accept the risks to my child from not being fully immunized.

Signature of Custodial Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

### Medication:

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. ***Please review camp instructions about required packaging/containers. Many states require original pharmacy containers with labels which show the camper's name and how the medication should be given. Provide enough of each medication to last the entire time the camper will be at camp.***

Name of medication	Date started	Reason for taking it	When it is given	Amount or dose given	How it is given

The following non-prescription medications may be stocked in the camp Health Center and are used on an as needed basis to manage illness and injury. **List those the camper should not be given:**

# CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

Camper Name: \_\_\_\_\_  
First Middle Last

Birth Date: \_\_\_\_\_  
Month/Day/Year

**General Health History: Check "Yes" or "No" for each statement. Explain "Yes" answers below.**

Has/does the camper:

- |  |  |
|--|--|
| 1. Ever been hospitalized? .....                   | 11. Had fainting or dizziness? .....                         |
| 2. Ever had surgery? .....                         | 12. Passed out/had chest pain during exercise? .....         |
| 3. Have recurrent/chronic illnesses? .....         | 13. Had mononucleosis ("mono") during the past 12 months?... |
| 4. Had a recent infectious disease? .....          | 14. If female, have problems with periods/menstruation?..... |
| 5. Had a recent injury? .....                      | 15. Have problems with falling asleep/sleepwalking? .....    |
| 6. Had asthma/wheezing/shortness of breath?.....   | 16. Ever had back/joint problems?.....                       |
| 7. Have diabetes? .....                            | 17. Have a history of bedwetting?.....                       |
| 8. Had seizures? .....                             | 18. Have problems with diarrhea/constipation?.....           |
| 9. Had headaches? .....                            | 19. Have any skin problems?.....                             |
| 10. Wear glasses, contacts, or protective eyewear? | 20. Traveled outside the country in the past 9 months?.....  |

**Please explain "Yes" answers in the space below** noting the number of the questions. For travel outside the country, please name countries visited and dates of travel.

**Mental, Emotional, and Social Health: Check "Yes" or "No" for each statement.**

Has the camper:

1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)? .....
2. Ever been treated for emotional or behavioral difficulties or an eating disorder?.....
3. During the past 12 months, seen a professional to address mental/emotional health concerns?.....
4. Had a significant life event that continues to affect the camper's life?.....  
(History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others)

**Please explain "Yes" answers in the space below,** noting the number of the questions. The camp may contact you for additional information.

**Health-Care Providers:**

Name of camper's primary doctor(s): \_\_\_\_\_ Phone: \_\_\_\_\_  
Name of dentist(s): \_\_\_\_\_ Phone: \_\_\_\_\_  
Name of orthodontist(s): \_\_\_\_\_ Phone: \_\_\_\_\_

**What Have We Forgotten to Ask?** Please provide in the space below any additional information about the camper's health that you think important or that may affect the camper's ability to fully participate in the camp program. **Attach additional information if needed.**

**Parents/Guardians: STOP here. The rest of this is form is completed when the camper arrives at camp. Keep a copy for your records.**



# Camp LuWiSoMo Horseback Riding Waiver

The undersigned rider (or parent or guardian of the rider if the rider is a minor) acknowledges and accepts that horseback riding and activities related thereto, involve the risk of personal injury, and hereby waive all rights, if any, claims, causes of action and lawsuits against Camp LuWiSoMo and its employees for any injury, liability, or damages which may occur while the rider is participating in activities at the stables or riding any horse, whether leased or owned by Camp LuWiSoMo, or by any other person, or for any injury or damages which may occur while participating in any activity related to horseback riding. I agree to indemnify, defend and hold harmless Camp LuWiSoMo, or any person or entity whose land a horseback ride crosses, for any accident, injury, or loss that might occur, and free such persons from all liability for such injury or loss. I understand that horseback riding always involves danger and the participant rides at their own risk.

I understand that horseback riding involves being in remote areas for extended periods of time, away from communications, transportation, and medical facilities; that these areas have many natural and man-made hazards which horseback riders cannot anticipate, identify, modify, or eliminate; that horses can be excitable, difficult to control, and unpredictable; and that accidents can happen to anyone at any time

I agree to take full responsibility for the participant and the animal participant is riding. I am aware that wearing a certified safety helmet is a good preventive measure against head injury, and further understand that helmets are required for all riders. (If you do not have the required helmet Camp LuWiSoMo will provide one for you)

I agree to allow and be financially responsible for any necessary emergency medical treatment by any available physician at any available medical institution in the event of the participant's injury or illness.

I understand the Wisconsin Law Provisions [Wisconsin Statute 895.525 (3) & (4)] pertaining to this activity: A participant in a recreational activity engaged in on premises owned or leased by a person who offers facilities to the general public for participation in recreational activities accepts the risk inherent in the recreational activity of which the ordinary prudent person is or should be aware and is responsible to do all of the following: (1) Act within the limits of his or her ability; (2) Heed all warnings regarding participation in the recreational activity; (3) Maintain control of his or her person and the equipment, devices, or animals the person is using while participating in the recreational activity; (4) Refrain from acting in any manner that may cause or contribute to injury to himself or herself or to other persons while participating in the recreational activity. A violation of this law constitutes negligence.

I understand the Wisconsin Law Provisions that a person who is engaged for compensation in the rental of equines or equine equipment or tack or in the instruction of a person in the riding or driving of an equine or in being a passenger upon an equine is not liable for the injury or death of a person involved in equine activities resulting from the inherent risks of equine activities, as defined in [Wisconsin Statute 895.481 (1) (e)].

I understand the Camp LuWiSoMo rules for trail rides and participation at the stables: (1) Riders must be 8 years of age or older (no exceptions); (2) All riders must wear a helmet; (3) Riders must be wearing suitable attire such as long pants, shirts, and shoes that are closed toed and closed healed; (4) No running, screaming, or riding double; (5) Riders must remain with the group at all times; (6) When riding riders are not to hold your horse back, or trot your horse to catch up. Anyone not following these rules will be unable to ride or continue on their trail ride.

My signature below constitutes acceptance of the above terms and conditions. I have read and fully understand this liability release.

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Rider Name (Print)

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Signature of Rider (Guardian / Parent if Rider is a Minor)

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Date

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Printed Name of  Parent or  Guardian