



Lutheran Outdoor Ministries

502 Beltrami Ave NW #3
PO Box 1187
Bernidji, MN 56619
218-751-4208
Fax 218-751-1453
pathways@pathwaysbiblecamps.com

Camp Emmaus
218-564-4766

Lake of the Woods
Bible Camp
218-634-2200

Camp Minne-Wa-Kan
218-335-6159

Pathways is an
Outdoor Ministry of the
Evangelical Lutheran
Church of America.

Dear Mission Meets Adventure in South Dakota Camper,

We are so excited that you will be joining us this summer for one of our high adventure programs! Our goal is to give you an experience you will never forget!

As you begin to get ready for your trip with us, please read the important information included in this packet. Enclosed you will find the following:

| | |
|----------|-----------------------------------|
| Page 2 | Pathways Health Form |
| Page 3 | Pathways Waiver |
| Page 4-5 | Important Camp Information w/maps |
| Page 6 | What-to-Bring List |

Pages 2 and 3 need to be completed and brought to camp when you register. Pages 4-6 are for your information so you are better prepared for the time you will spend with us!

If you have any questions regarding your program please contact me, Korey Breutzmann, High Adventure Director, by phone or e-mail. Thank you for signing up to join us this summer, we look forward to spending some time with you in God's amazing creation! See you this summer!

Peace!

Korey Breutzmann
Pathways High Adventure Director
218-760-4212
218-564-4766 (Summer)
korey@pathwaysbiblecamps.com

Printed from www.pathwaysbiblecamps.com/forms.asp.

PATHWAYS, INC. YOUTH HEALTH HISTORY

Please bring this form with you to first day of camp. Do not mail.

Health information on this form is held confidential unless there is a medical emergency.

Name _____ Camp/Attending/Program _____
 Address _____ Week Attending _____
 City _____ State _____ Zip Code _____
 Birthdate _____ Age _____ Sex _____
 Church _____ City _____ Pastor _____
 Parent/Guardian (if under 18) _____ Home Phone _____ Work Phone _____
 Address (if different than above) _____
 Emergency Contact (name and relationship) _____
 Home Phone _____ Work Phone _____

INSURANCE COMPANY _____ POLICY NUMBER _____
 FULL NAME OF POLICY HOLDER _____
 IF YOU DO NOT HAVE INSURANCE, LIST YOUR SS# _____
 FAMILY DOCTOR _____ CLINIC/CITY _____
 PHONE NUMBER _____

HEALTH HISTORY

(If participant has had in the past, please give approximate date(s), If participant **HAS NOW**, please mark with a "N")

| | | |
|----------------------------|--|----------------------|
| _____ ADD/ ADHD | _____ Asthma (We require you have your inhaler readily available.) | |
| _____ Anorexia/Bulimia | _____ Appendicitis | _____ Arthritis |
| _____ Constipation | _____ Convulsions | _____ Depression |
| _____ Diabetes | _____ Diarrhea | _____ Bed Wetting |
| _____ Ear Infections | _____ Fainting Spells | _____ Headaches |
| _____ Hepatitis | _____ Nervousness | _____ Pregnant |
| _____ Ulcers | _____ Sleep Walking | _____ Homesickness |
| _____ Sinus Trouble | _____ Measles | _____ German Measles |
| _____ Mumps | _____ Tonsillitis | _____ Chicken Pox |
| _____ Bronchitis | _____ Bleeding Disorders | _____ Hypertension |
| _____ Heart Defect/Disease | _____ Seizures (Please describe.) | _____ Cramps |
| _____ Mononucleosis | _____ Rheumatic Fever | Other: _____ |

ALLERGIES

_____ Hay Fever _____ Insect Stings
 _____ Poison Ivy _____ Penicillin
 _____ Food Products _____ Other Drugs
 Other: _____

IMMUNIZATIONS

(give approximate dates)

_____ DPT Permanent Shots _____ Tuberculin
 _____ Polio Immunization _____ MMR
 _____ Tetanus Booster Other: _____

Other illness or needs that may affect participation _____

Surgeries or serious illnesses & dates _____

Dietary restrictions _____

Any restricted activities by physician _____

Swimming ability: _____ Non-Swimmer _____ Beginner (avoids deep water) _____ Intermediate

(Note: If swimming should be restricted, please note under "restricted activities" above.)

Other suggestions that may help make the participant's week more comfortable and enjoyable (fears, etc.) _____

FEMALE:

Has this person menstruated?
 _____ YES _____ NO
 If not, has it been discussed?
 _____ YES _____ NO
 If so, is her menstrual history normal?
 _____ YES _____ NO

MEDICATIONS

Does this person take medications on a regular basis? _____

If yes, please list **ALL** medications (prescription and non-prescription) taken routinely:

May acetaminophen/ibuprofen be administered if needed? _____ YES _____ NO

People with the following medical conditions should consult a physician prior to attending the program.

1. If you have a **history of heart problems or high blood pressure**, you are at risk if you physically participate in this program. Due to the types of physical demands inherent to the activities, you may be jeopardizing your health and well being if you choose to fully participate.
2. If you are **pregnant**, you and your unborn child are at risk if you participate physically in this program. Unintentional impacts to your abdomen can occur during many of the activities that involve physical contact.
3. If you are **recovering from broken bones, dislocated joints, sprains, strains, back or neck injuries**, you are risking re-injury if you participate physically in this program.
4. If you have **an enlarged organ, are a transplant recipient, or have Downs Syndrome**, you are risking injury to the weakened areas of your body.

(PLEASE SEE REVERSE SIDE)

Pathways, Inc.
Assumption of Risk, Medical Authorization, and Publicity Consent Form

By signing this release form I agree to release and hold harmless Pathways Inc., its agents, employees, facilitators, and others, (hereby referred to as "Pathways, Inc.") for any damage or injuries, physical or mental, which I might incur as a result of my voluntary decision to participate in all facets of a Pathways, Inc. program, which may or may not include the Challenge Course program.

If I do voluntarily choose to participate in the program, I recognize that there is a significant element of risk in any adventure, sport, or activity associated with the outdoors. Knowing the inherent risks, dangers, and rigors involved in the activities, I certify that I am fully capable of participating in the activities. I understand that Pathways, Inc. has the right to deny participation if there are any safety concerns.

I assume full responsibility for myself for bodily injury, sickness, disease, death, loss, or damage, and expenses thereof, as a result of my negligence, or other risks, including but not limited to those caused by the Challenge Course, the terrain, the weather, my athletic and physical condition, and other participants.

By signing this release form, I agree that if I do sustain any physical injury or mental damage of any nature as result of my voluntary decision to participate in the Pathways, Inc. program, I voluntarily agree to hold harmless and release the above named parties from any liability therefore and that this release is binding on my heirs and assigns. I agree to accept financial responsibility for any medical expenses and/or loss of income not covered by my insurance policy. In the event of an emergency, I authorize the Pathways, Inc. staff to seek emergency medical treatment.

By signing below I authorize Pathways, Inc. to use any photos or video taken during the visit to Pathways, Inc. in publicity materials for Pathways, Inc.

I acknowledge that I have been given the opportunity to ask questions regarding any aspect of this release form and by signing in the space provided below I do acknowledge that I have read completely and fully understand all aspects of this release form and agree to its terms in its entirety.

| | |
|---|-----------------|
| _____ | _____ |
| Print Participant Name | Date of Program |
| _____ | _____ |
| Participant Signature | Date |
| _____ | _____ |
| Signature of parent or guardian (if under 18) | Date |
| _____ | _____ |
| Print name of parent or guardian | Telephone |
| _____ | |
| Address of participant | |

(PLEASE SEE REVERSE SIDE)

South Dakota Mission Trip!



Welcome to the South Dakota Mission Trip. This week will be full of excellent opportunities for you to both serve and play while we travel to the Black Hills of South Dakota. Take a look at this page to see what you need to bring and find out other fun things!

REGISTRATION & DEPARTURE TIMES

Registration for our fantastic week of mysterious fun will begin on Sunday July, 18th at **2pm**. Registration will be held at Camp Emmaus and look for the South Dakota Trip sign as you pull into camp!



Our closing time together will take place at the Camp Emmaus Outdoor Chapel on Friday July, 23rd at **12pm**. All parents are welcome to join us for our final time together before our group goes back their separate ways. A free lunch will follow the worship and the campers are free to leave at this time. Staff will be present to direct you to any of the places in camp when you get here.



HEALTH FORMS & MEDICATIONS

Please fill out the health form in its entirety and **bring with you** to camp during registration. To attend camp, each camp participant must have a completed health form on file! All medications must be turned in at registration to our health aide for disbursement throughout the week. Campers are not allowed to have medications in their cabins for the safety of the cabin group.

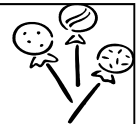


PHONE USAGE

Campers do not have access to telephones during their mystery trip. As a result, there is **no need for campers to bring phone cards or cell phones** to call home during their week. Any phone calls home will be made in consultation with the High Adventure Director. Likewise, phone calls for campers will be answered by the High Adventure Director. If you need to get a hold of your camper during this trip, please contact the High Adventure Director at the phone number listed on the cover sheet.

CAMP STORE

Camp Emmaus is proud to provide a camp store on our site that sells Pathways clothing and other memorabilia. The camp store will be open on Sunday during registration as well as on Friday when the campers leave. Make sure to stop by to buy any Pathways gear you might want for the trip or after.



OFFERING

All programs (except Half Pint and Elementary Mini Programs) participate in a special offering taken during one of the worships held during the week to go towards camper scholarships and another worthy cause, as explained to the campers weekly. Pathways invites you to bring a special monetary gift for this offering. Campers will have a chance on Thursday to learn about our offering designations, and give towards it.

(SEE REVERSE SIDE)

INJURY, SICKNESS, INSURANCE & HOMESICKNESS!

In case of serious injury or illness leading to a visit to a doctor or emergency room, parents or guardians will be contacted. Parents or guardians of campers with persistent illnesses will also be notified. Pathways does not provide "primary" insurance coverage protection for injuries or illness. Pathways does provide "excess" coverage which means charges must be submitted to personal insurance first. Church Mutual, Pathways' insurance company, will cover excess charges up to \$3000.00



HOMESICKNESS: It is Pathways policy to attempt to help campers work through their homesickness while remaining at camp, recognizing that homesickness is a normal aspect of a child's development into an autonomous individual. When homesickness is suspected, our staff will recognize the situation, discuss each case with other staff members, and try to help that camper overcome this malady. Staff will seek to make that camper feel wanted, loved and accepted as part of their cabin group and camp community. Counselors will comfort campers who experience these distressing feelings, and will do their best to help them establish new friendships and remain involved in the program. Phone calls to home usually exacerbate a child's homesickness, so our general policy is not to have campers call parents until all other methods are exhausted. Because homesickness can be the strongest during the first day away from family, and is often alleviated

after these initial hours, our policy is not to make the phone available during the first 24 hours of camp. **Our recommendation to parents and guardians is to do everything they can to keep their children at camp for the duration of the program, making allowances only in severe cases.** A refund is not given to campers who go home early due to homesickness.

LOST OR STOLEN ARTICLES

These articles are not the responsibility of Pathways. Please check all belongings before leaving camp. Postage to return items will be the responsibility of the owner. We will hold any items left behind for the duration of the summer. If not claimed, they will be donated to Goodwill in September.

MAIL

Campers love to hear from friends and family during their week at camp. If desired, please send mail directly to the camp at the following addresses (Please put the camper name on the outside of the letter or package as well). Make sure to include a return address!:

Camper Name
Camp Emmaus
PO Box 316
Menahga, MN 56464

Camper Name
Lake of the Woods Bible Camp
1752 26th Ave. NW
Baudette, MN 56623



HOW DO I GET TO CAMP?

CAMP EMMAUS

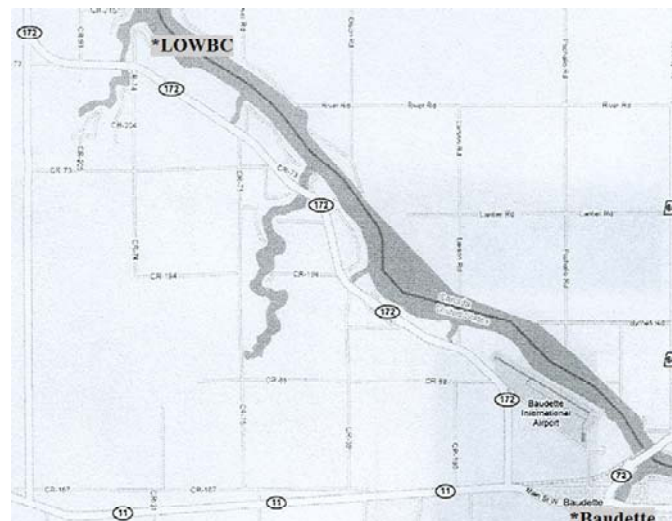
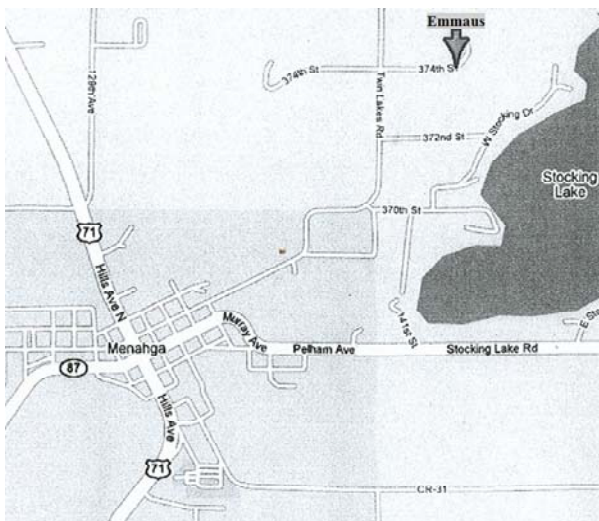
218-564-4766

- Enter Menahga on US Hwy. 71.
- Turn east on Twin Lakes Road/Cty. Rd. 21.
(By the Menahga Drug Store.)
- Drive 1.5 miles until you see the

LAKE OF THE WOODS BIBLE CAMP

218-634-2200

- Go west out of Baudette on Hwy. 11.
- Turn north on Hwy. 172.
- Drive 7 miles and turn right at the Bayview Resort and



WHAT SHOULD I BRING TO CAMP?

For a more enjoyable time at camp, please make sure you bring the following items. Bring appropriate amounts based on the number of days you will be with us! Check this list at least twice while packing!



CLOTHING & JACKET

Be sure to pack all types of clothing as the weather is unpredictable! jacket & sweatshirt is a MUST! Please bring some older clothes for the service part of our mystery trip.

SHOES & SANDALS

Bring shoes for working and playing in and also a pair of sandals if you so wish.

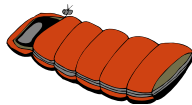


SWIM SUIT & TOWEL

Bring a towel & suit. (If you bring a stringy two-piece suit, you will be required to wear a t-shirt over it while participating in any water activities)

Van Fun

We will be traveling to South Dakota by van and the trip is not short. Feel free to bring anything to keep you occupied in the van. Pathways will not be responsible for lost items and all electronics will not be allowed to be used outside of the van.



SLEEPING BAG & PILLOW

Don't forget these for a restful night of sleep!

TOOTHBRUSH & TOILETRIES

Soap, shampoo, deodorant, toothpaste, are all toiletries you'll need to bring & use while on the trip!



BUG SPRAY & SUNSCREEN

Who knows where we will end up and these might be nice to have with.

BIBLE & NOTE PAD

Bring your Bible and be ready to dig into it! A notebook is helpful for journaling or writing home.

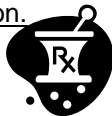


ODDS & ENDS

If you'd like, feel free to bring: a flashlight, a camera, petty cash and offering money to make your mystery trip more enjoyable.

HEALTH FORM & MEDICATIONS

A completed health form and all medications must be turned into the health aide during registration.



WHAT SHOULD I LEAVE AT HOME?

Please leave all radios, cellular phones, food and drink at home. Any of these items brought to camp will be stored by the camp staff & returned upon departure at the end of the camp program. It is easiest not to bring these things to begin with, so leave them at home!

Alcohol & tobacco in any form and other drugs are not allowed on camp premises or property. Campers in possession of these items will be dealt with by staff and other authorities and will be subject to be sent home immediately!