

PARTICIPANT INFORMATION

Camp Lutherhaven, Coeur d'Alene, ID | June 11th- 14th, 2024



We are so glad that you have registered for the 30th annual Idaho Youth Summit! Lutherhaven is an outdoor, rustic camp located on Coeur d' Alene Lake, just south of Coeur d' Alene. We are looking forward to spending 4 fun-filled summer days with you! The enclosed forms are required to complete your registration. Please take time to read the participant paperwork thoroughly, and return the required forms - the *Medical Form & Rules & Liability Waiver*.

CAMPER FORMS

Return forms by **May 31st, 2024** to confirm your spot.

- Email to: hello@idfy.org (Preferred Method)
- By mail: 2028 E Best Ave, Coeur d'Alene, ID 83814

CHECK-IN:

Participants will be able to check in at camp on **Tuesday, June 11, 2024, from 1:30-2:30 PM**

Programming begins promptly at **3:00**.

Follow the signs to the check-in area. The first meal served at camp is dinner on Tuesday evening at 6:00 pm PST, so please take that into consideration before arriving at camp.

TRANSPORTATION INFORMATION AND PICK UP TIMES

PARTICIPANTS REGISTERED FOR THE IDFY CHARTER BUS:

Riders must be pre-registered to ride the bus. Please arrive at least 15 minutes earlier than indicated on the Bus Schedule. The bus will run on a strict time schedule. **THE BUS WILL NOT LEAVE THE STOP EARLY, AND THE BUS WILL NOT WAIT.** If you have a question about the bus on the day of the event, please send a text message to (208) 431-0603. Food and water are allowed on the bus. You may bring snacks and/or spending money for food to and from camp. **EVERY RIDER IS EXPECTED TO RESPECT AND OBEY BUS RULES AND KEEP THE BUS CLEAN AND FREE OF TRASH AND DEBRIS AT ALL TIMES.**

PARTICIPANTS PROVIDING THEIR OWN TRANSPORTATION:

If you are providing your own transportation to and from **camp, check-in is 1:30 pm PST. PLEASE DO NOT ARRIVE EARLY.** Participants must be picked up on **Friday, June 14, 2024, at noon. *All participants should be picked up no later than 12:30 pm.*** Participants will only be allowed to leave with a family member or other persons, designated in writing and approved by the camp director, prior to the camp end. Under no circumstances will participants be allowed to leave with unauthorized persons. Participants may arrive in their own vehicles but are not allowed/permitted to leave the camp facility at any time. Participants agree to remain on the campgrounds and follow the camp rules. If you would like to attend closing activities, you may join us at 11:00 am on Friday, June 14th.

DIRECTIONS TO CAMP LUTHERHAVEN:

From Coeur d'Alene, ID:

Travel South on US 95. After Crossing the Spokane River, continue for 6.5 miles. Turn left on W Carnie Rd/W Kidd Island Rd. Continue for 1.4 miles. Take a slight right onto W Valhalla Rd (Follow Signs to Lutherhaven). Continue for 1.4 miles. Turn right onto Lutherhaven Rd. Follow for less than .5 miles and arrive at Lutherhaven.

From Boise:

Take US 95 north toward Coeur d'Alene. Approximately 26.5 miles **NORTH** of Plummer, Idaho, turn **RIGHT** onto W Carnie Rd/W Kidd Island Rd . Continue for 1.4 miles. Take a slight right onto W Valhalla Rd (Follow Signs to Lutherhaven). Continue for 1.4 miles. Turn right onto Lutherhaven Rd. Follow for less than .5 miles and arrive at Lutherhaven.

MEDICAL:

All *Medical Information* will be kept confidential and used only in case of emergency. During camp, a staff nurse will be available for basic first aid. In the unlikely event of a medical emergency, medical personnel will be called to the camp and the medical treatment form signed by a parent or guardian will be utilized. Participants requiring a higher level of care will be transported to the nearest medical facility. Parents or guardians will be contacted as soon as possible, using the information provided on the participant's *Medical Information Form*. **Please make sure this information is current, legible, and correct.**

MEDICATION:

All prescription or over-the-counter medications used by participants must be listed on the *Medical Information Form*, clearly labeled in original containers, and placed in a clear bag with the camper's name. Participants who bring prescription or over the counter medications will report to the Camp Nurse during check-in.

LODGING & FACILITIES:

Camp facilities are comfortable. Campers will be housed in cabins with other campers and chaperone(s) of the same gender. Multiple school groups may share a cabin. Each cabin will be overseen by one or more Chaperones. Please see the *Camp Checklist* for a complete list of what to bring to camp.

PHONE CALLS:

Cell phone service is extremely limited.

Outgoing calls: A phone will be available at camp for outgoing calls in case of an emergency. Outgoing calls on personal cell phones are limited to free time.

Incoming calls: EMERGENCY messages may be left at Camp Lutherhaven Office: (208) 667-3459

CAMP FACILITIES & VALUABLES:

The cabins are not secured for valuables. Please do not bring large amounts of cash, valuable jewelry, expensive cameras, or other irreplaceable items to the camp. Neither the camp, nor the camp sponsors will be responsible for lost, or stolen items.

DRESS CODE:

The dress for this camp is casual. Plan for cool summer weather. School dress codes will apply. In addition, short-shorts, tube tops, bare midriffs, see-through clothing, clothing depicting illegal substances, sexual, derogatory content, and/or vulgar language are not permitted. Swimsuits are restricted to the beach area. **PLEASE BRING AT LEAST ONE PAIR OF CLOSED TOED SHOES.** A packing list has been included.

Contact the IDFY office at (208) 643-8180 or e-mail us at hello@idfy.org with questions.

Return all forms by May 31st to confirm your spot.

Email to: hello@idfy.org

IDAHO YOUTH SUMMIT BUS SCHEDULE

Please read this schedule carefully! If you are PRE-REGISTERED to ride the Idaho Youth Summit bus, please verify your bus stop pick up and times. If this does not look correct, please contact IDFY at (208) 643-8180. If you are not pre-registered to ride the bus, you are responsible for your own transportation to and from camp and should arrive for check in between 2:00-3:00 PM on the first day of camp. If your school has organized a different mode of transportation, please check with your group coordinator regarding your transportation information.

Note: Buses will not stop for meals on the way to camp but they will on the way back. Please bring lunch for the trip to camp and money to buy food on the return trip.

For emergency questions, contact Camp Director, Mahrika at (208) 643-8180.

TUESDAY, JUNE 11, 2024 (DEPARTURE SCHEDULE)

Please Note – Times listed are departure times. Please be at the departure location at least 10 minutes prior to departure time.

WESTERN IDAHO ROUTE

BOISE.....	SUPER 8 (2773 W ELDER ST).....	6:25 AM (MOUNTAIN TIME)
CALDWELL.....	LA QUINTA (901 SPECHT AVE.).....	7:00 AM (MOUNTAIN TIME)
PAYETTE.....	PAYETTE HIGH SCHOOL (1500 6TH AVE S).....	7:45 AM (MOUNTAIN TIME)
LAPWAI.....	VALLEY FAMILY FOODS (204 US-95).....	11:00 AM (PACIFIC TIME)
LEWISTON.....	STINKER STORES (3110 N & S HWY).....	11:30 AM (PACIFIC TIME)
MOSCOW.....	ROSAUERS (411 N MAIN ST).....	12:15 PM (PACIFIC TIME)
POTLATCH.....	PREVIOUSLY DAD’S DINER (5497 HIGHWAY 95).....	12:45 PM (PACIFIC TIME)
CAMP LUTHERHAVEN.....		2:00 PM (PACIFIC TIME)

EASTERN IDAHO ROUTE

TWIN FALLS.....	FLYING J (5350 HWY 93).....	5:00 AM (MOUNTAIN TIME)
BURLEY.....	WENDY’S (659 N.OVERLAND).....	5:45 AM (MOUNTAIN TIME)
CHUBBUCK.....	WALMART (4240 Yellowstone AVE).....	7:00 AM (MOUNTAIN TIME)
IDAHO FALLS.....	FAIRFIELD INN (1293 WEST BROADWAY).....	8:00 AM (MOUNTAIN TIME)
CAMP LUTHERHAVEN.....		2:30 PM (PACIFIC TIME)

FRIDAY, JUNE 16, 2024 (TENTATIVE ARRIVAL SCHEDULE)

This schedule contains the approximate times that participants will arrive from camp. The buses may stop for a meal on the way home, delaying the arrival time. Plan to bring a small amount of money to pay for your meal on the way home from camp.

WESTERN IDAHO ROUTE

CAMP LUTHERHAVEN.....		NOON (PACIFIC TIME)
POTLATCH.....	PREVIOUSLY DAD’S DINER.....	1:15 PM (PACIFIC TIME)
MOSCOW.....	ROSAUERS.....	1:40 PM (PACIFIC TIME)
LEWISTON.....	STINKER STORES.....	2:30 PM (PACIFIC TIME)
LAPWAI.....	VALLEY FAMILY FOODS.....	2:45 PM (PACIFIC TIME)
PAYETTE.....	PAYETTE HIGH SCHOOL.....	7:45 PM (MOUNTAIN TIME)
CALDWELL.....	LA QUINTA.....	8:30 PM (MOUNTAIN TIME)
BOISE.....	SUPER 8.....	9:00 PM (MOUNTAIN TIME)

EASTERN IDAHO ROUTE

CAMP LUTHERHAVEN.....		NOON (PACIFIC TIME)
IDAHO FALLS.....	FAIRFIELD INN.....	9:15 PM (MOUNTAIN TIME)
CHUBBUCK.....	WALMART.....	10:00 PM (MOUNTAIN TIME)
BURLEY.....	WENDY’S.....	11:15 PM (MOUNTAIN TIME)
TWIN FALLS.....	FLYING J.....	12 AM (MOUNTAIN TIME)



PACKING LIST

**This packing list includes the basic items needed for camp.
IDFY is not responsible for lost or missing personal items.**

Please DO NOT bring electronics, expensive items, or large amounts of cash to camp.

- Sleeping bag and pillow
- Shower Towel & Beach Towel
- Casual clothing for warm summer days & cool nights. School Dress code applies
- Bathing suit
- One pair of closed-toed outdoor shoes. *** Required!**
- Jacket, sweatshirt, or sweater for cool or rainy weather.
- Medications (Must be turned over to the Camp Nurse during check-in)
- Toiletries & Toothbrush
- Sunscreen and bug repellent
- Water bottle
- Flashlight
- Camera/phone/charger. Phones are permitted for pictures and at free time. Cell phones are restricted and cell service is extremely limited.
- Variety Show Props! (If you plan to perform). Visit idfy.org/iys to sign up.
- Spending Money:
 - Campers should bring snacks and/or lunch for the ride to camp.*
 - A sack lunch will be provided for the ride home for all campers.*
 - Campers may bring money to spend at the camp store.*
 - If your camper is riding the bus, there may be opportunities to purchase snacks while riding to and from camp.*

IYS Camp Store items may include the following:

Candy, Snacks, Drinks \$1-\$5

iDFY Clothing \$15-\$30

IDAHO YOUTH SUMMIT: RULES AND REGULATIONS

Sign and Email to: hello@idfy.org

Please read the Rules and Regulations form thoroughly. Idaho Drug Free Youth is committed to providing a safe environment where the safety, health, and the wellbeing of Idaho Youth Summit (IYS) attendees is a priority. IYS Rules and Regulations have been established to uphold the iDFY mission: *Empowering Youth to Live Happy and Healthy Lives free of substance use*. All those who attend Idaho Youth Summit (IYS) are expected to model, support, and follow the IYS Rules and Regulations at all times.

Please Note: All bags are subject to search.

1. Attendance: Participation and attendance is required at all meals and camp activities.

2. Remain on Grounds: Attendees of IYS are to remain on camp grounds at all times. Unauthorized excursions are not permitted.

3. Tobacco/Alcohol/Drugs: Tobacco products, e-cigarettes, alcohol, and drugs of any kind are NOT PERMITTED.

- For the health, safety, and consideration of all attending, smoking and the use of any tobacco or nicotine products, including vaping and e-cigarettes, are not permitted.

- At no time shall a person be in possession of, use, or be under the influence of an illegal drug, alcohol, or harmful substance.

4. Prescription Medication: Prescription medication must be documented on the medical form and turned in at the time of check-in. Prescription medications will be monitored by and dispensed by the Camp Nurse.

5. Social Responsibility: Attendees are expected to conduct themselves in a mature and responsible manner. Good citizenship, self-control, and appropriate behavior are required at all times. All attending are expected to respect one another and personal property. All are expected to work together as a team to ensure a positive camp experience for all. Any behavior, which is harmful, demeaning, or offensive to others, is not permitted. All attending are required to respect and assist in maintaining a clean/safe camp environment, including: grounds, buildings, buses, etc.

6. Weapons: Firearms/ammunition, explosives, knives or any other type of item considered dangerous is not permitted.

7. Personal Items: iDFY is not responsible for lost, missing, stolen, or broken personal items. Personal items should be clearly labeled. Expensive electronics are not advised; bring these types of items at your own discretion.

8. Visitors: Outside visitors, non-registered attendees, or unauthorized guests/observers are not permitted in camp without the approval of the Executive Director or Camp Director.

9. Dress Code: Dress for IYS is casual. Plan for cool summer weather. **School dress codes apply:** short-shorts, tube tops, bare midriffs, see-through clothing, clothing depicting illegal substances, sexual, derogatory content, and/or vulgar language are not permitted. Swimsuits are restricted to the swimming/beach area.

PLEASE BRING AT LEAST ONE PAIR OF CLOSED TOED SHOES. A packing list has been included.

(If the participant is under the age of 18, the parent/guardian must complete the following) Read, initial, and sign.

As the guardian/responsible party. I declare the following:

1. I have read and reviewed the IYS Rules and Regulations form **Initial** _____

2. I understand that a violation of IYS Rules and Regulations will result in the removal of the individual from camp and that I will be held financially responsible for any all expenses that may incur. **Initial** _____

3. I understand Idaho Drug Free Youth has a no tolerance policy. **Initial** _____

Guardian/Responsible Party: I understand that any violation of the rules listed herein may result in dismissal from camp & that I will be held financially responsible.

Guardian/Responsible Party Signature: _____ **Date:** _____

Participant Under 18: I am under the age of 18 and confirm that I have read, understand, and will comply with IYS Rules and Regulations.

Signature: _____ **Date:** _____

Attending IYS 18 and above: I am an adult, over 18 years of age, have read, understand, and will comply with IYS Rules and Regulations.

Signature Required: _____ **Date:** _____

IDAHO YOUTH SUMMIT MEDICAL FORM

Participant Name _____ Date of Birth _____ Age _____

Gender: Male Female

Address _____ City _____ State _____ Zip _____

Emergency Contact 1 _____ Emergency Phone # _____

Relationship _____ Alternate phone _____

Emergency Contact 2 _____ Emergency Phone # _____

Relationship _____ Alternate phone _____

Family Physician _____

Phone() _____

Family Dentist _____ Phone() _____

Date of last Tetanus shot ___/___/___

Medical Insurance Company _____

Insurance ID # _____ Group# _____

Would you allow your child to take over-the-counter medications, such as Tylenol, or Advil?

YES No

Please list over the counter medication(s) participant will bring to camp: _____

Description of any limitations or restrictions on camp activities: _____

Prescription medication(s) participant will take at camp; List medication/dose/times taken: _____

Medication Allergies* _____

Food & Other Allergies: _____

***ALL CAMPERS ALLERGIC TO BEES MUST BRING AND CARRY AN EPIPEN WITH THEM.**

RELEASE OF LIABILITY

I, _____, the parent/legal guardian of _____ hereby consent to his/her travel attendance and participation in the event conducted by Idaho Drug Free Youth known as the Idaho Youth Summit, on June 11th-14th, 2024. In consideration of his/her participation in the event, I, intending to be legally bound, hereby forever release and discharge Idaho Drug Free Youth, Inc (IDFY), its agents, representatives, successors and assignees, as well as my local school district from all liabilities, claims, demands, damages, costs, expenses, which I, or the above minor for whom I am signing, may now or hereinafter claim arising out of his/her participation in the above referenced IDFY event, including travel to and from said event. In case of emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper medical treatment, including without limitation, hospitalization, anesthetic, surgery or injections of medications for my child. I attest and verify that, to the best of my knowledge, his/her physical condition and fitness are adequate for him/her to safely participate in the activities of the Idaho Youth Summit.

Participant Signature - (under 18) _____ Date _____

Parent/Guardian Signature _____ Date _____

Participant - (over 18) _____ Date _____

**Lutherhaven Ministries
Camp Lutherhaven, Shoshone Mountain Retreat, & McPherson Meadows
Program Participant Information & Activity Release of Liability**



Disclosure: *Lutherhaven Ministries' programs at all of its sites include a variety of activities involving some degree of risk:*

- Group Activities that may expose participants to infectious diseases
- Low & High Ropes Challenge Course Activities
- Rock Climbing
- Horseback Riding*
- Swimming
- River Floating
- Canoeing
- Boating
- Hiking
- Biking
- Active Games
- Rigorous Physical Activities
- Other Activities Not Included Here

There is no way to eliminate any potential risk of injury, disability, or even death associated with camp activities. The level of participation in any Lutherhaven Ministries program or activity is at all times completely up to the individual's choice. All Lutherhaven Ministries program elements are built and conducted to industry standards by professional staff utilizing appropriate equipment systems. However, each participant must assume the risk that he or she may suffer an emotional or physical injury, disability, or even death while involved in any physical activity.

Complete this form entirely! Certain health information must be known to the facilitator(s) conducting programs so they are prepared to respond appropriately if health or emergency needs arise. This information is held in confidence, but may be disclosed for the health or safety of you or others, or as required by law.

Name of Group: _____ Date: _____

1. Participant Name: _____ Date of Birth _____

2. Is there *any* activity you do not want yourself or your child/ward to engage in? If yes, please specify the activity and the reason why you do not want them to engage in it.

3. Do you or your child/ward have Health Insurance? ____No ____Yes. If yes, name of participants insurance company, group number and policy number.

4. Do you or your child/ward have any physical disabilities or medical conditions (temporary or permanent) that may limit or jeopardize participation in active programs? ____No ____Yes If yes, identify and explain: _____

5. Do you or your child/ward have any physical or medical conditions (temporary or permanent) that may put those around you at risk? ____No ____Yes If yes, identify and explain: _____

6. Are you or your child/ward currently taking any medication (prescribed or over-counter)? ____No ____Yes If yes, what and for what? _____

7. Do you or your child/ward have any life-threatening or severe health-threatening allergies, reactions to medications, or any other medical limitations? ____No ____Yes If yes, identify and explain: _____

(Over)

Release of Liability for claims not covered and paid by insurance: I understand that certain activities at Camp Lutherhaven and Shoshone Mountain Retreat may be physically or emotionally demanding. I understand that attending Camp Lutherhaven and Shoshone Mountain Retreat may expose me to infectious disease. I affirm that my or my child/ward's health is good, and that I am not or my child/ward is not under a physician's care for any undisclosed condition that may affect my or my child/ward's fitness or ability to participate in physical activities. I recognize the inherent risk of injury, disability, or death in physical activities, and understand that each participant assumes the risk of participating in these activities. On behalf of myself and my child/ward, I release Lutherhaven Ministries, Inc., (a/k/a Lutherhaven Ministries), the Lutherhaven Ministries' staff, Board of Directors, and members from all liability for any injury, infection or condition arising out of my or my child's/ward's participation in any Lutherhaven Ministries activity or program, or arising from my or my child's/ward's use of Lutherhaven Ministries' property, to the extent not covered and paid by insurance.

Indemnification and Hold Harmless: In consideration for letting me or my child/ward attend a Lutherhaven Ministries activity and/or use Lutherhaven Ministries premises, I further indemnify and hold harmless Lutherhaven Ministries, Inc., (a/k/a Lutherhaven Ministries), the Lutherhaven Ministries' staff, Board of Directors, and members against any and all claims or actions arising out of my or my child's/ward's access to Lutherhaven Ministries premises or involvement in any Lutherhaven Ministries activity to the extent that the claim or action is not covered and paid by Lutherhaven Ministries' liability insurance.

Photo Release: Lutherhaven Ministries may use, reproduce, assign and/or distribute photographs or videos of myself and my child/ward for use in materials they may create for the purpose of promoting Lutherhaven Ministries and its programs.

Date: _____ Applicant's Signature (If 18 years or older): _____

Parent's or Guardian's Signature (If participant is under 18 years old): _____

Parents or Guardian's Printed Name (If participant is under 18 years old): _____

Participant's Address: _____

Participant Phone:_(_____)_____ Email: _____

Emergency Contact:_____ Phone: (_____)_____

*Horseback Riding requires additional liability release.