

# Camp Lu-Jo KISMIF 2018

## INFORMATION & CAMPER APPLICATION



### REGISTRATION & COST:

Send TOTAL camp cost of \$160 with the Camper Application and Medical Information Forms to: **Camp Lu-Jo KISMIF, PO Box 2232, Lawton, OK 73502**. Application will not be complete unless BOTH forms are completed and mailed in. **DO NOT** send these Parent Information Sheets with the Camp Application.

Camp cost includes camper canteen and a camp session t-shirt. If a camper attends more than one camp session, a different Camp Application must be filled out for EACH camper for EACH camp session.

Final camp registration will be Sunday afternoon for each camp session from 2:30 P.M. to 5:00 P.M. **Sunday Camp Registration does NOT start until 2:30 P.M.!** All sessions have a maximum of 260 staff and campers. *Space is limited! An early pre-registration is important!*

- All campers will undergo head lice screening. ●
- Any camper found with head lice or nits will NOT be permitted to stay. ●

### DAY CAMP:

Day Camp for Grades 1 – 4 is offered June **11-13**. Those interested should mail in the Camp Application and Medical Information Form by Wednesday, **May 30**, for a guaranteed t-shirt. The total cost for the three days of Day Camp is \$25. Day Camp begins at 9:00 a.m. and ends at 1:30 p.m. Day campers need to bring their own lunch; a drink is provided for them.

### PICK-UP TIME:

Campers should be picked up on Saturday of each camp session **beginning at 8:30 A.M. and NO LATER than 10:00 A.M.** Camp staff is dismissed after 10:00 A.M. on Saturday after the dorms and grounds are cleaned. It is important that all campers are picked up from camp **BY 10:00 A.M.** on Saturday of **EACH** camp session.

### EVENING WORSHIP SERVICES:

Evening worship services are conducted each camp session Sunday through Friday. Guests are welcome to attend these worship services. Please check with the camp director for actual scheduled time.

### WHAT TO BRING:

- Bible
- Clothes for a week.
  1. Minimal allowed length requires camping shorts or dresses to approximate the top of the knee when the camper is standing. **NO EXCEPTIONS!**
  2. Clothes appropriate for sports during the day.
  3. Clothes appropriate for worship during the evening.
- Toiletries: toothpaste, soap, comb/brush, towels, sunscreen, etc.
- Bedding, laundry bag, flashlight, insect repellent, sweater/jacket for cold nights, cap/hat.
- Close-toed shoes are **REQUIRED** for sports participation.
- Items for KISMIF Kapers (a nightly opportunity for skits & talent).
- Any Prescription Medications: Must be in **ORIGINAL PRESCRIPTION CONTAINERS** before it can be distributed to your camper.

### WHAT NOT TO BRING:

- Tank tops, low cut blouses, short shorts, sleeveless shirts, etc.
- Clothing with inappropriate printing or messages
- Radios, CD players, iPods, laptops, electronic games, electronic tablets, etc.
- Lighters, matches, tobacco products, etc.
- Fireworks, weapons, pocket knives, firearms, etc.
- Camper cell phone use may be forbidden by some Camp Directors' Policies.

**Parent / Guardian Information – Do Not Mail This Sheet with Camper Application Sheets 1 & 2**

## **GROWING IN FAVOR WITH GOD:**

Camp Lu-Jo KISMIF is a Christian Camp and exists for the purpose of providing wholesome activity for young people in a Christian environment and is supported by interested individuals. The Board of Directors dedicated Camp Lu-Jo KISMIF to the training of young people – spiritually, mentally, socially, and physically – in the example of Luke 2:52, “*And Jesus grew in wisdom and stature, and favor with God and men.*” Camp Lu-Jo KISMIF strives to attract young people who desire an environment of Bible teaching, proper dress, and Christian behavior. The camp was founded to serve the purpose of cultivating spirituality, decency, and Christian character.

## **BRIEF CAMP HISTORY:**

Lucille (Jones) Aubrey made the camp grounds available in 1960. Her liberal gift was accepted by the original Board of Directors composed of Lawrence Giles, Harold McRay, Bill Reed, Clyde Sloan, and Robert Sprague in March 1961. The first camp session was held in June 1962. Camp Lu-Jo KISMIF celebrates 57 summers of Christian camping in 2018. The youth camp is operated by Camp Lu-Jo KISMIF, Inc. This non-profit corporation is governed by a board of directors made up of Christian men and women.

**Lu-Jo** comes from the name: **Lucille Jones**

**KISMIF** represents the camp motto: **Keep It Spiritual, Make It Fun**

## **MAIL ALL CAMP APPLICATIONS TO:**

**Camp Lu-Jo KISMIF  
PO Box 2232  
Lawton, OK 73502**

## **During Camp, Send Mail for Campers to:**

[Camper's Name]  
c/o Camp Lu-Jo KISMIF  
178498 N 2520 Rd  
Faxon, OK 73540

**Note:** Do **NOT** send a camp application to the Faxon Address. Applications sent to the Faxon address may **not** be received in time for the camp session of choice.

**Note:** Make sure to mail letter/package early in the week to insure your camper receives it before they leave camp.

To reach Camp Lu-Jo during camp sessions, call: **580-353-8370**

## **FOR USE OF CAMP FACILITIES, CONTACT:**

Julie Foster, 580-606-3877, CampFacilities@lujo.org

## **FOR OTHER CAMP INFORMATION, CONTACT:**

Nathan Gatewood, Board President  
580-399-8332, BoardPresident@lujo.org

## **CAMP LOCATION:**

Camp Lu-Jo is located in northern Cotton County, about sixteen miles southwest of Lawton, Oklahoma. From Lawton, the camp may be reached as follows:

1. Go **South** on **I-44** (H.E. Bailey Turnpike)
2. Take **Exit 30** (Faxon/Chattanooga) and then turn **WEST** toward Faxon and Chattanooga on **Highway 36** for about **5 miles** (until just before Highway 36 begins to curve southwest).
3. Go **SOUTH** on a blacktop/gravel road (**Hurst Road**) for **4 miles**
4. Go **EAST** on a gravel road (**Logue Chapel Road**) for **1 mile**
5. Go **SOUTH** on a gravel road (**2520 Rd / 82<sup>nd</sup> St**) for **1.5 miles**
6. Camp Lu-Jo will be on your left!

**\*\*Please drive slowly on gravel roads\*\***

***Parent / Guardian Information – Do Not Mail This Sheet with Camper Application Sheets 1 & 2***

**2018 Summer Session Schedule:****Camp Lu-Jo KISMIF Camper Application**

<u>Session</u>	<u>Grade in Fall 2018</u>	<u>Session</u>	<u>Dates</u>	<u>Fees</u>
<input type="checkbox"/> 1	G.S. - Age 25	Build Week - Joshua Sabedra	<b>May 30 – June 2</b>	\$100.00
<input type="checkbox"/> 2	9th - G. S.	Jump Week - Robert P. Gregg	<b>June 3 – 9</b>	\$160.00
<input type="checkbox"/> 3	4th - 12th	Reunion Week – Jason Hosch	<b>June 10 – 16</b>	\$160.00
<input type="checkbox"/> Day Camp	1st - 4th	Day Camp – Jason Hosch	<b>June 11 – 13</b>	\$25.00
<input type="checkbox"/> 4	4th - 6th	Super Week - Bill Mayes	<b>June 17 – 23</b>	\$160.00
<input type="checkbox"/> 5	7th - G.S.	Strive Week – Austin Hughes	<b>June 24 – 30</b>	\$160.00
<input type="checkbox"/> 6	7th - G.S.	Connect Week - Mathis / Rogers	<b>July 1 – 7</b>	\$160.00

Please check desired session.

G.S. = Graduated Seniors

One application per person, per session.

**PLEASE PRINT CLEARLY AND FILL IN ALL INFORMATION**

Mail Camp Application and Medical Statement Form with payment to:

**Camp Lu-Jo KISMIF, PO Box 2232, Lawton, OK 73502**Visit [WWW.LUJO.ORG](http://WWW.LUJO.ORG) or see *Parent Information Sheet* for more information on directions, what to bring, where to mail letters/packages to campers while at camp, camp phone number, etc.

- All campers undergo head lice screening. Any camper found with head lice or nits will NOT be permitted to stay. •

 Counselor/Staff Child**CAMPER INFORMATION:**

Date of Birth \_\_\_\_\_

Camper Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ (as of 09/01/2018) Sex M F

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

Home Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

E-mail address \_\_\_\_\_ Alternate e-mail \_\_\_\_\_

Home church or church attending camp with \_\_\_\_\_

Parents marital status \_\_\_\_\_ Camper lives with \_\_\_\_\_

Please circle camper tee-shirt size: **YOUTH:** S M L **ADULT:** S M L XL XXL XXXL**EMERGENCY CONTACT INFORMATION:**

Name \_\_\_\_\_ Relation to camper \_\_\_\_\_

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

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Authorized to pick up camper? \_\_\_\_ Yes \_\_\_\_ No

**PAYMENT INFORMATION:** **Check**  **Credit Card:** *A \$10 charge will be applied*  Visa  Master Card  Discover

Cardholder Name \_\_\_\_\_

Address on Card \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Card Number \_\_\_\_\_ Expiration \_\_\_\_\_ 3 Digit code \_\_\_\_\_

Amount enclosed \$ \_\_\_\_\_ Date Received \_\_\_\_\_ Check # \_\_\_\_\_ Balance Due \_\_\_\_\_

**CAMPER AGREEMENT:**

Agreeing to abide by ALL the rules of the camp as outlined in the 2018 Camper Application and to do my best at all times to be a true Lu-Jo KISMIF camper, I hereby apply to attend Camp Lu-Jo KISMIF during the camp session indicated above.

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

**PLEASE FILL OUT THE MEDICAL FORM ON THE SECOND PAGE. APPLICATION CAN NOT BE PROCESSED WITHOUT THE MEDICAL FORM AND CAMPER APPLICATION COMPLETED.****Page 1 of 2 to be Mailed to: Camp Lu-Jo KISMIF, PO Box 2232, Lawton, OK 73502**

## MEDICAL STATEMENT FORM

**This Form Must Be Filled Out and Signed Before the Application Is Complete.**

**If camper has been ill, they must go 24 hours without fever/fever medicine or have a Dr.'s release to attend.**

- **All campers undergo head lice screening. Any camper found with head lice or nits will NOT be permitted to stay.** •

Camper's Name \_\_\_\_\_ Age \_\_\_\_\_

List current life or health issues (i.e. sleep walking, nighttime incontinence, etc.) \_\_\_\_\_

### **MEDICATION PRESCRIBED BY PHYSICIAN: {Use Additional Paper if Needed}**

Please administer the following medications to my child while at Camp Lu-Jo KISMIF. I understand that ALL PRESCRIPTION MEDICATIONS must be in **ORIGINAL PRESCRIPTION CONTAINERS** before it can be distributed to my child.

Name of Medication	Strength (dosage)	Frequency Taken	Reason for Taking

### **OVER-THE-COUNTER MEDICATION: {Use Additional Paper if Needed}**

Please list all the medication that your child will take during camp, routinely, or on an 'as needed' basis.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Please indicate if the camp medic can administer (as needed) over-the-counter medicines for common conditions such as:

- \_\_\_\_\_ Headache/pain (Tylenol/Motrin/Aleve/etc.)
- \_\_\_\_\_ Insect bites/skin rashes (Benadryl/Hydrocortisone/Calamine Lotion/etc.)
- \_\_\_\_\_ Small cuts/abrasions/nosebleeds (Triple Antibiotic Cream/Neosporin/Afrin nasal spray/etc.)
- \_\_\_\_\_ Stomach problems i.e. nausea/vomiting/diarrhea/constipation (Emetrol/Pepto-Bismol/Immodium/Miralax/etc.)
- \_\_\_\_\_ Seasonal allergies (Benadryl/Zyrtec/Claritin/etc.)

Please list any **life changes** (moving, death, divorce, etc.) that might affect your child's emotional well-being at camp:

### **IN THE EVENT OF AN EMERGENCY: (Please Fill This Information Out Again)**

Name of Parent/Person to notify \_\_\_\_\_

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

Phone (all hours) \_\_\_\_\_ Date of most recent tetanus shot \_\_\_\_\_

### **INSURANCE INFORMATION:**

Name of insured person \_\_\_\_\_ Insurance Company \_\_\_\_\_

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

Claim telephone \_\_\_\_\_ Policy/S.S. Number \_\_\_\_\_

Group Name or Number \_\_\_\_\_

**PARENT/GUARDIAN AGREEMENT:** As the parent or guardian of the above listed camper, this registration has my approval. It is agreed that camp fees will be paid in advance and will not be refunded if a camper leaves for any reason other than sickness. When granted, a refund will be one-half of the unused amount. It is understood that there will be no discrimination for service to any camper because of race, color, or national origin. However, the Camp Director may reject an application because of the past conduct of the camper or may dismiss a camper for violation of camp rules. While the camp takes reasonable precautions, it is agreed that the camp assumes no responsibility for the camper's personal property and is released from liability in connection with medical care or service except in the cases covered by the camp's camper insurance. In case of emergency, I give permission for the camper named on this registration form to receive emergency medical treatment at a hospital, clinic, or other health care provider. I understand that compensation will not be received for the use of any pictures, video, or other media containing the above listed camper in camp promotional material and release the camp from all liability concerning the use of such promotional material.

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