

2010 MONTANA YOUTH CAMPS

Jr. Teen

July 19 - 24, 2010
Ages: 6th - 8th Grade
Speaker: Nate Ruch

Sr. Teen

July 26 - 31, 2010
Ages: 9th - 12th Grade
Speaker: Nate Ruch

Glacier Kids Camp

August 2-6, 2010
Ages: 3rd - 6th Grade
Speaker: Susie Starr

Cost: \$160 (\$145 if registered before July 1st) \$40.00 pre-registration fee

Please check the camp that applies

REGISTRATION FORM

PLEASE PRINT PLAINLY

Camper's Name _____ Phone _____
Address _____ City _____ State _____ Zip _____
 Female Male Age _____ D.O.B. ____/____/____ Grade as of 9/10 _____
Years you have attended youth camps ____ E-mail address _____
Church Name _____ Pastor's Name _____
Parent's/Guardian's Name and Address during camp (if different) _____

Approved by Pastor (signature) _____

I understand that I am to meet the camp standards of conduct as outlined in the rules. I promise to abide by all camp rules and my signature below is my agreement to that.

Camper Signature: _____ **Date:** _____

FAMILY DISCOUNT: (see back side of form) Registrations for ALL children, with **\$40 pre-registration fee** for each, must be submitted TOGETHER by July 1 to qualify for family discount.

Remaining amount due upon arrival at camp. **Registration fee is non-refundable and non-transferable.**

I want a Camp Memento I have included: **Camp DVD \$10.00*** **Camp T-shirt \$12.00****

CAMP OFFICE USE ONLY

Date Rec'd _____ Room # _____
Camp Cost \$ _____ DVD \$ _____
Paid Camp \$ _____ T-Shirt \$ _____
Amt Due \$ _____

Please mail completed form with minimum \$40 registration fee (non-refundable, non-transferable) to: Christian Center, Attn: Jen Hanson (Sr. Camp), Karin Connolly (Jr. Camp), Jamie Compton (Kid's Camp) 255 Summit Ridge Dr, Kalispell, MT 59901. **Balance due upon arrival at camp.**

CAMPER'S HEALTH STATEMENT

MUST BE COMPLETED AND SIGNED BY PARENT OR LEGAL GUARDIAN (PLEASE PRINT OR TYPE LEGIBLY)

NAME _____ Female Male Age _____ D.O.B. ____/____/____
LAST FIRST MIDDLE

PARENT/GUARDIAN _____ PHONE _____

IN EMERGENCY, NOTIFY DESIGNATED INDIVIDUAL FOR EMERGENCY DECISIONS IF PARENT/GUARDIAN CANNOT BE REACHED:

NAME _____ PHONE _____

HEALTH HISTORY (CHECK ALL THAT APPLY AND EXPLAIN)

ALLERGIES _____ TYPE OF REACTION _____

Does camper have any physical limitations that would prevent him/her from participation in camp activities?

Yes No

CARDIAC PROBLEMS _____

LUNG OR BREATHING PROBLEMS _____

DIABETIC _____ TYPE OF INSULIN _____ DOSAGE/TIMES _____

SEIZURE HISTORY _____ PRECAUTIONS/MEDS _____

TETANUS BOOSTER LESS THAN TEN YEARS AGO? _____

OTHER HEALTH INFORMATION WE SHOULD KNOW _____

1. Is camper on any medication other than those noted above? Yes No

Medication Name & Why? _____

2. You have my permission to treat/medicate my minor child per the camp nurse. Yes No

3. I give my permission for my minor child to be treated by the staff of the designated Emergency Room.

Yes No Please call me first at phone number: _____

4. In case of extreme emergency, I give my permission for necessary surgical procedures. Yes No

5. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected

by the camp director to secure and administer treatment, including hospitalization,

for the person named above. Yes No

6. I hereby give permission to the camp director and/or other member of the camp staff to inspect the

contents of any or all of my child's personal belongings and to withhold and/or dispose of any improper or illegal contents. Yes No

7. My child/teenager is able to participate in all of the events of the camping program including the trips and activities off the grounds.

Check this box if you, the parent/guardian, wish to restrict your child from the activities listed on this form.

8. I understand the Montana District Council of the Assemblies of God is not responsible for my child en route to or from camp, and I release the Montana District Council of the Assemblies of God from any claims, demands or liabilities arising from my child's participation in the camping program.

Camp counselor refers to a "person in charge of a group of children at camp" and does not imply they are licensed to give counsel.

9. Permission is given to the Montana District Council of the Assemblies of God to use photographs (individual or group) and/or multimedia images and recordings of my child.

Signature of Parent or Guardian _____ **Date** _____

PARENTS: Please note that your child will not be permitted to register without parental or guardian signature on this form and consenting to nurse and emergency care.

Insurance Company Name _____

Policy #: _____

FAMILY DISCOUNTS: Registrations for ALL children, with \$40 registration fee for each, must be submitted before July 1st, 2010 to qualify for family discounts. Family discounts are not available after July 1st, 2010.

	Camper's Name	
1st Child (oldest) full price	\$145 _____	\$ _____
2ND Child	\$135 _____	\$ _____
3rd Child (& each child thereafter)	\$115 _____	\$ _____
	_____	\$ _____
	_____	\$ _____
Camp DVD*	Size: _____	\$ _____
Camp T-shirt**	Size: _____	\$ _____
	TOTAL (including Camp DVD and/or T-Shirt)	\$ _____

NOTE: A separate form for each child must be filled out.

Parents: Please note that we have hats, T-shirts, and sweatshirts available for your child to purchase. They range in prices from \$6.00 or \$35.00. These carry a Christian message or have the camp logo!

* A Camp Memories DVD is also available to purchase for \$10.
 ** A Camp T-shirt is also available to purchase for \$12.00

Please check the box on the other side of the form if you are including the \$10 and/or \$12 now to reserve a copy.

CAMP POLICY AND GENERAL INFORMATION

Opening day, registration opens on Monday at 1:00 p.m. The first meal is served at 5:00 p.m. **Rules for acceptance and participation in the camping program are the same for everyone without regard to race, color, sex, national origin, political or religious affiliations, or handicaps.**
Insurance – Campers insurance policy is a secondary insurance which provides \$5,000 accidental death and dismemberment, \$5,000 accidental-medical coverage, \$1,000 sickness medical coverage, \$3,000 specific disease, \$200 dental expense. (Insurance costs are included in registration fee.)
Our program includes – Outstanding speakers, outdoor classes, spiritual encouragement, dedicated counselors, qualified teachers, fellowship, inspiration, and spiritual blessings.
Recreation – Basketball, volleyball, football, hiking, crafts, tetherball, ping-pong, miniature golf, Frisbee golf, carpet ball, foosball, paintball, climbing wall, skateboard park, and special group activities. Involvement in these activities is up to each individual. Off-grounds opportunities include the Maze and Go-Carts (approx. \$8/each).
WHAT TO BRING – A Bible, pen and pencil, writing pad, flashlight, bedding or sleeping bag, towels, washcloths, soap, etc. Money for special offerings, crafts, miniature golf, snack stand (open 2 times daily). If desired, bring baseball glove, camera, etc. ***All medication must be turned into the nurse's office.**
WHAT NOT TO BRING – Cell phones, ipods/MP3 players, PDA's, laptops, DVD players, or secular music. No headphones at all! We are not responsible for lost or stolen articles. We strongly discourage bringing expensive sports equipment, electronic devices, etc.
CLOSED CAMPUS POLICY – No visitors will be allowed on the campgrounds. No animals allowed on the campgrounds.
 Day-time Attire – Sports attire (such as appropriate length shorts, T-shirts, sweatshirts, sweatpants).
 Evening Attire – Casual/formal attire (such as slacks, nice jeans, polo shirts, appropriate length skirt and top).
Swim Wear – One piece swimsuits or long-topped tankinis are allowed, no bikinis or bare bellies.
 Out of respect and honor for one another, refrain from clothes of a revealing nature. No belly shirts, spaghetti straps, backless tops or dresses. (Shoulder part of all tops must be the width of three fingers.) Clothing must conceal all undergarments at all times. No T-shirt designs of an objectionable nature to be worn. No shorts, tank tops, or grubbies in the evening service. No hats or bandanas to be worn in the tabernacle at any time.
SPECIAL GOVERNMENT/CAMP STATEMENT – No weapons, fireworks, tobacco products, alcohol, illegal drugs, or profanity will be allowed at anytime. Violators will be sent home.

Kalispell Christian Center Contact Information

For more information about
 Glacier Bible Camps please contact:

Sr. Camp	Jen Hanson	752-6426
Jr. Camp	Karin Connolly	752.6426 ext. 269
Kid's Camp	Jamie Compton	752-6426 ext. 238

CAMP INFORMATION

CAMP LOCATION	CAMP MAILING ADDRESS
Glacier Bible Camp 400 5th St. W Hungry Horse, MT. 59919	Glacier Bible Camp PO Box 190404 Hungry Horse, MT. 59919
CAMP PHONE 406-387-5545	

Why send your child to camp?
 visit our website to learn more:

www.nextgenerationyouth.net
www.nextgenerationkids.net

PARENTS: Please check the activities that you do **NOT** want your child to participate in: *** these are off-campus**

<input type="checkbox"/> Go-Carts	<input type="checkbox"/> Waterslides
<input type="checkbox"/> Maze	<input type="checkbox"/> River Float
<input type="checkbox"/> Hiking	<input type="checkbox"/> Horseback Riding
<input type="checkbox"/> Bumper Boats	<input type="checkbox"/> White Water Rafting (Sr. Teen Only)
	<input type="checkbox"/> Extreme Hiking / Rock Climbing (Sr. Teen Only)

Parents: Please note that all off campus activities are not available to students registered for the Glacier Kid's camp.