

WeTeachTruth
(formerly Lutheran High School Association of Greater Milwaukee)
2026 BAND CAMP

The purpose of Band Camp is for students to grow musically and spiritually in a Christian setting. Lutheran instructors make up the staff. Students participate in daily group rehearsals, sectionals, and music appreciation and music theory classes. Optional free time activities include swimming, boating, volleyball, soccer, horseshoes, waterslides, campfires, and fellowship. Please visit our web site at www.lutheranbandcamp.org.

MAIL TO: Band Camp
Martin Luther High School
5201 S 76th Street
Greendale, WI 53129

FOR OFFICE USE ONLY

Date Rec'd _____

Deposit _____

Balance Due _____

ENCLOSE: Registration deposit of \$60.00
(Payable to WeTeachTruth)

Camp Name BAND CAMP Camp Dates 7/19/26 – 7/25/26

Camper Name _____ Instrument _____ Years Played _____

Address _____ City/State _____ Zip _____

Birth Date (mm/dd/yy) _____ Age _____ Grade (25-26 school year) _____ School _____

Sex _____ Church Membership _____ Home Phone _____

Parent 1 E-mail Address _____ Parent 1 Cell Phone _____

Parent 2 E-mail Address _____ Parent 2 Cell Phone _____

***Note:** E-mail will be the primary method of communication as camp approaches, unless you indicate otherwise.*

Roommate Requests (max of 3) _____

***Note:** When selecting roommates both parties must include each other on their request in order to be considered a valid request. No requests are guaranteed; they are based on available space in the cabins and the ages of the campers.*

Dietary Restrictions _____

Full Amount	\$625.00
Early Bird Discount before April 15 (-\$25)	\$ _____
Second/Third Sibling Discount (-\$30)	\$ _____
Canteen* (+\$20 to \$25 recommended)	\$ _____
Total Due	\$ _____

Amount Enclosed \$ _____
(The \$60 registration deposit must accompany this form.)

Final balances (total due less the registration deposit) are due by June 12.

***Canteen**

Twice each day campers have an opportunity to buy snacks at the Canteen. Canteen money is collected with registration or at check-in and is deposited into their Canteen Account. We recommend \$20-\$25. Pay along with registration (include with your check) or pay at check-in using **CASH ONLY**.

Unused canteen funds will be considered a donation to LuWiSoMo and will not be returned unless specifically requested by marking below:

____ Please return any unused canteen funds to my camper.

The \$60 registration deposit is considered non-refundable but will be credited toward your final balance due. There will be no refunds if you cancel less than two weeks before camp.

Payment will **not** be accepted at check-in except for CASH additions to Canteen.

We, the parent(s) or guardian of _____ hereby authorize and give our consent to the personnel of Camp LuWiSoMo and the doctors and nurses at the Wild Rose Clinic and Hospital (or nearby hospitals), to act on our behalf in case of a medical emergency involving our child.

- ☐ I give my full permission for my child to attend Camp LuWiSoMo and to participate in all activities unless otherwise specified.
- ☐ I hereby grant permission for hospitalization and medical treatment for my child, if needed.
- ☐ I agree that my child's picture may be used to promote Camp LuWiSoMo and Lutheran Band Camp, unless otherwise specified.
- ☐ I understand that cell phones and other electronic devices are not allowed at Band Camp.
- ☐ I understand that my camper is able to communicate with me **via postal mail only** and will not be allowed to call or email me during the week.

Why do we not allow campers to call/email home?

In our experience, the best medicine for homesickness is to stay focused on the fun activities and new friends at camp. We frequently see well-intentioned, loving parents who wish to talk to their camper each day, and this nearly always *increases* — not *decreases* — homesickness. We encourage you to send letters to your camper, but we do not allow campers to call or email home. Your camper may communicate with you through postal mail only.

In the case of a serious or medical issue, one of the Band Camp staff will call the number(s) you list on your registration form.

- ☐ I understand ***Camp LuWiSoMo's Dress & Behavior Policy*** below:

Camp LuWiSoMo is a family-friendly Christian community. To maintain this environment, we expect that your language, dress, and behavior are appropriate for this community. At no time should campers wear clothing that shows their undergarments. Avoid short or tight shirts, short shorts, and clothes that reference drugs, alcohol, or have inappropriate innuendos. Girls are asked to wear one-piece bathing suits at camp.

Parent/Guardian Name _____

Parent/Guardian Signature _____ Date _____

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.