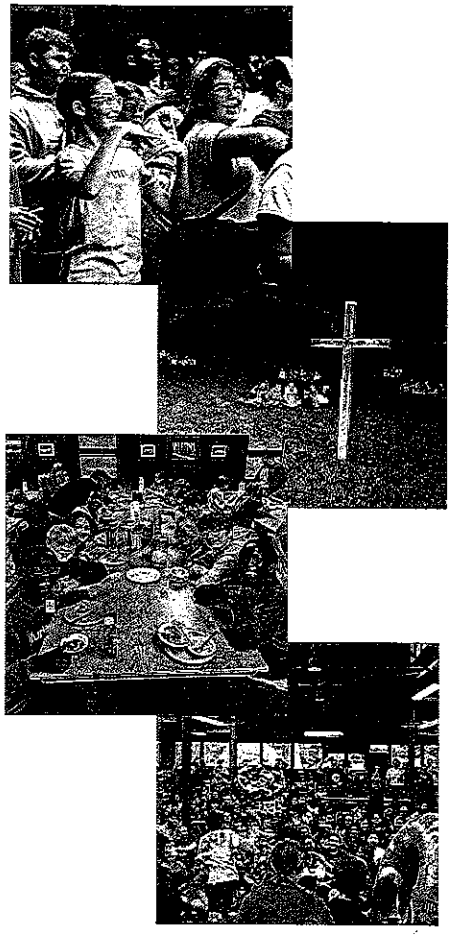
Alive

Lutheran Community for Middle Schoolers



FRIENDS + GAMES + WORSHIP
FAITH CONVERSATION + CAMPFIRE

'Rhythm'

God has a desired rhythm for our world.
We also have a rhythm to our lives.
Are you in step with God's rhythm?
How might our baptismal promises help us live into God's rhythm?

Camp Nawakwa + September 25-27, 2026

Grace Camp Hill will be submitting registration on behalf of all youth participants. Please complete the youth registration packet and submit to Ethan Lentz by September 4th 2026. Registration packets may be submitted via email at ethan.lentz@gracecamphill.org or in the Youth Director's Mailbox.

Lutheran Community for Middle Schoolers

Camp Nawakwa + September 25-27, 2026

Registration Collection Form for Participants

NAME

EMAIL

CELL PHONE #

GENDER

SHIRT SIZE

The fee for Alive 2026 is $75.00 per participant. Payment can be submitted to the Grace Camp Hill office via check. Please make out payments to Grace Lutheran Church Camp Hill and in the memo line indicate the youth(s) name and the event name "Alive".

Participant's Name _____ **Birth Date** _____

Lower Susquehanna Synod Medical Information Form for Minors

This form is to be filled out and signed by a parent or legal guardian for all youth under 18 years of age, when attending a synod-sponsored event. It authorizes their participation and will be used in case of a medical emergency.

Basic Information:

Parent/Legal Guardian Name: _____

Best phone # to call in case of emergency: _____ Secondary Phone #: _____

Secondary Contact Name : _____

Child's Age: _____ Grade: _____ Gender: _____ Preferred Pronouns (optional): _____

Parent or Legal Guardian:

Your signature below gives your child permission to attend the event and authorizes the event director or their representatives to secure proper diagnosis and treatment for an emergency illness or injury from a local hospital and/or physician.

Signature of parent/legal guardian _____ Date _____

Allergies: ☐ No Known Allergies ☐Food ☐Medicines ☐Environment (stings, hay, etc) ☐Other

Please describe what the participant is allergic to, and the reaction seen:

Diet/Nutrition Allergies: ☐Lactose Intolerant ☐Gluten Intolerant ☐ Special Diet (vegetarian, etc)

Please describe below any diet/nutritional needs/specifics:

Date of participant's most recent tetanus shot _____

Mental, Emotional, and Social Health: Check Yes or No for each statement.

Has the participant:

1. Been treated for Attention Defecit Disorder (ADD)? ☐Yes ☐No
2. Been treated for Attention Defecit/Hyoeractivity Disorder (ADHD)? ☐Yes ☐No
3. Been treated for emotional or behavioral difficulties? ☐Yes ☐No
4. Been treated for an eating disorder? ☐Yes ☐No
5. During the past year, been treated by a professional for mental health concerns? ☐Yes ☐No
6. Had a significant life event that continues to affect their daily life? ☐Yes ☐No
   (history of abuse, death of a loved one, family change or adoption, survied a disaster, etc)

Please explain any 'yes' answers in the space below, noting the question number.

Participant's Name _____ **Birth Date** _____

Is your child taking any medications? ☐Yes ☐No

We recommend working with your congregation's youth advisor, pastor, or adult accompanying your child to the event, to help distribute medications at the appropriate time to your child. Any medications should contain the child's name on the label and/or be stored in a plastic bag with the child's name on the exterior. Please list the medications below in case of an emergency.

Name of Medication	When it is given?	Amount or dose given?	How it is given?

General Health History: Check 'yes' or 'no' for your child, for each statement

Ever been hospitalized? ☐Yes ☐No

Ever had surgery? ☐Yes ☐No

Had recurring/chronic illness? ☐Yes ☐No

Had a recent infectious disease? ☐Yes ☐No

Had a recent injury? ☐Yes ☐No

Had seizures? ☐Yes ☐No

Have diabetes? ☐Yes ☐No

Had headaches, fainting or dizziness? ☐Yes ☐No

Had asthma/wheezing/short of breath? ☐Yes ☐No

Passed out/had chest pain during exercise? ☐Yes ☐No

Have problems falling asleep/sleepwalking? ☐Yes ☐No

Ever had back or joint problems? ☐Yes ☐No

Have problems with diarrhea/constipation? ☐Yes ☐No

Have any skin problems? ☐Yes ☐No

Please explain 'yes' answers below

Medical Insurance Information

Insurance Company: _____

ID# _____ Group # _____ HMO Plan ☐Yes ☐No

Name of Subscriber _____ Relationship _____

Place of Employment _____

Employer's Address _____

NOTE: In the event of an emergency illness or injury requiring medical attention, the parents' insurance will provide the primary coverage.

SYNOD EVENT COVENANT-YOUTH

This synod event is an intentional Christian community. In such a community, it is important that the behavior reflect the faith we share in Christ Jesus. This covenant is a promise that you make with the community to live within the standards established by the community.

- **I AGREE to be supportive.** I agree to support others and treat them in a way consistent with the teachings of our Lord Jesus Christ. (I will not make fun of others, or make them feel inferior by my words or actions. I will strive to compliment the positive I see in others actions and behavior)
- **I AGREE to participate.** I agree to attend and participate in all community activities, including small and large group sessions and meetings. I further agree to encourage my peers and other youth and adults to do so as well. (I will not skip events to hang with friends or because I don't think it's important)
- **I AGREE to stay on sight.** I agree to remain on the property or site of the event for the entire event. In case of an emergency, and after advising my advisors and event staff of my whereabouts, I may go with permission.
- **I AGREE to lights out.** I agree as a youth, to remain in my own cabin after "lights-out" and to respect quiet time as designated by the event and the community to respect the needs of others to get rest. I will help enforce curfew and lights out by diligently ending my "Family Time" at an appropriate hour, and returning to and staying in my own room.
- **I AGREE to stay drug free.** I agree to refrain from using alcohol, recreational or illegal drugs at the event. If it is suspected that I have these items in my possession, I agree that I may have my luggage inspected in the presence of my advisor and a staff person representing the event. I understand that my failure to comply may lead to my being asked to leave the event immediately. I further agree to help enforce these policies and report any misconduct I may witness to my advisors or event staff.
- **I AGREE to respect property.** I agree to respect the property of others and of the event site, to clean up after myself, not to create graffiti, and when responsible for damage to pay for it. I further agree not to take anything from someone else without asking first. (I will not trash my room, hallways, cabin or small group spaces or take items that do not belong to me)
- **I AGREE to give generously.** I agree to use all the gifts that God has given me to serve others at this event. That may mean sharing my gifts for laughter or listening. It may mean sharing my money with others through Change for Change gifts. Maybe, it's opening myself up to how God is using me by listening during large/small group.
- **I AGREE to help others keep the covenant.**

Violations of the covenant carry certain consequences. Often the consequences are determined based on the situation. However, it should be understood that while being a Christian community, we will act with some measure of forgiveness, violations will not go unpunished and can lead to suspension of privileges or ejection from the event.

Print Name _____ Signature _____ Date _____