



# WARRIORS ROCK CAMP

Healing through music

Providing a space and place for military members to heal through music, guitar instruction, social connection and faith.



Camp Okoboji  
Milford, IA

“ The guitar lessons Kristina provided were amazing! Our group bonded over shared service and a desire to learn something new. It brought me peace of mind, and offered a slower pace which is a nice escape ”. -Bethany Gross

Music Therapy Empowers, LLC



Led by board-certified music therapist Kristina Gindo. Learn to play a variety of genres and the fundamentals of guitar. Enjoy using guitar as a tool for self care. Kristina provides services to veterans in the Midwest Region and is a graduate of Wartburg College (2012).



Join us Aug 17th-20th, 2023, for guitar instruction and healing through music.

-Free lodging, meals, scheduled and unscheduled activities to services members and their families.

-Registration includes guitar lessons, music therapy sessions and free guitar

-Retired or active duty military members all welcome

-All ages welcome-family friendly camp!

-Application on back



Schedule, local attractions, and, registration form and more details on back

## Camp Schedule and Activities

- Guitar instruction and music therapy for a few hours in morning and afternoon
- Afternoon free/unscheduled time for recreation
- Worship opportunities led by Ch. LTC Steven Hokana, Assistant Director LCMS Ministry To The Armed Forces, well published military and PTSD author
- Family activities in morning and afternoon suitable for the ages and interests of the family members
- Relaxation through music opportunities
- Date night for spouses
- Visit the many attractions of the lakes area; dock your boat, fish, use bikes from camp, or enjoy a number of attractions from the area
- Fun family activities while military member is in music session
- Counseling available onsite if needed
- Support for entire family and resources provided
- Free guitar , music learning materials , online faith resources given to each military member

Camp Okoboji  
1531 Edgewood Drive  
Milford, Iowa 51351  
(712) 337-3325  
[www.campokoboji.org](http://www.campokoboji.org)

**Donate to Warriors Rock Camp to sponsor our service members for this program by calling 712 337 3325 .**



### 2022 Warriors Rock Camp Registration Form

Camp Okoboji 1531 Edgewood Dr Milford, IA 51351 712-337-3325  
[camp@campokoboji.org](mailto:camp@campokoboji.org)

#### Family Contact Information

Family's Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Family Members (Primary Contact): \_\_\_\_\_ M F DOB: \_\_\_/\_\_\_/\_\_\_

Family Member #2: \_\_\_\_\_ M F DOB: \_\_\_/\_\_\_/\_\_\_ Grade ('21/'22) \_\_\_\_

Family Member #3: \_\_\_\_\_ M F DOB: \_\_\_\_\_ Grade ('21/'22)

\_\_\_\_\_ M F DOB: \_\_\_\_\_ Grade ('21/'22) \_\_\_\_ (addit'l. family member info include on back)

One of our household members needs to be housed in a handicap-accessible room (check Y or N)

Please list any dietary needs or concerns, including food allergies (include name of individual to which they apply):

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Additional Information - Home Congregation & City:

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Mental Health Needs \_\_\_\_\_

Medical Information we should know \_\_\_\_\_

Any accommodations you/family members would need to succeed \_\_\_\_\_

Additional Information/ Anything you think we should know; - Tell us a little bit about yourself and your family:

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Terms Of Agreement:

I hereby enroll and give permission for my family listed above to participate in all aspects of Camp Okoboji's Warriors Rock Camp.

I acknowledge that I am responsible for fulfilling payments to all charges and fees for my family's registration.

I acknowledge that our participation in this program involves risk, and may result in various types of injury including, but not limited to, the following: sickness, exposure to an infectious/communicable disease, contraction of an infectious/communicable disease, bodily injury, death, emotional injury, personal injury, property damage, and financial damage. I release Camp Okoboji - LCMS of liability and promise to defend and hold harmless Camp Okoboji - LCMS, Camp Okoboji's Board of Directors, camp staff, and volunteers for any sickness, exposure to an infectious/communicable disease, contraction of an infectious/communicable disease, injury, damage, or death arising directly or indirectly out of our participation in this program.

I hereby give informed and expressed consent to the staff member selected by the camp to secure proper treatment, hospitalize, order injections, anesthesia, x-ray or surgery as deemed necessary for the adult(s) and child(ren) named above. I accept responsibility for payment of such services. I understand an effort will be made to contact me if a family member needs emergency medical-surgical treatment.

I give permission and consent for my family to be included in photographs and videos taken during this camp session. I further give consent that any such images, videos, and interviews may be published and used to illustrate and promote Camp Okoboji - LCMS, Warriors Rock Camp and the National Lutheran Outdoors Ministry Association.

Primary Contact Printed Name: \_\_\_\_\_

**Primary Contact Signature:** \_\_\_\_\_