



# 6TH-12TH GRADE\* COST: \$185

\*Must be going into 6th grade and age 11 by camp, also graduated seniors are included

Amount includes camp cost + transport cost. Checks payable to: *Mount Helena Community Church*

## RBSC23 IS ALMOST UPON US!

YOU ARE INVITED ALONG WITH CHURCHES ACROSS OUR REGIONS BEYOND FAMILY TO JOIN US FOR A WEEK OF SEEKING GOD AND HIS PURPOSES FOR THE NEXT GENERATION!

YOU DO NOT WANT TO MISS THIS!

MIKE TATLOCK, THE CHAPLIN FOR THE NBA PORTLAND TRAIL BLAZERS WILL BE ONE OF OUR MAIN SPEAKERS AT CAMP THIS YEAR ALONG WITH OTHERS FROM ENGLAND AND SOUTH AFRICA + OUR LOCAL USA CHURCHES.

CAMP WILL BE HELD AT THE THOMPSON LAKES CHRISTIAN RETREAT WHICH IS LOCATED HALFWAY BETWEEN LIBBY AND KALISPELL, MONTANA. OUR ACCOMMODATION IS RIGHT ON THE MIDDLE THOMPSON LAKE AND TAKES FULL ADVANTAGE OF THE BEAUTIFUL SETTING. WE LOOK FORWARD ONCE AGAIN TO THIS SPECIAL TIME TOGETHER AS WE GATHER TO GOD.



**KEEP THIS PAGE! IT IS FOR YOUR USE!**

## WHAT YOU WILL NEED!

- OUTDOOR CLOTHES
- SLEEPING CLOTHES
- TOWEL & TOILETRIES
- WASHCLOTH
- ONE PIECE SWIMMING SUIT
- SUNSCREEN
- HIKING SHOES
- RUNNING SHOES
- HAT
- SLEEPING BAG & PILLOW
- INSECT REPELLENT
- BIBLE & NOTEBOOK
- WATER BOTTLE
- FISHING GEAR (IF YOU WANT)
- LIFE JACKETS (IF YOU HAVE!)
- MONEY TO GIVE AWAY - WE WILL BE GIVING AWAY MONEY AGAIN THIS YEAR! PRAY ABOUT HOW MUCH YOU WANT TO GIVE.

If you have any questions please contact **Tiffany Robinson** on **5209041718** or by email at **robinsonranch@msn.com**

**Details of time of departure, travel plans and other info will be communicated to you in the weeks leading up to camp.**

Campsite Address: 561 Acm Rd S, Libby, MT 59923, United States  
Signal and Internet access is very limited at the campsite.

# SIGN UP PAGE - THERE IS LIMITED SPACE AT CAMP, RETURN ASAP!!

Student Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: M F

School: \_\_\_\_\_

Church: \_\_\_\_\_

T-shirt size: Youth XS S M L XL Adult XS S M L XL

Food allergies/special dietary requirements (Please be specific):

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Contact name and number of Parent/ Guardian:

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How much have I paid along with form: \_\_\_\_\_

Cash  Check (Check number: \_\_\_\_\_)

Anything else we should know?:

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Hand this to your Youth Leader along with the **release form** and **money**.

**REGIONS BEYOND SUMMER CAMP 2023, RELEASE FORM AND AGREEMENT NOT TO SUE.**

I the undersigned parent or guardian hereby consents to my child/children(Child's name),

\_\_\_\_\_ participating in the **Regions Beyond Summer Camp, Monday, July 24th - Friday, July 28th, 2023.** This event is supported and attended by **Mount Helena Community Church**; I certify that my child is able to participate in the activities related to this event. If my child has medical conditions which may be relevant to a physician in the event of an emergency, I have listed them below. In the event an emergency occurs, I may be reached at the telephone number listed below. If I cannot be reached , I hereby authorize **Mount Helena Community Church** to make emergency medical decisions for my child. If there are any activities I do not want my child to be involved in, I have listed them below.

I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISKS WHICH MAY BE ENCOUNTERED ON SAID ACTIVITY, INCLUDING PRELIMINARY AND SUBSEQUENT THERETO. I do hereby agree to hold **Mount Helena Community Church**, its associates and its agents and employees, harmless from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury to my child or property, even injury resulting in death, which I now have or which may arise in the future in connection with the activity or participation in any other associated activities.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of Montana, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not mere recital.

I further state that **I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT.** This is a legally binding agreement which I have read and understand.

Print \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Parent or Guardian)

Email Address \_\_\_\_\_

MEDICAL CONDITIONS/ALLERGIES TO BE AWARE OF:

\_\_\_\_\_

TELEPHONE NUMBER(S) WHERE I CAN BE REACHED IN AN EMERGENCY

## Medical permission form Regions Beyond Summer Camp 2023

Students will need to give all medications to nurse during camp to be administered by the nurse for the safety of the student and all campers.  
 Camp nurse: Tiffany Robinson, RN (520)904-1718. Please feel free to call and discuss your camper's health needs before camp if needed.

I, the parent/legal guardian of \_\_\_\_\_, give my permission for the camp nurse to give as needed:

- Ibuprofen for minor pain/headache
- Tums for upset stomach
- Antibiotic ointment/Hydrocortisone cream for first aid
- Benadryl for allergic reaction
- Prescription or over the counter medication with dosage instructions provided below

List of medications your student needs to take during camp - **MEDICATION MUST BE IN ORIGINAL CONTAINER**

Medication	Purpose	Dose	Frequency

Medical history relevant to student during camp you wish the camp nurse to be aware of:

**ALLERGIES?** \_\_\_\_\_

Name of parents/guardians \_\_\_\_\_

Phone # \_\_\_\_\_

Text ok? Y/N \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_

Date \_\_\_\_\_