



2015 Summer Camps



at Cane Ridge West Conference & Retreat Center

Registration Discount Deadline: June 1, 2015

Junior Camp

July 12- 18, 2015
Arrival Time: 4:00pm
Departure time: 11:00am
Director: Mark MacWhorter

For those who have completed grade 3, 4, or 5

Cost: \$246

Swim - Crafts - Make New Friends
Sing - Campfire

Chi Rho Camp

July 5- 11, 2015
Arrival Time: 4:00pm
Departure time: 11:00am
Director: Ron Greene

For those who have completed grade 6, 7, or 8

Cost: \$246

Games & Recreation - Swim - Hang Out With
Friends - Grow in Relationships



CYF Camp

July 26 - August 1, 2015
Arrival Time: 4:00pm
Departure time: 11:00am
Director: Jeremy Comstock

For those who have completed
grade 9, 10, 11, or 12

Cost: \$246

Stretch Your Faith - Hang Out With Friends
Learn - Grow

GMPK Camp

June 26 - 28, 2015
Arrival Time: 7:30pm
Departure time: 11:00am
Director: Mary Larsen

For those who have completed grade K, 1, or 2
and one or both parents or a grandparent.

Note: Adults attending must register.

**Cost: \$78 per person
(\$156 maximum per family)**

Crafts - Games - Campfire
Intergenerational Fun

Rules for acceptance and participation in all programs are the same for everyone without regard to race, color, gender, sexual orientation, national origin, political or religious affiliation, or disability. Free milk will be served to all children at summer camps at Cane Ridge West.

Camps are held at Cane Ridge West, 5 miles east of Lincoln, MT on Highway 200. Turn south on Stone Campbell Drive and proceed about 1/4 mile to CRW gate.

Registration Form

Please register no later than June 15, Complete this form on both sides. Use one form per camper.

Camper's Name: _____ Email: _____ Age _____ Gender _____

Address: _____ City: _____ ST: _____ Zip: _____

Phone: _____ Grade completed 7/1/15 _____

Church: _____ T-shirt size: (Adult S, M, L, XL, XXL) _____

I am registering for: CYF CAMP CHI RHO CAMP JUNIOR CAMP GMPK CAMP

Full Registration Fee \$246 Junior, Chi Rho, CYF Camps \$ _____

Full Registration Fee \$78 GMPK (\$156 Max family) \$ _____

Less Early Discount if this form is postmarked by June 1: -20.00

Less scholarship to be paid by local church: - _____

TOTAL ENCLOSED: \$ _____

**Make check payable to Christian Church in Montana. Send completed form with the camp fee to:
Christian Church in Montana - 1019 Central Avenue - Great Falls, MT 59401**

CAMP COVENANT	
<ul style="list-style-type: none">• I will take part in all scheduled events from the beginning of the event to the end.• I will cooperate with event leaders, whether those leaders are adults or youth.• I will respect each person attending the event, treating them with dignity and equality.• I will not wear provocative or offensive clothing. I will not use foul language or behave in ways that are belittling or harmful to others.• I will not use electronics equipment at camp.	<ul style="list-style-type: none">• I will not bring illegal substances to camp.• I will preserve the cleanliness and condition of the facilities by not damaging or marring trees, shrubs, buildings or furniture.• I will not bring food or beverages to the camp, nor will I receive food or beverages via mail.• If I drive to camp, I will leave my car parked in the lot for the duration of the event.• I will not go into others' personal space during camp.• I will only swim at designated times with adult supervision.

CAMPER	PARENT	PASTOR
I have read the Camp Covenant and agree to abide by it while I am at Cane Ridge West. I understand that if I break this Covenant or do anything that I might harm myself, another, or the camp, I will be sent home at my parent's expense.	I gave my consent for _____ to attend the camp indicated in this registration form. I have read and I understand the Covenant of Conduct and I will do my best to assist my young person in fulfilling these promises. If my child violates the Covenant, I understand that s/he will be transported home at my expense. I will make sure s/he attends the entirety of the camp, observing the drop-off and pick-up times, which will be supplied before the start of the camp.	I understand that the camping program is an important part of the youth ministry of the total church. Therefore, I will help this young person understand the importance of the event s/he is attending. I will inform the camp director or the Regional Minister prior to the event if there are emotional, psychological or family issues that might affect participation.
_____ Signature _____ Date _____	_____ Signature _____ Date _____	_____ Signature _____ Date _____

PHOTO RELEASE: I give permission to The Christain Church (DOC) in Montana to photograph or videotape _____ at _____ camp. I understand that the photos and videotapes may be released to the media and public to promote The Christan Church (DOC) in Montana's programs and/or events in the future. My child's photo or video can be published with or without (please circle) my child's first name.

Parent signature and date _____

Health Form

Camper's Name: _____ Birthdate: _____ Phone: _____

Address: _____ City: _____ ST: _____ Zip: _____

First Emergency Contact Person: _____ Relationship to Camper: _____

Daytime # (____) _____ Evening # (____) _____ Cell# (____) _____

Second Emergency Contact Person: _____ Relationship to Camper: _____

Daytime # (____) _____ Evening # (____) _____ Cell# (____) _____

IMMUNIZATIONS <small>Please indicate month/year</small>	ALLERGIES <small>Please check all that apply</small>	HEALTH HISTORY <small>Please check all that apply</small>	
Tetanus _____ Polio _____ DPT _____ MMR _____	<input type="checkbox"/> Bee Sting <input type="checkbox"/> Hay Fever <input type="checkbox"/> Mildew <input type="checkbox"/> Aspirin <input type="checkbox"/> Penicillin <input type="checkbox"/> Sulfa Other Allergies: _____ _____ _____ _____ I give permission for my child to be given the following over the counter medication during camp: <input type="checkbox"/> Acetaminophen <input type="checkbox"/> Aspirin <input type="checkbox"/> Ibuprofen <input type="checkbox"/> Antacid <input type="checkbox"/> Cough Suppressant Parent Initials: _____	<input type="checkbox"/> AIDS/HIV <input type="checkbox"/> Hyper Activity <input type="checkbox"/> Kidney Trouble <input type="checkbox"/> Bi-Polar Disorder <input type="checkbox"/> Bed Wetting <input type="checkbox"/> Infected Ears <input type="checkbox"/> Rheumatic Fever <input type="checkbox"/> Convulsions <input type="checkbox"/> Sleep Walking <input type="checkbox"/> Schizophrenia <input type="checkbox"/> Diabetes <input type="checkbox"/> Constipation <input type="checkbox"/> Measles <input type="checkbox"/> Severe Anxiety Disorder	<input type="checkbox"/> Epilepsy <input type="checkbox"/> Depression <input type="checkbox"/> Sinusitis <input type="checkbox"/> Depression <input type="checkbox"/> Whooping Cough <input type="checkbox"/> Heart Trouble <input type="checkbox"/> Bronchitis <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Autism <input type="checkbox"/> Stomach Upsets <input type="checkbox"/> Serious Injuries <input type="checkbox"/> Chicken Pox <input type="checkbox"/> Asthma
DIETARY RESTRICTIONS <small>(Specify)</small> _____ _____ _____ _____	Please explain any of the above checked boxes: _____ _____ _____ _____		
BEHAVIORAL ISSUES _____ _____ _____			

MEDICATIONS: Is camper currently taking any medications? Yes _____ No _____ If yes, be sure to send all medications to camp in their original containers. Please list medications being taken:

Medication: _____ Dosage: _____ Time of Day: _____

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Please indicate recent illnesses, surgeries or exposure to contagious/infectious diseases or any information you feel will be helpful for the camp staff to know. Attach a separate sheet if needed. _____

CAMPER'S SWIMMING ABILITY

_____ Non-swimmer _____ Beginner _____ Intermediate (has taken lessons) _____ Advanced (has taken advanced lessons)

EMERGENCY MEDICAL AUTHORIZATION

I give permission for my above named child to participate in the _____ Camp on _____, 2015, at Cane Ridge West, Lincoln, MT. In the event of an emergency, I hereby authorize an adult leader of this camp, as agent for me for the above named child, to consent to any x-ray examination; medical, dental or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the State of Montana, either at a doctor's office or in a hospital.

I also understand that the camp's medical insurance is supplementary to our personal insurance. Our medical insurance carrier:

_____ Group# _____ Certificate# _____

Signature of Parent or Guardian: _____ Date: _____