



LDM

**EQUIPPING
THE CHURCH
TO MINISTER
WITH PERSONS WHO HAVE
DEVELOPMENTAL
DISABILITIES**

**Dear Campers, Friendship Students, Families, Caregivers,
Group Home Staff, and Residential Care Providers:**

Enclosed please find SonRise Retreat information for 2009-2010.
All the information you need to know about SonRise may be found in the
Information enclosed.

Many of you who could not make it to HandyCamp this past summer may be
interested in attending a SonRise Retreat weekend.

The cost for attending a SonRise Retreat weekend is \$165 per session.
You may select **up to three sessions** at this time. Plan to arrive on Friday
evening by 7:00 p.m. and close with a worship service at 11:00 a.m., and pick
up by 12 noon.

In years past, many sessions filled up quickly. So in order to get
the SonRise session you want, make sure you send in your completed
application **ASAP!** We expect to have a waiting list again this year.
If we have not filled all sessions, you may be able to add a fourth.

Once your application is approved, we will send a detailed confirmation
packet which will include a map, as well as drop off and pick up times.

If you have any questions in regards to SonRise Retreats, feel free to contact
the LDM Office at 765-642-9902. We hope to see you at SonRise Retreat
this coming year!

In Christ,

Jackie Schaefer
LDM Program Coordinator

What is SonRise Retreat?

SonRise Retreat can be described as a mini HandyCamp weekend (**Friday through Sunday**) during the fall, winter and spring months. Sponsored by LDM, SonRise Retreat is a Bible camp at the FFA Training Center in Trafalgar, IN. This retreat is for adult campers who have a developmental disability. The campers' ages range from 18 to 65.

Like at HandyCamp, campers will be paired with volunteer companions who range from age 14 through retirement. Activities include Bible study, singing, arts and crafts, karaoke, hiking, and enjoying God's creation, just like at HandyCamp!



SONRISE RETREAT DATES

2009 - 2010

**FFA Training Center (Trafalgar IN)
Friday 6:00 p.m. - Sunday 12 NOON**

September 25-27, 2009

November 6-8, 2009

December 4-6, 2009

February 26-28, 2010

March 19-21, 2010

April 23-25, 2010

For more information on SonRise Retreats contact LDM at 765-642-9902
or email info@LDMinc.org

Applications may be downloaded from our website: www.LDMinc.org

Do Not Staple

2009-10 SonRise Retreat Camper Application



LDM

_____ September 25-27, 2009	_____ February 26-28, 2010
_____ November 6-8, 2009	_____ March 19-21, 2010
_____ December 4-6, 2009	_____ April 23-25, 2010

Please rank the sessions from 1-6 #1 being first choice. Applicant would like to attend _____ sessions.
I would like to be notified if more sessions become available: _____

Camper Information:

Name: _____ Social Security Number: _____

Preferred Name: _____ Gender: _____ Birthdate: _____

Mailing Address: _____ Home Phone: (_____) _____

City: _____ Email: _____

State: _____ Zip Code: _____

Please indicate your living arrangement (check one): Name of Provider: _____

Group Home Private Family Home Facility Supportive Living

Send Retreat Confirmation Materials to (only if different than above): Relationship to camper: _____

Name: _____ Address: _____

Home Phone: (_____) _____ City: _____

Work Phone: (_____) _____ State: _____ Zip Code: _____

Cell Phone: (_____) _____ Email: _____

In an Emergency Notify: Relationship to camper: _____

Name: _____ Address: _____

Home Phone: (_____) _____ City: _____

Work Phone: (_____) _____ State: _____ Zip Code: _____

Cell Phone: (_____) _____ Email: _____

If Paying by Credit Card:

Credit Card Number: _____ Amount: _____

Name on Card: _____ Exp Date: _____

Billing Address of Card: _____

If you have any questions, feel free to contact us. Please mail Camper Application with Camper Fee (\$165 per session) to:

LDM
4038 Ridgeview Rd.
Anderson, IN 46013 (extra postage needed)

Email: Info@LDMinc.org
Website: www.LDMinc.org

(OVER)

All campers must be ambulatory and able to bath and toilet with minimum assistance.

Mental Ability & Social Interaction Skills

1. Applicant's mental ability: (check one)
 Mildly mentally impaired Moderately mentally impaired Severely/Profoundly mentally impaired
2. Describe the nature of the applicant's disability: _____

3. Is the applicant verbal or nonverbal? Verbal Nonverbal
4. Does the guest have difficulty expressing thoughts and / or wants? Yes No
If yes, how can communication take place? _____

5. Describe applicant's behavior by checking the appropriate box(es) below:
 No unusual behavior Verbally aggressive Physically aggressive Withdrawn / shy
 Wanders away Temper tantrums Home sickness
 Attaches self to male staff / volunteers Attaches self to female staff / volunteers
6. If behavioral problems arise, how should retreat staff deal with the problem? _____

Please Answer the Following Questions:

1. Has the applicant ever attended LDM's HandyCamp or SonRise Retreat? Yes No
2. Has the applicant attended another camps/retreats for persons with disabilities? Yes No
3. Has the applicant been away from home overnight? Yes No

When answering Questions 4 - 7, please note that all retreat activities are closely supervised with staff and one-on-one supervision from volunteers.

4. Does the applicant have permission to participate in hiking activities? Yes No
5. Does the applicant have permission to participate in off site field trips? Yes No
6. Does the applicant have permission to participate in archery? Yes No
7. Does the applicant have permission to participate in group games? Yes No

Please Answer the Following Questions:

What is the applicant's Christian background? Check all that apply.

Answers are for informational purposes only and will not determine applicant's eligibility.

- Attends Church regularly at _____
Church's denomination: _____
- Attends a Friendship Bible Study at _____
- Currently does NOT attend Church or a Friendship Bible Study, but has in the past.
- Has no Christian background.
- Does NOT own a Bible.



LDM

Applicant's Name: _____

Medical / Hospital Insurance

Carrier: _____

Policy Number: _____

******* Attach copy of Insurance Card*******

Name of Family Physician: _____

Physician Phone: (____) _____

Date of Last Physician Exam: _____

Name of Dentist / Orthodontist: _____

Dentist Phone: (____) _____

Health History

1. Applicant's Height _____ Applicants' Weight _____

2. Has applicant had any operations or serious injuries? Yes No
If yes, explain: _____

3. Does applicant have a chronic / recurring illness? Yes No
If yes, explain: _____

4. Has a physician discouraged or limited activities? Yes No
If yes, what activities: _____

5. Does applicant have any dietary modifications / restrictions? Yes No
If yes, explain: _____
What can LDM do to accommodate dietary needs? _____

6. Please check all that apply:

<input type="checkbox"/> Frequent ear infections	<input type="checkbox"/> Asthma	<input type="checkbox"/> Bleeding disorders	<input type="checkbox"/> Bedwetting
<input type="checkbox"/> Frequent headaches	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Sleepwalking	<input type="checkbox"/> Hyperactivity
<input type="checkbox"/> Epilepsy / seizures	<input type="checkbox"/> Heart Defect	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Convulsions

7. Does applicant have any allergies? Yes No
If yes: Penicillin Poison ivy Hay fever Food allergies Bee stings
 Other - please explain: _____

8. Date of last tetanus shot? _____

9. What other health history information would be beneficial to the Nurse and Staff? _____

For Females:

- 1. Does she currently menstruate? Yes No
- 2. Does she understand menstruation? Yes No
- 3. Is her menstrual history normal? Yes No

Seizures:

- 1. Does the applicant experience seizures? Yes No
- 2. What is the frequency of seizures? _____
- 3. Is he/she on seizure medication? Yes No

2009-10 SonRise Retreat Camper Application (continued)



Applicant's Name: _____



Please describe applicant's abilities and needed assistance by checking the appropriate boxes below.

Note: An honest assessment of applicant's abilities will better prepare camp staff and volunteers to provide any needed assistance. Also, campers must be ambulatory and able to toilet independently.

Mobility:

Independent

Needs assistance with balance

Walker

Crutches

Wheelchair

Can only walk short distances

Assistive Devices:

None

Helmet

Braces

Prosthesis

Oxygen

C Pap Machine

Eating:

No assistance needed

Some assistance needed

Food cut-up

Food blended

Uses a straw

Bladder / Bowel Control:

Always in control

Sometimes loses control

Needs reminders

Incontinent

Explain: _____

Vision:

Normal vision

Legally blind

Wears glasses

Wears contacts

Hearing:

Normal hearing

Hearing impaired / deaf:

Knows sign language

Wears hearing aid (s)

Dressing:

No assistance needed

Needs partial assistance

Needs total assistance

Tying shoes

Belts

Zippers

Buttons / snaps

Diet:

Normal

Low calorie (one serving only)

Diabetic

Lactose intolerant

Food allergies, explain:

Personal Hygiene:

No assistance needed

Reminders / verbal cues only

Assistance in / out of shower

Partial assistance with:

Brushing teeth

Styling hair

Washing hair

Washing upper body

Washing lower body

Washing face

Shaving

Drying off

Toileting

If Personal Hygiene assistance is needed, please explain in detail how retreat staff or volunteers can help:

Smoking:

Does NOT smoke.

IS a smoker.

Medications

If you are photo copying Physician Medical Orders, please make sure that the Applicant's Name is clearly visible at the top of all copied pages.

Medication: _____	Dosage per day: _____
Medication: _____	Dosage per day: _____
Medication: _____	Dosage per day: _____
Medication: _____	Dosage per day: _____
Medication: _____	Dosage per day: _____
Medication: _____	Dosage per day: _____
Medication: _____	Dosage per day: _____
Medication: _____	Dosage per day: _____
Medication: _____	Dosage per day: _____
Medication: _____	Dosage per day: _____

**Complete medication information is needed to approve Camper Applications.
An additional Medication Form will be sent to each camper one month prior to the retreat for medication changes.
Please bring that Medications Form with you to the retreat.**

Important: The box below must be completed for attendance at SonRise Retreat.

Authorization to Consent to Medical & Dental Care

I, the undersigned applicant, parent of applicant, or legal guardian of applicant, authorize a representative of Lutheran Disability Ministries, Inc. (LDM) or any other adult appointed or designated as a supervising adult for SonRise Retreat to consent to medical, surgical, or dental care for _____, I consent to any diagnostic tests, medical, surgical, or dental procedure or treatment as may be considered therapeutically necessary by the physician, surgeon, dentist or other health care personnel providing care for such applicant, and on my behalf, to (a) employ physicians, surgeons, dentists, nurses and other health care personnel as may be deemed necessary for such applicant, (b) admit such applicant to any hospital, clinic, emergency room, laboratory, or other health care or diagnostic facility for examination or treatment, surgery, or care and (c) sign all necessary consents and authorizations. It is understood that this authorization is given in advance of the occurrence of any condition or situation which would necessitate any such medical, surgical, or dental care being required but is given to provide authority to obtain such care if it should be required. I fully understand the consequences of the forgoing statements and sign this AUTHORIZATION TO CONSENT TO MEDICAL AND DENTAL CARE knowingly, freely and willingly.

The health history on this application is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted. This applicant has had a medical examination within the past 24 months.

Continued on Back

Authorization to Consent to Medical & Dental Care AND Liability Release (Continued)

My signature below gives consent to medical and dental care and releases Lutheran Disability Ministries from liability.

Lutheran Disability Ministries SonRise Retreat to be conducted at Future Farmers of America training center in Trafalgar, Indiana..

I hereby consent to participation of myself or the person named below in the described SonRise Retreat events. Participation includes the SonRise Retreat for which the below named individual is applying for as a guest and any future SonRise Retreat that I may volunteer or visit during the 2009/2010 SonRise Retreat Sessions. I have read the informational material related to SonRise Retreat and understand the risks involved in the planned activities. I am aware that in addition to activities such as Bible study, worship, transportation, and meal functions, the participant also may participate in various retreat activities that may involve additional risks, such as archery, swimming, fishing, boating, hiking, crafts and other recreational activities.

I am responsible to provide primary accident and medical insurance for myself, or for the person named below, or cover personal medical/dental expenses. I declare that I am, or the person named below is covered by primary accident and medical insurance, or willing to cover personal medical/dental expenses.

I RELEASE AND FOREVER DISCHARGE, THE LCMS YOUTH MINISTRY, THE LUTHERAN CHURCH-MISSOURI SYNOD (LCMS), THE EVANGELICAL LUTHERAN CHURCH OF AMERICA (ELCA), LUTHERAN DISABILITY MINISTRIES (LDM), FUTURE FARMERS OF AMERICA, THEIR AGENTS, THEIR SERVANTS, SUCCESSORS AND ASSIGNS, DIRECTORS, TRUSTEES, OFFICERS, EMPLOYEES, AND OTHER REPRESENTATIVES FROM ANY AND ALL DAMAGES AND CAUSES OF ACTION EITHER AT LAW OR IN EQUITY THAT I MAY HAVE AS A RESULT OF MY PARTICIPATION, OR THE PARTICIPATION OF THE PERSON NAMED BELOW, IN ATTENDANCE AT, AND TRAVEL TO AND FROM THIS EVENT. FURTHERMORE, I DO HEREBY EXPRESSLY STIPULATE AND AGREE TO INDEMNIFY AND HOLD FOREVER HARMLESS THE LCMS YOUTH MINISTRY, LCMS, ELCA, LDM, FUTURE FARMERS OF AMERICA, ITS AGENTS AND SERVANTS, SUCCESSORS AND ASSIGNS, DIRECTORS, TRUSTEES, OFFICERS, EMPLOYEES, AND OTHER REPRESENTATIVES AGAINST LOSS FROM ANY AND ALL PRESENT OR FUTURE CLAIMS, DEMANDS OR ACTIONS IN LAW OR IN EQUITY THAT MAY HEREAFTER BE MADE OR BROUGHT BY ME OR THE PERSON NAMED BELOW, BY ANYONE ON BEHALF OF ME OR THE PERSON NAMED BELOW, OR BY ANYONE ELSE ON THEIR OWN BEHALF FOR DAMAGES OR ANY OTHER LEGAL OR EQUITABLE REMEDY ON ACCOUNT OF ANY INJURY, ILLNESS, PHYSICAL CONDITION, INCONVENIENCE OR LOSS SUSTAINED BY ME OR THE PERSON NAMED BELOW DURING THE SONRISE RETREAT EVENT OR TRAVEL TO AND FROM THE SAME.

Furthermore, the information contained in this application is correct to the best of my knowledge. I authorize references and pastors listed in this application to give any information, including opinions, regarding my character and fitness to work with youth and persons who are mentally impaired. I authorize LDM staff and volunteers the use of all information contained in this application, attachments and verbal communications to be used to secure a camper or volunteer reservation and to provide appropriate care while at camp. If I am 18 years of age or older, I authorize that a criminal records check be conducted on me for the protection of the campers and volunteers. Any information regarding a conviction may be released to LDM, Inc. This information will be held confidential. I agree to hold harmless from liability any person or organization that provides or releases information.

I hereby grant LDM the right to use my name, stories of events, image and likeness, and sound recordings taken of me while at SonRise Retreat for publicity purposes for a period not to exceed 5 years. The right to use these images and recordings are understood to include the right to make and use reproductions and to copyright and distribute the materials as a whole or in part.

I, the undersigned, hereby acknowledge that I have read the foregoing, understand its content, and have signed the same as my own free act and deed.

PLEASE PRINT FULL NAME OF PARTICIPANT (SIGNATURE IN NEXT BOX)

Volunteer / Camper, age 21 and over **not requiring a Guardian Signature:**

Date

Volunteers / Camper **under age 21 or Camper requiring a Parent / Guardian Signature:**

OR

Parent / Guardian Signature:

Date

***** **SIGNATURE IS REQUIRED TO ATTEND SONRISE RETREAT*******

Application Guidelines & Financial Arrangements

The following Application Guidelines & Financial Arrangements have been adopted by LDM. Please review.

- Camper Fees are \$165 per guest per session.
- A \$165 deposit is due with Camper Application forms. Camper positions will not be given without a deposit.

Camper Application example:

Applicant "John":

- Fills out Camper Application for 2 sessions
- Signs Consent to Medical & Dental Care.
- Signs Liability Release.
- Mails in \$165 check for Guest Fee.

John still owes \$165 (due two weeks prior to second session).

Camper Application example:

Applicant "Sally":

- Fills out Camper Application for 2 sessions.
- Signs Consent to Medical & Dental Care.
- Signs Liability Release.
- Mails in \$330 check for Guest Fee.

Sally has fully paid for SonRise Retreat sessions.

- Camper positions will be given only to applicants who return all necessary forms and camper fee deposit (see Application Check List below). Camper positions will be assigned on a "first come, first served" basis.
- Camper reservations will not be accepted over the phone.
- The remaining amount for the Camper Fee is due 2 weeks prior to scheduled session. If the Camper Fee is not paid-in-full by this time, LDM reserves the right to give the camper position to another applicant on the waiting list.
- Refunds
 - If canceling 2 weeks or before the scheduled session, all fees paid will be fully refunded.
 - If canceling less than 2 weeks prior to the scheduled session a \$25 administrative fee will be charged. All other fees paid will be refunded. Or these fees may be applied to another session with no administrative fee being assessed.
 - Last date for full refund is Tuesday before the SonRise Session
 - NO SHOWS, NO REFUNDS

Camper Application example:

Applicant "Dave":

- Fills out Camper Application.
- But forgets to sign Consent to Medical & Dental Care.
- Signs Liability Release.
- Mails in \$165 check for Camper Fee.

Dave's application will not be reviewed or accepted until he signs all necessary releases. Dave may not go to the retreat unless he takes care of this soon!

Application Check List PLEASE READ CAREFULLY!!!!!!

Note: Applicant will NOT be given a Guest Position unless LDM receives ALL of the following:

- Completed Camper Application.
- The appropriate person has signed the **Consent to Medical & Dental Care, AND Liability Release**
- A copy of health insurance card is ATTACHED to application.
- \$165 Camper Fee Deposit (Extra postage may be needed to mail your application)**

If paying less than the full amount at this time, who is responsible for the remaining balance ?

Person / Organization: _____ Phone: (_____) _____

Mail Camper Application and Camper Fee to LDM:

LDM
4038 Ridgeview
Anderson IN 46013

Email: Info@LDMinc.org

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SonRise Retreats are provided as a meaningful spiritual getaway for adults with developmental disabilities, much like HandyCamp, where campers are paired with volunteer companions. It can also provide families with much needed respite. Unfortunately, we still will be unable to serve everyone. This mailing will be sent to more than 400 prospective campers. With only 25 available slots per session, your quick response is essential if you wish to receive a reservation.

Please note the following:

- **Sign up early for all weekends you want to attend (Limit 3).** Space is limited, so to insure your reservation, send in your application as soon as possible.
- **Camper Applications must be completed, signed, and returned to LDM before a camper position will be given to the applicant.**
- **Camper Fees will be \$165 per guest per session** (financial assistance may be available to applicants with financial need, not to exceed \$50).
- **Campers should be ambulatory and able to bath and toilet with minimum assistance.**
- **The cost of one session of SonRise (\$165) must be paid with the Camper Application if you are requesting multiple sessions.** Camper reservations will not be given without the \$165 session fee.
- **All remaining Camper Fees are due two weeks prior to your scheduled session.** If not received by Friday two weeks prior to your scheduled session, LDM reserves the right to give the Camper reservation to an applicant on the waiting list.
- **Meals provided during the retreat include Saturday breakfast through Sunday breakfast.** Friday dinner is on your own.
- **In the event of inclement weather, especially during the winter weekend retreats, LDM will notify campers if the weekend is cancelled.** LDM, with the advice of the FFA Training Center and local authorities, will make the determination if a retreat is cancelled. If LDM decides to cancel a retreat, full reimbursements will be issued or the camper fees will be applied to future retreats.
- **You will receive a confirmation letter after LDM has received your complete camper form and deposit.** The letter will list all reserved dates, remaining balance of camper fees due, or if the camper is on the waiting list. If you do not receive a confirmation letter, please contact the LDM office.
- **Prior to the weekend, each camper will receive a new medications form to be updated (bring this with you to the SonRise Retreat), a map to camp, a transportation information sheet, and a list of items / clothing to bring.**

If you have any questions, comments or concerns, please feel free to contact the LDM Office.

We hope to see you out at SonRise Retreat!! We pray that LDM can be of service to you!