

# Lander Lutheran Camp

## 2019 VOLUNTEER APPLICATION FORM

WHEN: Sunday, August 4 – Thursday, August 8, 2019.

Check-in begins at 3:00 pm Sunday.

Camp closes at 10:00 am Thursday.

WHERE: Fremont County Youth Camp in the mountains above Sinks Canyon, Lander Wyoming

**Please fill out *completely* and return the Volunteer Application Form. All other forms in this packet (Release, Medical Form, and Pastor's Signature Form) are all due at registration. All volunteers will be required to attend orientation via Zoom video conference. You will be contacted with the date and time of orientation.**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Congregation's Name: \_\_\_\_\_

E-mail \_\_\_\_\_ T-Shirt Size: S \_\_\_ M \_\_\_ L \_\_\_ XL \_\_\_ XXL \_\_\_

I wish to be involved at Lander Lutheran Camp as a:  Counselor  Cook  Jr Counselor  Administrator

I agree to a criminal background check: Yes  No

Have you ever been accused or convicted of a sexual or other abuse crime: Yes  No

If you answered "Yes" to the previous question, please explain the circumstances on the line below:

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I understand that I will help supervise children under the age of 18. I have read and understand my duties as outlined in the attached copy from the Wyoming District - Lutheran Church Missouri Synod Policies and Strategies revised 2015.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_

Send Registration to:

Lander Youth Camp Registration  
Wyoming District - LCMS  
2400 Hickory St.  
Casper, WY 82501

# **RESPONSIBILITIES FOR LANDER CAMP COUNSELORS**

The camp counselors at Lander Youth Camp shall be recruited by either the camp director or dean, with the approval of the Outdoor Ministries Facilitator.

The Counselors shall:

1. Be at least 21 years of age
2. Be responsible for 8-10 campers in a cabin
3. Be responsible for the cleanliness and safety of the assigned cabin
4. Participate in the camp schedule for the duration of the camp to the best of his/her abilities
5. Support the camp director, dean, and other counselors in their roles
6. Assist the camp dean at his request with Bible studies and devotions
7. Help lead activities, always with the safety of the campers in mind
8. Obey and enforce all camp rules
9. Be a mentor for junior counselors (Junior counselors must be at least 18 years of age)
10. Be a positive role model for the youth

The above is taken from page 116 of Wyoming District Guidelines, Policies and Strategies as of 2018.

Junior counselors shall:

1. Be at least 18 years of age
2. NOT be solely responsible for 8-10 campers in a cabin, but help in the supervision of assigned campers
3. NOT be solely responsible the cleanliness and safety of the assigned cabin, but help the assigned counselor.
4. Participate in the camp schedule for the duration of the camp to the best of his/her abilities
5. Support the camp director, dean, and other counselors in their roles
6. Help lead activities, always with the safety of the campers in mind
7. Obey and enforce all camp rules
8. Be a positive role model for the youth

The above for Junior counselors are guidelines that have been used historically by those who have served as Facilitators for Youth and Outdoor Ministries. They are open to further revision.

**LANDER LUTHERAN CAMP**  
**Pastor's Signature Form**

This form is *required* for all campers and volunteers who are not themselves a pastor. The pastor's signature on this page indicates that the named camper or volunteer will contribute to camp in a positive way. This step is vitally important for maintaining a positive environment in which the children of our district can interact, learn, worship, and get to know fellow Lutherans.

Full Name of Camper/Volunteer: \_\_\_\_\_

Name and City of Congregation: \_\_\_\_\_

Name of Pastor: \_\_\_\_\_

Signature of Pastor: \_\_\_\_\_

**LANDER LUTHERAN CAMP**  
**Release, Indemnification, and Hold Harmless Agreement**

I consent to my child's participation in Lander Lutheran Camp ("Camp"), and I execute this Release, Indemnification, and Hold Harmless Agreement ("Agreement") on my child's behalf. I certify that I am at least 18 years of age and the custodial parent and/or legal guardian of my child and have full legal authority to execute this Agreement on behalf of my child, myself, my heirs, representatives, successors, executors, administrators, and assigns.

I agree, on behalf of my child, myself, my heirs, representatives, successors, executors, administrators, and assigns to FOREVER RELEASE, INDEMNIFY, DEFEND, AND HOLD HARMLESS the Wyoming District of the Lutheran Church – Missouri Synod (hereafter referred to as "the Wyoming District") and its agents, servants, employees, volunteers, patrons, officers, and directors (collectively, "Lander"), 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) my child's participation in Camp, or (ii) the presence, activities, acts or omissions (whether negligent, intentional, or otherwise) of Lander. 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 my child's participation in Camp, however the injury or damage is caused, including but not limited to, the NEGLIGENCE of Lander.

I fully understand and acknowledge that certain elements of Camp may be physically hazardous and that by my child's participation in Camp, he/she faces 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, 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 child's participation in Camp. I agree that my child's participation in Camp is entirely voluntary and that my child is under no obligation to take part in Camp. I am fully aware that my child may suffer these or other injuries arising out of participation in Camp. However, I allow my child voluntarily to assume these risks and participate in Camp.

I also consent to the Wyoming District's use of photographs and/or video images of my child for official promotional purposes, including print, internet, social media, video, and other media. While my child's image may be captured, I understand that my child's name will not be shared. All materials shall be the property of the Wyoming District. In addition, I release all claims against the Wyoming District and its affiliated organizations with respect to copyright ownership, publication, damages or liability, and any compensation related to the use of these materials.

This Agreement is to be governed by and construed under the laws of the State of Wyoming. 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 the Wyoming District and me involving this Agreement shall be in Natrona County, Wyoming.

Camper/Volunteer's Printed Name \_\_\_\_\_

Parent/Guardian/Volunteer's Signature \_\_\_\_\_ Date \_\_\_\_\_

# LANDER LUTHERAN CAMP

## Medical Form

*This form must be completed and submitted to final admission of the camper into Camp. Failure to properly complete and submit this form will result in the non-acceptance of the child/youth into the camp program. The Wyoming District of the Lutheran Church – Missouri Synod shall not be held primarily responsible for medical expenses incurred by the camper through accident or illness before, during, or after enrollment in Camp. Therefore, it is extremely important that complete insurance information be provided.*

Please staple a copy of your medical insurance card here

Camper Name:

**Camper Information:**

Camper Name: \_\_\_\_\_

Camper Home Address: \_\_\_\_\_  
 \_\_\_\_\_

Camper Home Phone: (\_\_\_\_) \_\_\_\_\_ Camper County of Residence: \_\_\_\_\_

Camper Birthdate: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

**Emergency Contact Information:**

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

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Home Address: \_\_\_\_\_  
 \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

*Second Parent/Guardian or other Emergency Contact:*

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Home Address: \_\_\_\_\_  
 \_\_\_\_\_

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: \_\_\_\_\_

**Immunization Record:**

Has your child received vaccinations required by the state of Wyoming for school including: diphtheria, tetanus, pertussis, measles, mumps, rubella, hepatitis B, polio, and varicella (grades 7-12)? Yes No

Date of last tetanus booster: \_\_\_\_\_

**Medications:**

Medication Name	Instructions

Please bring medications taken routinely with current instructions. You will give these medications to the Camp Nurse during check-in on the first day of Camp. Bring enough to last the entire time at Camp. You MUST keep medication in the original packaging/bottle that identifies the prescribing physician (if prescription), name of medicine, dosage, & frequency or it will not be accepted. All medications must be given to the Camp Nurse.

**Health History:**

Name of Primary Physician: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_  
 Name of Dentist: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Is the camper allergic to:	Is the camper subject to:	Has camper had or currently have:
Bee Stings/Insects Bites..... Yes No	Frequent Colds..... Yes No	Bronchitis..... Yes No
Poison Ivy / Oak..... Yes No	Frequent Sore Throats..... Yes No	Chicken Pox..... Yes No
Penicillin..... Yes No	Ear Trouble..... Yes No	Rheumatic Fever..... Yes No
Any Other Medications..... Yes No	Hay Fever / Seasonal	Tuberculosis..... Yes No
Food (gluten, nuts, etc.)..... Yes No	Allergies ..... Yes No	Eating Disorder..... Yes No
Dairy..... Yes No	Sinus Trouble..... Yes No	Hernia ..... Yes No
Other..... Yes No	Frequent Bloody Noses... Yes No	Athletes Foot ..... Yes No
<b>Does camper have:</b>	Constipation..... Yes No	
Asthma:..... Yes No	Upset Stomach..... Yes No	
Allergy Induced..... Yes No	Kidney Trouble..... Yes No	
Exercise Induced..... Yes No	Bed Wetting..... Yes No	
(Must carry rescue inhaler)... Yes No	Heart Trouble..... Yes No	
Diabetes..... Yes No	Fainting..... Yes No	
ADD / ADHD..... Yes No	Convulsions..... Yes No	
	Dizziness..... Yes No	
	Sleep Walking ..... Yes No	
	Other ..... Yes No	

If you answered yes to any of the above questions, please explain in the space below (an additional sheet may be attached if needed):

Has the camper had any operations or serious injuries? Yes No  
 If yes, please explain:

Are there any restrictions of activity for medical reasons? Yes No  
 If yes, please explain:

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

**Authorization for Medical/Dental Care (for campers under 18 years of age):**

I, the undersigned parent and/or natural guardian of \_\_\_\_\_, a minor, do hereby authorize the Lander Lutheran Camp Nurse (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 minor child; (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 minor child; (4) to employ physicians, surgeons, dentists, nurses and other health care personnel as may be deemed necessary for such minor child; (5) to admit such minor child 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.

This health history is correct and accurately reflects the health status of the camper to which it pertains. The camper described has permission to participate in all camp activities except as noted by me on this form. I understand that the information on this form will be shared on a “need-to-know” basis with camp staff. I give permission to photocopy this form.

Finally, I understand that the Wyoming District of the Lutheran Church – Missouri Synod only carries supplemental accident/sickness insurance to cover medical expenses not covered by the above-named minor’s health insurance plan.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

# **LANDER LUTHERAN CAMP**

## **Camper Information Page**

### **THINGS TO BRING**

Backpack  
 Bible  
 Hymnal (*If you do not own a hymnal, please ask your congregation to purchase or loan you one for camp. If you are unable to obtain a hymnal on your own, please contact Pr. Rockhill at james.L.rockhill@gmail.com*)  
 Luther's Small Catechism  
 Notebook, pencils & pens  
 Sleeping bag or bedding  
 Pillow  
 Warm clothing (it gets chilly)  
 Sturdy shoes or boots for hiking  
 Sandals  
 Extra shoes and socks  
 Toiletries: toothbrush/paste, soap, shampoo  
 Towel & Washcloth  
 Bug spray, sunscreen & chapstick  
 Rain gear and/or jacket  
 Swimwear (*see below*)  
 Flashlight with new batteries  
 Camera  
 A durable water bottle (i.e. Nalgene) or a camelback

### **THINGS NOT TO BRING**

Electronic devices (other than for taking pictures):  
     Radios, MP3 players, Video Games  
 Weapons of any kind (including knives)  
 Fireworks

### **A SAMPLE DAY AT LANDER LUTHERAN CAMP**

7:00am - 8:00am	Shower – Clean cabins
7:30am - 8:00am	Morning staff devotions & meeting
8:00am	Breakfast
8:30am	Cleanup: cabins, grounds, dining area, and bathrooms
9:00am	Matins
9:30am	Morning Bible Study
11:00am	Recreation games
11:45am	Clean up for Lunch
12:00pm	Lunch
1:00pm	Cabin Time: Rest – must stay in your cabin
1:30pm	Afternoon Bible Study
2:30pm - 4:30pm	Group activity (See below)
4:30pm	Clean up for Supper
5:00pm	Supper
5:30pm	Clean up after Supper
6:00pm - 7:00pm	Skit Practice with your cabin for Wednesday night show
7:00pm-8:30pm	Vespers
9:00pm	Shower/Get ready for bed
9:30pm	Cabin time
10:00pm	Lights out

### **SWIMMING AT THE RESERVOIR**

At the discretion of the camp director, campers may be given the opportunity to go swimming at a local reservoir and/or participate in water fights at camp. Campers should bring swimwear that is modest: girls, one piece bathing suits or two piece suits that cover the midriff; boys, swimming trunks and shirts. The point is to not lead someone into temptation by the way we dress. Bikinis, skin-tight Speedo trunks, or any swimwear that does not properly cover the body is not allowed. At the discretion of the camp director or one of the pastors present, campers may be asked to wear a t-shirt over swimwear or not participate if appropriate swimwear cannot be obtained. Sr. Campers (high school) may be given the opportunity to go canoeing on one of the local reservoirs supervised by several counselors.

### **Hiking at Lander Lutheran Camp**

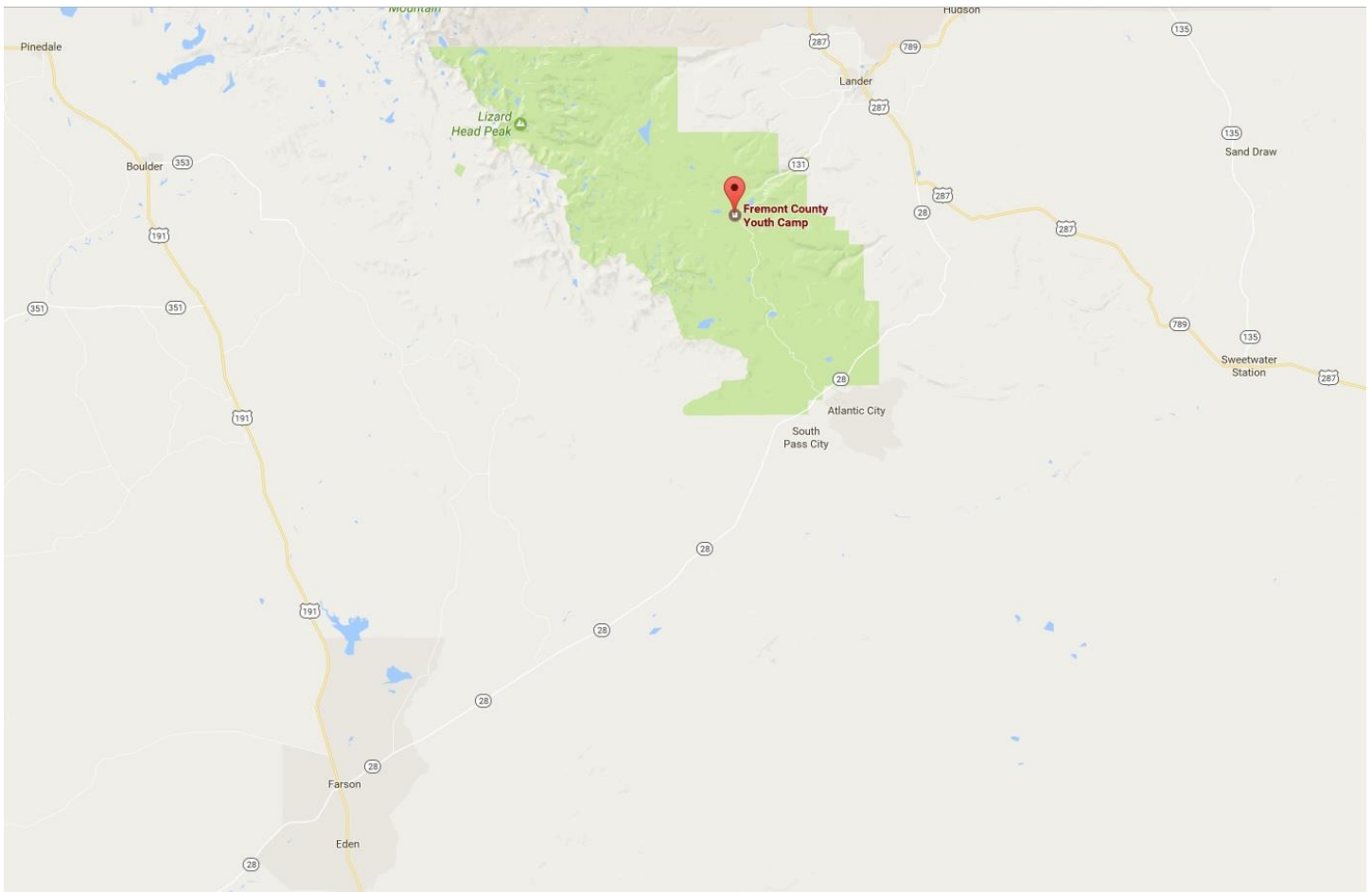
At the discretion of the camp director, campers may be given the opportunity to go hiking in the mountains surrounding the Lander Camp. Sr. Campers may be given the opportunity to go an all day hike led by several counselors. Campers should bring sturdy hiking boots/shoes, a water bottle/camelback, backpack, sunscreen, and a hat.

## **DIRECTIONS TO CAMP**

Fremont County Youth Camp

42°41'45.0"N 108°53'51.7"W

42.695821, -108.897694



**Coming from Lander:**

To get to the camp, simply take Hwy 131 South past Sinks Canyon and up the mountain toward Worthen Meadows Reservoir. Watch for the Fremont County Youth Camp signs.

**Coming from Farson:**

Head northeast out of Farson on State Highway 28 (towards Lander) and travel approximately 45 miles until you reach the Louis Lake Road turnoff (it will be on the left side of the road). Turn left onto Louis Lake road (very rough gravel road) and stay on this road for approximately 17 miles (you will drive past Louis Lake). Eventually, you will reach an intersection of dirt roads and a sign indicating you should take a left to get to the Fremont County Youth Camp. You will see the entrance to the camp shortly after taking the left hand turn.