



# THE TEN COMMANDMENTS & CONFESSION

HT Confirmation Camp at Camp Io-Dis-E-Ca  
August 1-4, 2023

There's a story in the Old Testament about deliverance and salvation. God sets the Israelites free from slavery, oppression, and false religion through a series of shocking miracles. They escape to Mount Sinai. The Lord appears to them in fire and smoke, thunder and lightning. It is here God speaks the Ten Commandments. Although this story happened 3500 years ago, we are going to talk about it. Why Sinai still matters: becoming the people that bear God's name. It's still relevant today, and it's still relevant for you.

**Speaker // Rev. Dan Pool**  
**St. John Lutheran Church, Clinton, IA**

Pastor Daniel Pool is the pastor of St. John Lutheran Church, Clinton, Iowa, serving this congregation for fifteen years. He recently finished his Doctor of Ministry Degree in Biblical Studies with an emphasis on forming and reforming an ecclesiastical culture of devotion. Daniel and his wife Sallie have two children and two new grandchildren! He spends his free time running and reading. He is excited to teach at the Higher Things Confirmation Camp!

## Things to Know

**When:** August 1 - 4, 2023

**Where:** Camp Io-Dis-E-Ca, Solon, IA

**Who:** Grades 5th - 8th Students, Individuals or Groups

**Cost:** \$300 per person

**Contact:** Alec Deppe, Director of Programs & Retreats  
Camp Io-Dis-E-Ca  
(319) 848-4187  
programdirector@iodiseca.org  
OR  
Tana McKenna, HT Retreats Coordinator  
888-482-6630 ext.4  
retreats@higherthings.org

**Included:** Edifying Catechesis, Lutheran Worship, Camp Activities, Meals, Lodging

**Activities:** Archery, Canoeing, Horseback riding, Rock climbing, Zip Line, Disc Golf, Swimming, Games, Campfires, S'mores!

**Forms Needed:** The Camper Profile  
Health Form  
Release of Liability  
***completed for each camper***

**RSVP:** via online registration at  
<https://campiodiseca.org/htcamp/>  
**by July 22, 2023**

[www.higherthings.org](http://www.higherthings.org)

The mission of Higher Things is to make the Gifts of Christ Jesus known to youth and young adults.



<https://campiodiseca.org/htcamp/>  
Camp Io-Dis-E-Ca exists to promote and provide Christ-centered education, recreation, and inspiration for individuals and groups of all ages.



# Camp Preparation Guide

3271 Sandy Beach Rd. NE  
Solon, IA 52333  
319.848.4187  
[www.campiodiseca.org](http://www.campiodiseca.org)  
[office@iodiseca.org](mailto:office@iodiseca.org)

## WELCOME TO CAMP IO-DIS-E-CA

This guide is for showing the necessary steps to complete your camper's registration and help prepare your camper for an exciting week at Camp Io-Dis-E-Ca. Please review the contents of this guide to ensure your camper's experience will be smooth from arrival to departure.

## WHAT TO RETURN

Please return the following forms included in this mailing at least **two weeks before** the camper's first day of camp.

- ☐ Camp Health Form
- ☐ Release and Waiver of Liability
- ☐ Camper Profile

## WHAT TO BRING

- |  |  |
|--|--|
| <input type="checkbox"/> Bible                           | <input type="checkbox"/> Toiletries  |
| <input type="checkbox"/> Sleeping bag or linens          | <input type="checkbox"/> Towels (pool & shower)  |
| <input type="checkbox"/> Pillow                          | <input type="checkbox"/> Rain gear   |
| <input type="checkbox"/> Clothes for 5 days              | <input type="checkbox"/> Flashlight  |
| <input type="checkbox"/> 1-2 pr. jeans                   | <input type="checkbox"/> Stationery  |
| <input type="checkbox"/> Sweatshirt or jacket            | <input type="checkbox"/> Canteen money   |
| <input type="checkbox"/> Bag for dirty clothes           | <input type="checkbox"/> Long pants & closed-toe shoes with a discernable heel for Horseback riding. |
| <input type="checkbox"/> Insect repellent                | <input type="checkbox"/> <b>Adventurers, Canoe, Wilderness, Sports, &amp; Challenge Camp</b>         |
| <input type="checkbox"/> Sunscreen                       | <b>Campers see insert for additional items.</b>  |
| <input type="checkbox"/> 2 pr. shoes (1 closed-toe)      |  |
| <input type="checkbox"/> Swimsuit (No bikinis!)          |  |
| <input type="checkbox"/> Camera (disposable recommended) |  |

## DO NOT BRING

- |   |   |
|---|---|
| <input type="checkbox"/> Food & drink -gum, candy, snacks, etc.       | <input type="checkbox"/> Items of real, intrinsic, or sentimental value - jewelry.          |
| <input type="checkbox"/> Music players, iPods, radios, or headphones. | <input type="checkbox"/> Items that could cause injury. - knives, sharp objects, fireworks. |
| <input type="checkbox"/> Cellular phones                              |   |
| <input type="checkbox"/> Electronic games                             | <input type="checkbox"/> Alcohol, tobacco, and other controlled substances.                 |
| <input type="checkbox"/> Digital cameras                              |   |

## CANTEEN

### (The Camp Store)

Campers are limited to the amount of food and drink items purchased per visit. T-shirts, hats, stamps, water bottles, and other souvenir items are also available. A debit account will be set up for each camper at registration. Please bring money to deposit during registration. Suggested amounts for each camp: \$30+ for week-long camps, \$15+ for mini camps, \$10 for Explorer camps, \$15+ for extra camp t-shirts. Be sure to talk with your camper about how to use this privilege.

## MEDICATIONS

- ☐ All medications must be **CORRECTLY LABELED** and in **ORIGINAL CONTAINERS**.
- ☐ All medications must be turned in to the Camp Nurse during registration.
- ☐ For safety reasons, we will keep and administer all medications including over-the-counter meds such as Tylenol, Advil, etc.
- ☐ Medications that must be readily accessible (inhalers, bee-sting kits, etc.) are kept by the supervising counselor.

## REGISTRATION DAY

Registration is from 3:30 p.m.– 4:45 p.m. **Please do not arrive before 3:30 p.m.** Camp staff will not be available to supervise campers until registration begins.

As you enter the camp, continue straight until you reach the parking lot and the lodges. Registration is in Alpha Lodge.

Any remaining balance is due at the time of check-in. The camper's canteen money will be deposited at this time. Do not pack canteen money in your camper's luggage. We accept Visa, MasterCard, American Express, and Discover credit and debit cards.

The Camp Nurse and assisting staff will conduct a brief health screening. All medications must be turned in at this time and any health concerns may be discussed with the Camp Nurse.

After completing registration, the camper will meet his or her counselor and cabin group! The name of the individual who will pick up the camper must be provided to the camper's counselor. We will not release your camper to an unauthorized individual.

## LAST DAY OF CAMP

Those arriving to pick up campers on the last day of camp may begin arriving at 10:00 a.m. and join their camper for brunch. Brunch (free will offering) will be served from 10:00 a.m.–10:45 a.m.

At 11:00 a.m., campers will bid their counselor, cabin mates, and other friends farewell at the closing program.

After the closing program has concluded, campers will sign out and pick up medications and canteen refund and depart. **All campers must be signed out and off camp by 12:00 p.m.**

## KEEPING IN TOUCH

There are several ways to stay in contact with your camper throughout the week:

- ☐ Slip a note in your camper's luggage encouraging them and their stay at camp.
- ☐ Mail a letter or package (**No food please**). Mail may be addressed in your camper's name to the main camp address, located on the front of this guide.
- ☐ Send an e-mail message to: campers@iodiseca.org. Please put the camper's full name and counselor's name as the Subject. E-mails will be printed out and delivered to the supervising counselor. Campers will not have access to a computer to respond during their stay at camp. Please do not abuse e-mail by forwarding frivolous messages to campers.
- ☐ If you would like to hear from your camper, please pack a pre-addressed stamped envelope or postcard.

We do not allow campers to use phones. Calling home or other family and friends usually intensifies homesickness.

## WHERE WE ARE

I-380 to Exit 10. Go East 1 Mile to 4-way stop sign. Turn right on to Curtis Bridge Road. Go 1 Mile to stop sign. Turn left on to Sandy Beach Road NE and follow signs 2 miles.

Camp Io-Dis-E-Ca is centrally located between Cedar Rapids and Iowa City, IA and is adjacent to Coralville Lake. Nestled on 100 acres of isolated rolling hills and woods, it provides a unique and beautiful setting.

## FREQUENTLY ASKED QUESTIONS

Q: What supervision will my child have?

A: All activities are supervised by trained counselors. The staff spends two weeks in an intensive training program including safety, health, program, Bible study, CPR, AED, First Aid, and emergency procedures.

Q: How are water activities supervised?

A: All aquatic activities are guarded by American Red Cross certified personnel.

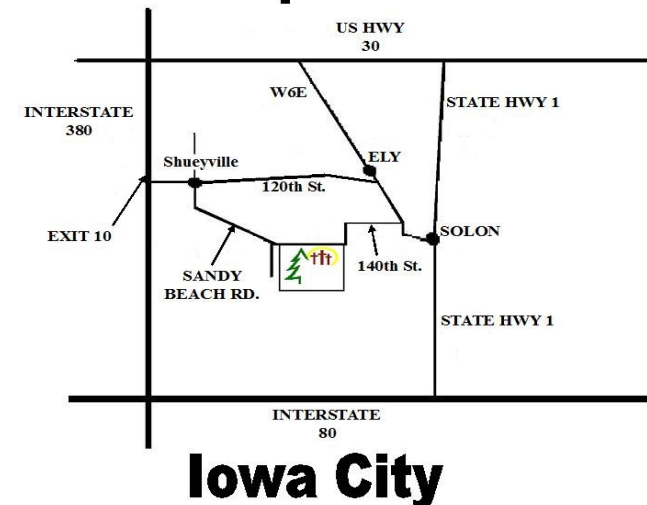
Q: What if my child becomes ill or injured?

A: The Camp Nurse and/or Camp Staff will follow the protocol prepared by a local physician. The camp has made arrangements with local emergency and medical professionals to provide emergency treatment. We will make every effort to contact you if your child is injured or ill.

Q: What if my child doesn't know anyone?

A: The first activities our counselors lead are "get acquainted" activities. Through these activities, the counselors not only get to know the campers, but the campers get to know each other.

## Cedar Rapids



# Camp Io-Dis-E-Ca Health Form

**Return to Camp no later than 2 weeks prior to the first day of camp.**

**All information is confidential.**  
**Full disclosure** must be made regarding any Physical, Social and/or Psychological conditions. Failure to do so may result in campers being sent home with forfeiture of tuition.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Birthday \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_ Grade this Fall \_\_\_\_ Gender \_\_\_\_\_  
Address \_\_\_\_\_ Information Provided By: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_  
Parent 1 First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_  
Parent 2 First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

**IF NOT AVAILABLE IN AN EMERGENCY, NOTIFY:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Doctor \_\_\_\_\_ Phone \_\_\_\_\_  
Dentist \_\_\_\_\_ Phone \_\_\_\_\_  
Pharmacist \_\_\_\_\_ Phone \_\_\_\_\_

**NAME OF FAMILY MEDICAL/HOSPITAL INSURANCE:**

Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_  
Insurance Phone Number To Call (if applicable) \_\_\_\_\_

**PHYSICAL AND HEALTH HISTORY:** All campers are required to have a health exam within the last 2 years.

Please attach a proof of physical exam signed by a Physician **OR** complete this section. Date of Last Physical \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
**List** any medical concerns over the last 2 years that we should be aware of, i.e.: Ear infection, Surgeries, Psychological, Heart Condition, Convulsions/Seizures, Blood Disorders, Hypertension, Mono, Broken Bones hospitalizations etc.

Physician's Findings: \_\_\_\_\_  
Activity Restrictions by parent's/physician's advice?: \_\_\_\_\_

Other information we need to know? \_\_\_\_\_  
(Required) Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ALLERGIES:** ☐ Hay Fever ☐ Poison Ivy ☐ Insect Stings ☐ Food: \_\_\_\_\_  
☐ Asthma ☐ Penicillin ☐ Other Drugs: \_\_\_\_\_

Medications used in the last 3 months: \_\_\_\_\_

Medications brought to camp: \_\_\_\_\_

Notes on giving: \_\_\_\_\_

Acetaminophen, Ibuprofen, antacids, anti-diarrhea medication, and first aid **MAY / MAY NOT (CIRCLE ONE)**  
be administered to my child, as needed, by designated staff members.

**IMMUNIZATION HISTORY:** (dates of last boosters)

Tetanus \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Oral Polio (Sabin) TOPV \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Injectable Polio (Salk) \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MMR \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Hepatitis B \_\_\_\_ / \_\_\_\_ / \_\_\_\_ HIB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Tuberculin Test \_\_\_\_ / \_\_\_\_ / \_\_\_\_

If female: has she menstruated? ☐ yes ☐ no Has she been told about it? ☐ yes ☐ no Is cycle normal? ☐ yes ☐ no

Special Considerations? \_\_\_\_\_

**AUTHORIZATIONS:**

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted above. I also give permission to the medical personnel selected by Camp Io-Dis-E-Ca to order x-rays, routine tests and treatment. In the event I cannot be reached in an emergency, I give permission to the physician selected by Camp Io-Dis-E-Ca to transport, hospitalize, secure proper treatment, order injection, and/or anesthesia, and/or surgery.

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





## **RELEASE AND WAIVER OF LIABILITY ASSUMPTION OF RISK AND INDEMNITY AGREEMENT**

Camp lo-Dis-E-Ca requires each user of the Camp or participant in Camp sponsored activities to sign this Release and Waiver of Liability form. We appreciate your understanding.

In consideration of being permitted to use the grounds and facilities at Camp lo-Dis-E-Ca for recreational or other activities, or to participate in any activity conducted or sponsored by Camp lo-Dis-E-Ca regardless of location, the undersigned, for themselves, their personal representatives, heirs, spouse, parents, siblings, and children, hereby:

1. The user of the camp or participant acknowledges, agrees, and represents that they have or will immediately acquaint themselves with the rules for use of Camp lo-Dis-E-Ca and ask an employee if he has any questions regarding the rules or concerns regarding the safe use of the facilities.

2. Releases, waives, discharges and covenants not to sue Camp lo-Dis-E-Ca, its officers, directors, trustees, agents and employees, the Lutheran Church Missouri Synod - Iowa District East, its officers, directors, trustees, agents and employees, the Lutheran Church Missouri Synod, its officers, directors, trustees, agents and employees -- all of whom shall be referred to as "Releasees" in this document -- from all liability to the undersigned, his personal representatives, assigns, heirs, parents, siblings, spouse, and children for any and all loss or damage, and any claim or demands therefore on account of injury to the undersigned's person, his death or damage to his property, which occurs as a result of the undersigned's presence at Camp lo-Dis-E-Ca, or participation in any Camp sponsored/conducted activity, whether such death, injury or property damage is caused by the negligence or other wrongful conduct of, or breach of contract or warranty by, one or more of the Releasees.

3. Agrees to indemnify and save and hold harmless the Releasees and each of them from any loss, liability, damage, or cost (including but not limited to attorney fees and other defense costs incurred in defending a claim brought by the undersigned, his relative, heir, successor, assign or personal representative) one or more of them may incur arising out of or related to the undersigned's use of or presence at the facilities known as Camp lo-Dis-E-Ca, or the undersigned's participation in any Camp sponsored/conducted activity, whether such claim is based on one or more of the Releasees' negligence, breach of contract or warranty, or other legal theory.

4. Assumes full responsibility for any risk of bodily injury, death or property damage arising out of or related to the undersigned's presence at or use of the facilities known as Camp lo-Dis-E-Ca, or participation in any Camp sponsored/conducted activity, whether caused by the Releasees' negligence, breach of contract or warranty or other legal theory.

5. Agrees that this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement extends to all claimed wrongful acts of Releasees, whether sounding in tort, contract or other legal theory, and that said Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement is intended to be as broad in scope as is permitted by the laws of the State of Iowa. The undersigned further agrees that in the event any portion of this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement is held invalid, the balance shall, notwithstanding, continue in full legal force and effect to the greatest extent possible under Iowa law.

I have read this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and have signed it freely and voluntarily without any inducement, assurance, or guarantee being made to me, and I intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by Iowa law.

No variation in the terms of this Release and Waiver shall be effective unless in writing and signed by the Camp Director.

Please check (✓) one of the following boxes:

- ☐ I certify that I, the undersigned, am at least 18 years old.
- ☐ I certify that I, the undersigned, have sole custody or primary physical care of my child(ren), \_\_\_\_\_, who will use the facilities at Camp lo-Dis-E-Ca within the next 12 months.
- ☐ We certify that we, the undersigned, are the parents of \_\_\_\_\_, who will use the facilities at Camp lo-Dis-E-Ca within the next 12 months.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Adult Guest or Parent of Minor Guest

\_\_\_\_\_  
(2nd Parent of Minor Guest, Where Applicable)

# Camper Profile

(Please RETURN at least two weeks prior to the campers first day of camp)

*Help us by sharing information so the counselor may better know and understand the camper.*

What is the camper's name? \_\_\_\_\_

What is the camper's preferred nickname (if any) ? \_\_\_\_\_

What is the camper's family status? Check all that apply.

Parent/Guardian Information: \_\_\_\_\_ Two Parents, \_\_\_\_\_ Single Parent, \_\_\_\_\_ Other Relative,  
\_\_\_\_\_ Foster Home \_\_\_\_\_ Separated, \_\_\_\_\_ Divorced

The camper lives with: \_\_\_\_\_ Two Parents, \_\_\_\_\_ One Parent, \_\_\_\_\_ Other, Please list \_\_\_\_\_

Siblings: \_\_\_\_\_ Only Child, \_\_\_\_\_ Brother(s), \_\_\_\_\_ Sister(s)

Enter number for brother(s)/sister(s)

Other significant family information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has the camper attended Camp Io-Dis-E-Ca before? \_\_\_\_\_

What does the camper hope to experience at camp? \_\_\_\_\_

Does the camper have any special needs? \_\_\_\_\_

Is there any reason why the camper may need additional supervision? \_\_\_\_\_

\_\_\_\_\_

Does the camper attend church? \_\_\_\_ Yes \_\_\_\_ No

If yes, how often? \_\_\_\_ Less than monthly, \_\_\_\_ Monthly, \_\_\_\_ 2-3/Month, \_\_\_\_ Weekly

Does the camper attend Sunday School or Youth Group? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ Sometimes

Church Name \_\_\_\_\_ Denomination \_\_\_\_\_

What fears does the camper have? \_\_\_\_\_

Is the camper afraid of the dark? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ Sometimes

Has the camper ever been away from home overnight? \_\_\_\_\_

Does the camper ever become homesick? \_\_\_\_ Never \_\_\_\_ Sometimes \_\_\_\_ Frequently

What are the camper's interests? \_\_\_\_\_

What are the camper's favorite hobbies? \_\_\_\_\_

\_\_\_\_\_

Have there been any significant or life-changing circumstances in the camper's life recently or that you would care to share?

\_\_\_\_\_

\_\_\_\_\_

*Thank you for sharing information to better accommodate the camper's stay and experience.*