



WHAT TO BRING:

- Bible
- Sleeping bag or sheets and blanket
- Pillow
- Casual clothes
- Snow gear for outside activities (weather permitting)
- Toothbrush, shampoo, and other personal toiletries
- Plastic bag for wet or dirty clothes
- Mission offering and money for snacks
- Camera (optional)
- Flashlight (optional)

DO NOT BRING THE FOLLOWING:

- Cell phones (grandparents can keep their phones with them to use as their camera)
- Tablets
- Any electronic device for games/music
- Valuable clothes or jewelry

If any of these items are brought to camp, they will be kept by the director and returned to the camper at the end of the week.

LOST & FOUND

As a way to target the problem of lost belongings, we are encouraging campers to **LABEL** all belongings.

If your camper does leave something at camp, call (641) 628-2160 to claim items. Items found will be held for only 2 weeks after the retreat.

MEDICATION (Minor campers only)

All medications, prescriptions, and non-prescription drugs must be turned in to the camp nurse or camp staff at registration. All medications must be clearly labeled with camper's name, medication name, dosage, frequency, and times to be taken. Medications will be distributed under supervision of the camp nurse or camp director as instructed by a parent/guardian or physician. Prescription medicine must be in pharmacy container.

REFUNDS

Refunds are given if requested at least **7** days before the first day of your camp. If you cancel less than 7 days before your scheduled camp, refunds are given only for medical reasons or a family emergency. All refunds are subject to a \$25.00 administrative fee. Fees may be transferred to an unregistered camper as a replacement if proper registration forms are completed and approved by the camp director.

CAMP INFORMATION

Grandparent/Grandchild Retreat

September 23 - 24, 2023
at Lake View Camp

Camp Starts: Saturday, September 23 at 10:00 am

Camp Ends: Sunday, September 24 at 2:00 pm

For: Grandparents of all ages with grandkids in K - 6th Grade

Registration: Please have the grandparent(s) fill out the adult form and the parent/guardian of the grandchild fill out the child form (a separate form is required for each grandchild). Or register online through our website lakeviewconference.com.

Cost: The cost is \$70 / person. Scholarships are available upon request.

The forms and payment can be mailed to:

Lake View Camp
PO Box 836
Pella, IA 50219.

SPOTS ARE LIMITED!

Send in your form today to reserve your spot!

Housing: We will use the new Impact Lodge for this retreat. Grandparents will stay with their grandchildren in a private room. Each room has 3 sets of bunk beds or 2 sets of bunk beds and a queen bed, as well as a private shower, sink, and toilet.

Activities: The retreat will include crafts, games, worship, Bible study, and other outdoor camp activities (weather permitting)! Come spend a memorable weekend with your grandkids at Lake View!

Questions: Call the camp office at (641) 628-2160!

CANTEEN

Money can be turned in at registration or kept by the grandparent for the camper to purchase snacks throughout the weekend of camp. Additional Lake View t-shirts, hoodies, sunglasses, bracelets, and other items are also available for purchase. The remaining money will be given back to the camper on the last day of camp. Refunds under \$1.00 won't be made and will be given to the mission fund.



HOW TO GET THERE

Lake View Camp: 1797 Hwy T17, Tracy

From Hwy 163: Take the Pella exit #42 and turn south. Follow T17 (you will make a right hand turn to stay on T17). Cross over Hwy 92 and Old Hwy 92. The camp will be on the west side of T17 right after Pierce Dr. Look for signs.

From Hwy 92: Turn south on T17. Cross over Old Hwy 92. The camp will be on the west side of T17 right after Pierce Dr. Look for signs.

TELEPHONE CALLS

In case of an emergency, please call (641) 780-3031. If we are in the middle of an activity or worship, we may not answer but leave a message and someone will return your call as soon as possible.





Grandparent/Grandchild Retreat - September 23-24, 2023

GRANDPARENT FORM

Grandparent #1 Name: _____ Male Female

Grandparent #2 Name (if applicable): _____ Male Female

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Home Cell Work Alternate Phone: _____ Home Cell Work

Email: _____ Yes! Add me to LVC's quarterly email mailing list!

Emergency Contact: _____ Emergency Contact Phone: _____

Church: _____ City: _____

Grandchild or Grandchildren's names attending the retreat with you: _____

HEALTH INFORMATION:

Yes No

1. _____ Overall in good health and able to participate in all activities.

2. _____ Significant illnesses or injuries (i.e. asthma, diabetes, heart problems, etc.). Please explain: _____

3. _____ Allergies (i.e. medications, bee stings, food, other). Please list: _____

4. _____ Medication (list and include dosage, frequency and times). _____

5. _____ The camp has my permission to administer medications and general first aid as needed.

6. _____ Date of last tetanus immunization: _____

WAIVER/RELEASE:

I acknowledge that the Lake View Camp "Retreat" is voluntary and that I am voluntarily participating. I hereby release Lake View Camp, its officers, directors, agents, staff and volunteers and all other parties from any and all liability whatsoever, including claims, demands, or causes of action of every nature which arise out of or are in any way connected with the "Retreat" event. The undersigned agrees that the above-mentioned parties shall be held harmless in the event of an accident causing damages or loss of property or injury to the undersigned. I recognize that there are risks involved in participating in these activities and hereby assume all risk of injury, harm, damage, or death in connection with participating in the "Retreat." I also give my permission for the use of photographs and videos including myself to be used in camp publicity and social media.

Lake View provides accident insurance for every participant, effective upon arrival and ending upon departure. Lake View insurance begins where yours leaves off. Illnesses or sickness are not covered. Any outside charges incurred relating to sickness or illness by the participant will be applied to their insurance.

I hereby agree to the above statements and certify that all the above information is correct.

Participant Signature: _____ Date: _____

Participant #2 Signature: _____ Date: _____
(if applicable)

PAYMENT: The cost for the Grandparent/Grandchild retreat is \$70 / person.

Mail completed form and payment to:

Lake View Camp
P.O. Box 836
Pella, IA 50219



Grandparent/Grandchild Retreat - September 23-24, 2023

GRANDCHILD FORM

(please fill out a separate form for each grandchild)

Grandchild Name: _____ Preferred Name: _____

Age: _____ Birthday: _____ Grade (current): _____ Gender: Male Female

Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian 1: _____ Relationship to Camper: _____

Phone: _____ Home Cell Work Camper lives with this parent? YES NO

Parent/Guardian 2: _____ Relationship to Camper: _____

Phone: _____ Home Cell Work Camper lives with this parent? YES NO

Email: _____ Yes! Add me to LVC's quarterly email mailing list!

Church: _____ City: _____

Grandparent Name(s) attending the retreat with grandchild: _____

HEALTH INFORMATION:

- | | Yes | No | |
|----|------|------|---|
| 1. | ____ | ____ | Overall in good health and able to participate in all activities. |
| 2. | ____ | ____ | Significant illnesses or injuries (i.e. asthma, diabetes, heart problems, etc.). Please explain: _____
_____ |
| 3. | ____ | ____ | Allergies (i.e. medications, bee stings, food, other). Please list: _____
_____ |
| 4. | ____ | ____ | Medication (list and include dosage, frequency and times). _____
_____ |
| 5. | ____ | ____ | The camp has my permission to administer medications and general first aid to my child as needed. |
| 6. | ____ | ____ | Date of last tetanus immunization: _____ |

WAIVER/RELEASE:

I acknowledge that the Lake View Camp "Retreat" is voluntary and that my child is voluntarily participating. I hereby release Lake View Camp, its officers, directors, agents, staff and volunteers and all other parties from any and all liability whatsoever, including claims, demands, or causes of action of every nature which arise out of or are in any way connected with the "Retreat" event. The undersigned agrees that the above-mentioned parties shall be held harmless in the event of an accident causing damages or loss of property or injury the minor child listed above. I recognize that there are risks involved in participating in these activities and hereby assume all risk of injury, harm, damage, or death in connection with my child participating in the "Retreat." I also give my permission for the use of photographs and videos including myself or my child to be used in camp publicity and social media.

Lake View provides accident insurance for every participant, effective upon arrival and ending upon departure. Lake View insurance begins where yours leaves off. Illnesses or sickness are not covered. Any outside charges incurred relating to sickness or illness by the participant will be applied to the parent/guardian insurance.

I hereby agree to the above statements and certify that all the above information is correct.

Parent/Guardian Signature: _____ Date: _____

PAYMENT: The cost for the Grandparent/Grandchild retreat is \$70 / person. Mail completed form and payment to:

Lake View Camp
P.O. Box 836
Pella, IA 50219