



BAPTISM
WITH
PASTOR STEPHEN PREUS

IDE Confirmation Retreat
October 11-12

The baptism of an infant is the perfect topic to help us understand the Gospel of Jesus Christ and how we are all saved by God's grace alone. You should love infant baptism. Every time there is a baptism of a baby in your church, you should sing for joy over what God is doing for that little one. He is making a sinner into His beloved child by His grace alone. He is granting faith. He is forgiving sin. He is rescuing from death and the devil. He is imparting His Spirit. He is covering a sinner with Christ's righteousness. He is promising eternal salvation. He is doing all this and more! In fact, Infant baptism even helps us understand adult baptism. Rejoice with us in God's salvation of sinners by grace alone, through faith alone, for Christ's sake alone, by coming to the Confirmation Retreat as we explore the treasures of baptism!

Registration

\$50 per attendee

Register online through [EventBrite](#), or send your completed order form with a check for \$50 to the district office:

IOWA DISTRICT EAST - LCMS 1100
BLAIRS FERRY RD MARION IA
52302-3039

Forms

All student will need to bring a completed [Health & Photo Release](#) form with them to camp. This can be found on our district website, along with a [packing list](#), at [lcmside.org](#)

Questions

Visit our district website online for information about the event, or contact the district office: pam@lcmside.org / (319) 373-2112.

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REGISTRATION FORM

NAME _____

ADDRESS _____

PHONE _____ AGE _____ GENDER: M / F

REGISTRATION TYPE (circle): Youth / Adult Chaperone

Send a check for **\$50** with this form to the District Office:

IOWA DISTRICT EAST
1100 BLAIRS FERRY RD
MARION IA 52302-3039

Students will need to fill out a camp Health and Photo Release Form. Bring this with you to camp. The form can be found on our district website at lcmiside.org.

Contact the District Office for more information: dsasanchez@lcmiside.org or call 319-373-2112.

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IDE Youth Event

Online Registration Planning Sheet

Name	Email	Home Phone	Cell Phone	Gender	Age	Church / City	Registrant Type
				M F			<input type="radio"/> Adult <input type="radio"/> Youth
				M F			<input type="radio"/> Adult <input type="radio"/> Youth
				M F			<input type="radio"/> Adult <input type="radio"/> Youth
				M F			<input type="radio"/> Adult <input type="radio"/> Youth
				M F			<input type="radio"/> Adult <input type="radio"/> Youth
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				M F			<input type="radio"/> Adult <input type="radio"/> Youth

Visit this event at [EVENTBRITE](#).

If you have questions please contact Pam Krog at pam@lcmiside.org or 319-373-2112.



This information is confidential.
Parent/Guardian is to collect and bring this form along .

EVANGUARD - Health Form and Photo Release

First Name _____ Last Name _____
Gender _____ Birthday __ / __ / __ Age _____ Grade this Fall _____
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 _____
Pharmacy _____ Phone _____

NAME OF FAMILY MEDICAL/HOSPITAL INSURANCE:

Insurance Carrier _____ Policy # _____
Insurance Phone # (if applicable) _____ Primary Insured's Name _____
Activity Restrictions by parent's/physician's advice?: _____
Other information we need to know? _____

ALLERGIES: Hay Fever Poison Ivy Insect Stings Asthma Food(s): _____
 Peanut Butter Nuts Penicillin Other Drugs: _____

Medications Brought To Event: _____ 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 chaperones.

Special Considerations? _____

AUTHORIZATIONS AND PHOTO RELEASE:

This health history is correct so far as I know and the person herein described has permission to engage in all prescribed event activities except as noted above. I also give permission to the event coordinator or chaperone 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 the event coordinator to transport, hospitalize and secure proper treatment, order injection and/or anesthesia and/or surgery.

I grant to Evanguard and Camp Io-Dis-E-Ca the right to take photographs of me and my family in connection with Evanguard and Camp Io-Dis-E-Ca events and retreats. I authorize Evanguard and Camp Io-Dis-E-Ca, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that Evanguard and Camp Io-Dis-E-Ca may use such photographs of me and my family with or without my name and for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising, and web content. I agree that if I have any concerns or questions regarding the use of such photographs I should contact Evanguard and/or Camp Io-Dis-E-Ca, in writing, in a timely manner.

Signature of Parent/Guardian _____ Date _____

THIS FORM MUST BE COMPLETED, SIGNED, AND SUBMITTED TO EVANGUARD AT EVENT REGISTRATION.

What should I bring to Camp?

Bible

Sleeping Bag

Pillow

Appropriate clothing and shoes for activities

DO NOT BRING

Irreplaceable or valuable items

Cell Phones

iPods, mp3 players, etc.

Extra money

Nuisance items that distract from the purpose of the event

You are responsible for any items you bring to camp

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