

Camp Rise, July 5-10

2026 Registration Form



Location: Camp Luwisomo, W5421 Aspen Rd, Wild Rose, WI 54984

Dates: Sunday, July 5 through Friday, July 10

Ages: Completed Grade 4 through Grade 9

Cost: \$490 if registered by April 15 (save \$30!)

\$520 if registered by May 15

Scholarships: If monetary constraints are a concern, please ask about the Camp Scholarship Fund by May 1

Cancellations: Prior to June 1 will be refunded, less \$100 service fee. Cancellations after June 1 will not be refunded.

Timeline: **April 15: Early Registration (save \$30)**, please mail:

A) Deposit of \$340, B) Registration Form, C) Health Form & D) General Release Form
May 15: Final Registration, please mail:

A) Deposit of \$370, B) Registration Form, C) Health Form & D) General Release Form
June 1: \$150 final payment PLUS payments for canteen & optional bus and/or T-shirt

Optional Additions:

\$35 for round-trip bus from Abiding

Shepherd Lutheran Church

\$20 for camp T-shirt

\$__ to purchase snacks & items from the Canteen

Name _____ Male/Female _____

Birthdate _____ Age at Camp _____ Grade Completed _____

Street Address _____

City _____ State _____ Zip _____

Primary Phone _____ Secondary Phone _____

E-mail address _____

Home Church _____ Church Location _____

Roommate Preferences (we will honor requests if possible) 1) _____ 2) _____

☐ Taking bus to camp ☐ Taking bus from camp (\$35.00 round trip, \$17.50 one way)

Phone # of person responsible for dropping off/picking up camper for bus _____

☐ I give permission to use pictures/videos including my child on your website, social media, bulletin board or newsletter, understanding that my child will never be referenced by name.

☐ I would like to order a CAMP T-SHIRT. (\$20 Please indicate the adult size)

SMALL MEDIUM LARGE EXTRA-LARGE

I am including \$_____ for my camper to spend at the Camp Canteen Store. Any remaining balance at the end of the week should be: ☐ Refunded To Me ☐ Donated To Camp LuWiSoMo.

Is there anything special you like us to know about your child? _____

Pay by check, payable to "Abiding Shepherd" or online at www.camprise.org

Mail registration form, release form, camp health form and checks to:

Abiding Shepherd Church
406 W. Cottage Grove Road
Cottage Grove, WI 53527



2026 General Release Form

Release, Waiver, and Indemnity Agreement

It is my intention by this agreement to exempt and relieve Camp Rise and its counselors as well as Camp LuWiSoMo and its officers, agents, or employees from liability for personal injury, property damage, or wrongful death of the participant (camper) named caused by any act of negligence of Camp Rise and its counselors as well as Camp LuWiSoMo, and its officers, agents or employees.

For and in consideration of permitting the participant named to observe, or use any facility or equipment of Camp Rise and Camp LuWiSoMo, or engage in and/or receive instruction in any activity or activity incidental thereto some of which may involve dangers and risk of bodily injury at Camp LuWiSoMo, Wild Rose, Wisconsin, the undersigned parent and/or guardian of the participant named hereby voluntarily and absolutely releases, discharges, waives, and relinquishes any and all loss or damages or actions or causes of action for personal injury, property damage, or wrongful death occurring to the participant named as a result of the participant's observing or using facilities or equipment of Camp Rise and Camp LuWiSoMo, or engaging in or receiving instructions in any activities some of which may involve dangers and risk of bodily injury or in activities incidental thereto wherever or however the same may occur, and for whatever period said activities or instructions may continue.

The undersigned parent or guardian of the participant named for him/herself, his/her heirs, executors, administrators, or assignees agrees that in the event any claim for personal injury, property damage, or wrongful death shall be prosecuted against Camp Rise or its counselors, or Camp LuWiSoMo, or its officers, agents, servants, or employees, the undersigned parent or guardian will indemnify and hold harmless Camp Rise and its counselors, Camp LuWiSoMo, and its officers, agents, servants, or employees from any and all claims or causes of action by the participant named or by any other person or entity, by whomever or wherever made or presented, and under no circumstances will the undersigned parent or guardian of the participant named present any claim against Camp Rise, Camp LuWiSoMo, and said persons for personal injuries, property damage, wrongful death, or otherwise, caused by any act of negligence by Camp Rise, Camp LuWiSoMo and said persons.

The undersigned parent or guardian represents that he/she has read this Release, has requested and has been provided with, or has requested and declined advisement on the potential dangers/risks of engaging in the observation, activities, or instruction offered, assumes all risks associated with such dangers and risks, and is fully aware of and understands the terms and the legal consequences of the signing of this Release. The undersigned parent or legal guardian intends his or her signature to be a complete and unconditional release of all liability to the greatest extent allowed by law and if any portion of the Release is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

My signature below constitutes acceptance of the above terms and conditions. I have read and fully understand this liability release.

Authorization for Medical Treatment and Release of Information

I hereby give permission to the medical personnel selected by the camp representative to administer first aid, and to order x-rays, routine tests, and treatment. In the event of an emergency, I hereby give permission to the physician selected by the camp representative to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for the participant named. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp representative to secure and administer treatment, including hospitalization, for the participant named. I hereby agree to be responsible for payment of all costs or expenses of any health care provided or other person who acts in reliance upon this consent and authorization for treatment.

Signature of Parent or Guardian for Participant

Date

Printed Name of Parent or Guardian for Participant

CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: American Camp Association,
American Academy of Pediatrics Council on School Health, &
Association of Camp Nurses

Dates will attend camp: from _____ to _____
Month/Day/Year Month/Day/Year

Camper Name: _____
First Middle Last

Gender: _____ Birth Date: _____ Age: _____
Month/Day/Year

Camper Home Address: _____
Street Address City State Zip Code

Parent/guardian with legal custody to be contacted in case of illness or injury:

Name: _____ Relationship to Camper: _____ Day Phone: _____ Home: _____
Email: _____

Home Address: _____
(If different from above) Street Address City State Zip Code

Second parent/guardian or other emergency contact:

Name: _____ Relationship to Camper: _____ Day Phone: _____ Home: _____

Additional contact in event parent(s)/guardian(s) can not be reached:

Name(s): _____ Relationship to Camper: _____ Day Phone: _____ Home: _____

Allergies: This camper is allergic to: _____
(Please describe below what the camper is allergic to and the reaction seen.)

Diet, Nutrition: _____
(Please describe below.)

Restrictions: _____
(Please describe below.)

Medical Insurance Information:

This camper is covered by family medical/hospital insurance: _____

Include a copy of your insurance card if appropriate; copy both sides of the card so information is readable.

Insurance Company _____ Policy Number _____

Subscriber _____ Insurance Company Phone Number _____

Parent/Guardian Authorization for Health Care:

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Signature of Custodial Parent/Guardian _____ Relationship to Camper: _____

If for religious or other reasons you cannot sign this, contact the camp for a legal waiver which must be signed for attendance.

CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

Camper Name: _____
First Middle Last
Birth Date: _____
Month/Day/Year

Immunization History: Provide the month and year for each immunization. Starred () immunizations must be current. Copies of immunization forms from health-care providers or state or local government are acceptable; please attach to this form.

Immunization	Dose Month/Year	Most Recent Dose Month/Year
Diphtheria, tetanus, pertussis (DTaP) or (TdaP)		
Tetanus booster (dT) or (TdaP)		
Mumps, measles, rubella (MMR)		
Polio (IPV)		
Haemophilus influenzae type B (HIB)		
Pneumococcal (PCV)		
Hepatitis B		
Hepatitis A		
Varicella (chicken pox)	Had chicken pox Date: _____	
Meningococcal meningitis (MCV4)		

Tuberculosis (TB) test	Date: _____	Result: _____
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If your camper has not been fully immunized, please sign the following statement: I understand and accept the risks to my child from not being fully immunized.

Signature of Custodial Parent/Guardian: _____ Date: _____ Relationship to Camper: _____

Medication:

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. **Please review camp instructions about required packaging/containers. Many states require original pharmacy containers with labels which show the camper's name and how the medication should be given. Provide enough of each medication to last the entire time the camper will be at camp.**

Name of medication	Date started	Reason for taking it	When it is given	Amount or dose given	How it is given

The following non-prescription medications may be stocked in the camp Health Center and are used on an as needed basis to manage illness and injury. **List those the camper should not be given:**

CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

Camper Name: _____
First Middle Last
Birth Date: _____
Month/Day/Year

General Health History: Check "Yes" or "No" for each statement. Explain "Yes" answers below.

Has/does the camper:

- | | |
|--|--|
| 1. Ever been hospitalized? | 11. Had fainting or dizziness? |
| 2. Ever had surgery? | 12. Passed out/had chest pain during exercise? |
| 3. Have recurrent/chronic illnesses? | 13. Had mononucleosis ("mono") during the past 12 months?... |
| 4. Had a recent infectious disease? | 14. If female, have problems with periods/menstruation?..... |
| 5. Had a recent injury? | 15. Have problems with falling asleep/sleepwalking? |
| 6. Had asthma/wheezing/shortness of breath?..... | 16. Ever had back/joint problems?..... |
| 7. Have diabetes? | 17. Have a history of bedwetting?..... |
| 8. Had seizures? | 18. Have problems with diarrhea/constipation?..... |
| 9. Had headaches? | 19. Have any skin problems?..... |
| 10. Wear glasses, contacts, or protective eyewear? | 20. Traveled outside the country in the past 9 months?..... |

Please explain "Yes" answers in the space below noting the number of the questions. For travel outside the country, please name countries visited and dates of travel.

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

Has the camper:

1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)?
2. Ever been treated for emotional or behavioral difficulties or an eating disorder?.....
3. During the past 12 months, seen a professional to address mental/emotional health concerns?.....
4. Had a significant life event that continues to affect the camper's life?.....
(History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others)

Please explain "Yes" answers in the space below, noting the number of the questions. The camp may contact you for additional information.

Health-Care Providers:

Name of camper's primary doctor(s): _____ Phone: _____
Name of dentist(s): _____ Phone: _____
Name of orthodontist(s): _____ Phone: _____

What Have We Forgotten to Ask? Please provide in the space below any additional information about the camper's health that you think important or that may affect the camper's ability to fully participate in the camp program. **Attach additional information if needed.**

Parents/Guardians: STOP here. The rest of this is form is completed when the camper arrives at camp. Keep a copy for your records.