



# Campership Application

Summer camp scholarships, or “camperships”, are intended to subsidize the cost of camp for children **requiring** financial assistance to make summer camp a reality. Please also ask your local congregation for any help they may be able to give as many congregations help to pay summer camp fees.

1) Already Enrolled (signed up but no deposit) or Registered (signed up with a deposit)?

YES ☐ NO ☐ If no, please submit this application with a registration form.

2) If the request exceeds \$100, please include non-family reference. This may be someone from your congregation or community.

3) Please explain the specific situation and reason for the financial aid below the request amount.

4) The maximum request is \$300.

Name of Camper \_\_\_\_\_ Phone \_\_\_\_\_

Name of Parent(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male ☐ Female ☐ HS Grad Year \_\_\_\_\_

Home Congregation \_\_\_\_\_ City \_\_\_\_\_

Reference (if request greater than \$100 name, email, phone):

\_\_\_\_\_

Amount of Request \$ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please return to:

Camp Io-Dis-E-Ca  
3271 Sandy Beach Rd. NE  
Solon, IA 52333-9333

or email to: [office@iodiseca.org](mailto:office@iodiseca.org)

**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)

## 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 lo-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 lo-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 lo-Dis-E-Ca to transport, hospitalize, secure proper treatment, order injection, and/or anesthesia, and/or surgery.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

