



MONTANASTUDENT MINISTRIES

2018 CAMPER APPLICATION

CHECK:

- Glacier Kids Camp (July 16-20)**
(going into 3-6th grade)

* LOCATION FOR CAMP CAN BE FOUND ON OUR WEBSITE UNDER KIDS AT MONTANASTUDENTMINISTRIES.COM
 * CAMP CONCLUDES AT 9AM FRIDAY MORNING.

For security purposes, please staple a photo of the camper.

FOR OFFICE USE ONLY	
Date Received	_____
Full Cost:	_____
Pre Paid Reg:	Yes or No
Amount Due \$	_____
Pmt Type:	_____
Amount Paid \$	_____
Amount Due \$	_____

Processed (initial)	_____

No Show	_____
Walk-On	_____

FILL OUT FORM AND RETURN TO YOUR CHURCH. ALL FORMS MUST BE COMPLETED TO ATTEND CAMP

PARTICIPANT INFORMATION:

Print clearly - form must be completed and signed by all parties, otherwise applications will not be processed and be sent back.

Name _____ Gender at Birth _____ Birthdate ____ / ____ / ____ Age _____ Grade (completed) _____

Address _____ City _____ State _____ Zip _____ Phone _____ - _____ - _____

Father's Name _____ Phone (Home) _____ - _____ - _____ (Work/Cell) _____ - _____ - _____

Mother's Name _____ Phone (Home) _____ - _____ - _____ (Work/Cell) _____ - _____ - _____

Or Legal Guardian _____ Phone (Home) _____ - _____ - _____ (Work/Cell) _____ - _____ - _____

Shirt Size _____ Church City _____

Church Attending Camp With _____

Will camper be riding to and from camp with this church? Yes No

If not, permission must be handwritten from parent or guardian stating whom they are riding with, their relationship to that person, that person's contact number and stapled to this form.

Pastor Signature (REQUIRED) _____ **Date** _____

COST & DEADLINES:

Glacier Kids Camp: Early Registration cost is **\$170** if postmarked by **June 15**
After these dates, the cost is \$190.
 Price is for camp tuition only. There may be additional cost for travel, etc. For more info talk to your church leaders.

FAMILY DISCOUNT:

This discount applies only to those whose applications are received into the Network Office in Billings post marked by JUNE 15. Registration forms for ALL children with the \$50 pre-registration fee for each child is due by **JUNE 15** to qualify for the family discount. Remaining amounts due upon arrival at camp.
 Early Registration fee is non - refundable and nontransferable.

Family discount only applied to Pre-Registered Price (**Deadline June 15**) (*The discount is taken off from each child's "camp" price.*)

Name of Children: _____

1st Child: _____ Camp Attending: _____ Cost: _____
 (oldest = no discount)

2nd Child: _____ Camp Attending: _____ Cost: _____
 (\$10 off)

3rd Child: _____ Camp Attending: _____ Cost: _____
 (\$15 off)

4th Child: _____ Camp Attending: _____ Cost: _____
 (\$15 off)

5th Child: _____ Camp Attending: _____ Cost: _____
 (\$15 off)

6th Child: _____ Camp Attending: _____ Cost: _____
 (\$15 off)

TOTAL: _____

DEPOSIT:	
<i>A non-refundable and nontransferable deposit of \$50 is needed to process application. Make checks payable to your local church or to Montana Ministry Network.</i>	
Total Amount Enclosed	\$ _____

WHAT TO BRING

- Bible: Paper (not electronic) with name and church in it.
- Pencil/Pen & Notebook
- Towels: Shower and Beach
- Toiletries: Shampoo, Soap, Toothbrush, Toothpaste, Brush, Comb, etc.
- Pillow, Twin Bedding, Blanket or Sleeping bag.
- Appropriate Clothes (enough for 5 days): Jeans, Shorts, Sports Shorts, Sweatpants, T-shirt, Sweatshirt, Light Jacket, Running Shoes, Flip Flops, Modest Bedtime Clothes, Swim wear (One Piece with cover up or Tankini for Girls and Swim Shorts for boys), Underwear, Socks
- Recreational Clothing for Water & Mud Sports
- Spending Money
- One Piece Swimsuit w/ Cover-Up

WHAT NOT TO BRING

- Tight Fitting Clothing (yoga pants, skirts, etc.)
- Fireworks/Weapons/Alcohol/Tobacco/Drugs
- Improper Reading Material
- Pets
- No electronic devices
- Phones

CAMP GUIDELINES

SPECIAL GOVERNMENT/CAMP STATEMENT:

NO WEAPONS, FIREWORKS, TOBACCO PRODUCTS OF ANY KIND, DRINKING OF ALCOHOLIC BEVERAGES, DRUGS, OR PROFANITY ARE ALLOWED ON THE CAMPGROUNDS. *SHOULD A NICOTINE PATCH BE NEEDED, TALK TO THE CAMP LIFE DIRECTOR WHO WILL WORK WITH THE CAMP NURSE.

IF THERE IS ANY CAUSE FOR EXECUTIVE STAFF TO SEARCH A ROOM OR CABIN, STAFF BELONGINGS WILL BE CHECKED AS WELL AS THOSE OF THE CAMPERS.

CLOSED CAMPUS POLICY:

GLACIER BIBLE CAMPS ARE CLOSED CAMPUSES DURING CAMPS. THIS MEANS THAT VISITORS ARE NOT ALLOWED. PLEASE ALERT YOUR FAMILY AND FRIENDS OF THIS POLICY. SPECIAL PERMISSION CAN BE GIVEN IN SPECIFIC CIRCUMSTANCES, BUT MUST GO THROUGH THE CAMP LIFE DIRECTOR, CAMP DIRECTOR OR NETWORK YOUTH DIRECTOR. FOR THE SAFETY OF THE CAMPER, NEVER ALLOW A CAMPER TO LEAVE THE GROUNDS WITH A VISITOR. THIS IS DONE ONLY THROUGH THE CAMP LIFE DIRECTOR OR NETWORK YOUTH DIRECTOR OR CAMP DIRECTOR.

Parents – please review these guidelines with participants. Lack of cooperation, unnecessary roughness, lack of respect for property, unlawful activity or an unwholesome attitude on the part of any Participant may result in expulsion from camp.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

PARTICIPANT AGREEMENT:

I promise to meet the camp standards of conduct as outlined in the attached camp guidelines. My signature below is my agreement to comply.

Signature of Participant Required

Date

My child is able to participate in the event of the camping program including the trip and activities off the grounds. Check off if you DO NOT want your child to participate in: (This activity are off campus)

River Float _____ \$5

The river float is guided by an adult trained in swift water rescue, and one other trained adult accompanies them. A professional raft is used. Provided lifejackets are mandatory. Campers and their guide leave from the campground on a 45 minute float and are brought back to the campground in a church van driven by an approved adult staff member. There are no stops between their pick-up spot and the campgrounds. Campers are never left unattended and the raft does not stop during the float. If there is any inclement weather, the float is cancelled.

Is there a family or marital situation that we should be aware of? Yes or No Explain:

PLEASE PRINT

PARTICIPANT'S LAST NAME: _____ FIRST NAME: _____ BIRTH DATE: _____
MOTHER/GUARDIAN NAME _____ FATHER/GUARDIAN NAME _____

AGREEMENT FOR CONSENT; RELEASE AND ASSUMPTION OF RISK:

The undersigned understand that we are being asked to read each of the following paragraphs carefully. We understand that if we wish to discuss any of the terms contained in this agreement, we may contact the Network Youth Director, Dan Liebe, 406-652-2417.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Participant (if 18 or over) Signature: _____ Date: _____

CONSENT & AGREEMENT: Parent or Guardian, and/or Participant if 18 or over, please fill out as completely as possible.]

In consideration of Participant's participation in the activities listed below on the date and at location above (herein the "Activity"): We, being the parents or legal guardians of the Participant named above (the "Parents"), or Participant (if 18 or older) do hereby consent to the participation of the Participant in the activities of the 2018 Montana Ministry Network Camp. Activities include, but not limited to outdoor activities in which participants may be subject to hazardous plants and bites from insects, ticks, mosquitos, spiders, and snakes. Other activities include swimming, team games such as basketball, volleyball, soccer, and others, recreational games (relay race style, tug-of-war, etc.) We hereby represent that Participant is in good health and in proper physical condition to participate in the above-referenced activities. Further, we certify that Participant is physically able and adequately trained to participate in such events, specifically swimming. We hereby understand and acknowledge the physical rigors associated with the above-referenced activities and/or use of such equipment and understand that participation involves risks and dangers which include, without limitation, serious bodily injury, permanent disability, disease, strains, fractures, partial and/or total paralysis, eye injury, blindness, heat stroke, heart attack or death, inaccessibility of medical care, dangers arising from adverse weather conditions, inadequate safety measures, participants of varying skill levels, situations beyond the immediate control of Glacier Bible Camp and Montana Ministry Network, other undefined harm or damage which may not be readily foreseeable, and other presently unknown risks and dangers (collectively the "Risks"). We understand these Risks may be caused in whole or in part by Participant's own actions or inactions, the actions or inactions of others participating in the activities, and knowing such, We hereby expressly authorize and give permission for Participant to participate in any and all of the above-referenced activities.

We **DO NOT AUTHORIZE** our child/Participant to participate in any of the following activities: _____

We also hereby give permission to the camp staff to inspect the contents of any or all of Participant's personal belongings, and to withhold any unapproved contents. I understand that if Participant misbehaves and violates the camp rules, Participant may be expelled from Camp and we may be called to pick him/her up.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Participant (if 18 or over) Signature: _____ Date: _____

GENERAL RELEASE AND ASSUMPTION OF RISK:

KNOWING THE RISKS DESCRIBED ABOVE, WE THE UNDERSIGNED PARENTS AND/OR PARTICIPANT (IF 18 OR OVER) AGREE TO ASSUME ALL THE RISKS AND RESPONSIBILITIES, KNOWN AND UNKNOWN, SURROUNDING PARTICIPANT'S PARTICIPATION IN THE ACTIVITY. TO THE MAXIMUM EXTENT ALLOWED BY LAW, WE THE UNDERSIGNED (INDIVIDUALLY, JOINTLY AND FOR THE PARTICIPANT) RELEASE, HOLD HARMLESS, AND AGREE TO INDEMNIFY GLACIER BIBLE CAMP AND MONTANA MINISTRY NETWORK AND THEIR OFFICERS, DIRECTORS, EMPLOYEES, VOLUNTEERS, AND AGENTS, FROM AND AGAINST ANY PRESENT OR FUTURE CLAIMS, LOSSES, LIABILITIES, COSTS AND EXPENSES FOR INJURY TO PERSON OR PROPERTY, OR FOR ANY OTHER DAMAGE, WHICH I/WE MAY SUFFER, OR FOR WHICH I/WE MAY BE LIABLE TO ANY OTHER PERSON, RELATED TO PARTICIPATION OF THE PARTICIPANT IN THE ACTIVITY (INCLUDING PERIODS IN TRANSIT TO OR FROM MY DESTINATIONS), RESULTING FROM ANY CAUSE, INCLUDING BUT NOT LIMITED TO NEGLIGENCE ON THE UNDERSIGNED'S PART OR ON THE PART OF ANY OF THE RELEASED PARTIES; PROVIDED THAT THIS RELEASE OF LIABILITY SHALL NOT APPLY TO GROSS NEGLIGENCE OR WILLFUL OR WANTON MISCONDUCT.

We hereby warrant that we have read this Agreement carefully, understand its terms and conditions, and acknowledge that we are giving up substantial legal rights by signing it. We acknowledge we have signed this Agreement freely and voluntarily, without any inducement, assurance or guarantee. This Agreement represents the complete and entire understanding between the parties regarding these issues and no oral representations, statements or inducements have been made apart from this Agreement. If any provision of this Agreement is held to be unlawful, void, or for any reason unenforceable, then that provision shall be deemed severable from this Agreement and shall not affect the validity and enforceability of any remaining provisions.

We expressly waive any defense to the enforcement of any provision of this commitment arising from a claim of lack of consideration and warrant that this commitment constitutes a legal, valid, and binding obligation upon me enforceable against me in accordance with its terms.

We expressly agree that this assumption of risk, release, and indemnity agreement is intended to be as broad and inclusive as permitted by law. I/WE further state that **WE HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND ITS CONTENTS, AND WE VOLUNTARILY SIGN THIS AGREEMENT AS OUR OWN FREE ACT.**

We understand and agree that no oral or written representations can or will alter the contents of this document. We agree that this agreement shall be governed by the laws of the State of Montana, which shall be the forum for any lawsuits filed under or incident to this agreement or the above-described activities.

A photocopy or facsimile of this consent and release shall be as valid as the original.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Participant (if 18 or over) Signature: _____ Date: _____

PARTICIPANT HEALTH HISTORY FORM AND AUTHORIZATION:

PLEASE PRINT

PARTICIPANT'S LAST NAME _____ FIRST NAME _____ BIRTHDATE _____ GENDER _____

MOTHER/GUARDIAN NAME _____ FATHER/GUARDIAN NAME _____

EMERGENCY CONTACT PHONE NUMBER _____

FAMILY PHYSICIAN

NAME _____

PHONE _____

INSURANCE

Yes No **Is participant covered by insurance?**

Camp insurance is accident-only coverage and is secondary to personal insurance.

INSURANCE CO. _____

GROUP # _____ SUBSCRIBER # _____

HEALTH HISTORY

Please check YES or NO to the following questions—if the response is YES you will have below to add more detail.

Does Participant have **CHRONIC HEALTH ISSUES** Yes No

Is Participant taking any form of **MEDICATION** for any reason? Yes No

Does Participant have **DIET RESTRICTIONS** Yes No

Does Participant have **ACTIVITY RESTRICTIONS** Yes No

Date of Last Tetanus _____

Are Participant's immunizations current? Yes No

Does the Participant sleep walk? Yes No

Can the Participant swim? Yes No

Does Participant have any of the health conditions on the chart below? Check all that apply.

	CONDITION	YES	NO		CONDITION	YES	NO
1	Asthma			Inhaler? Yes No	7	Bleeding	
2	Diabetes			Insulin? Yes No	8	Bee Sting Allergy	Epi Pen? Yes No
3	Epilepsy/Seizures				9	Peanut/Nut Allergy	Epi Pen? Yes No
4	Heart Condition				10	Other Food Allergy	Epi Pen? Yes No
5	Orthopedic				11	Drug Allergy	Epi Pen? Yes No
6	Fainting				12	Anaphylaxis reaction	Epi Pen? Yes No

Please list medications, foods, diet restrictions or environmental allergens that Participant is allergic to and the allergy reaction if not mentioned above:

Is the Participant presently being treated for an injury or sickness or taking any form of medication for any reason? Yes No If yes, please explain: _____

Please list any and all diseases, serious illness, injuries and surgeries the Participant has or has had: _____

Does the Participant have any physical condition or illness which would prevent him/her from participating in rigorous activity? Yes No

If yes, please explain: _____

MEDICATIONS

Does the Participant require any medications to be administered? Yes No

If yes, please list below all medications with dosage, frequency/time and reason for dispensing.

*****Any personal medications (prescription and/or over-the-counter), vitamins, herbs, and enzymes MUST have a doctor's order and be brought in the original bottle to the first aid station to be administered to Participant. All meds must be original container with pharmacy label including patient name, physician name, medication name, prescription number, date prescribed, dosage.*****

Permission is given for the following over-the-counter medications to be given to Participant as directed per age/weight:

- | | |
|--|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No Acetaminophen | <input type="checkbox"/> Yes <input type="checkbox"/> No Pepto Bismal |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Ibuprofen | <input type="checkbox"/> Yes <input type="checkbox"/> No Calamine Lotion |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Benadryl | <input type="checkbox"/> Yes <input type="checkbox"/> No Antibiotic Ointment |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Robitussin DM | <input type="checkbox"/> Yes <input type="checkbox"/> No Antacid(Tums,etc.) |

MEDICATION	DOSAGE	FREQUENCY	REASON

MEDICAL TREATMENT AUTHORIZATION

We, THE PARENTS AND/OR GUARDIANS OF Participant ("Parents"), and Participant (if 18 or over) understand that the undersigned Parents will be notified in the case of a medical emergency involving the Participant. However, in the event that Parents, or either of us, cannot be reached, and/or if Participant 18 or over is unable to make decisions, we authorize the calling of a doctor and the providing of necessary medical services in the event the Participant is injured or becomes ill. We authorize any one or more of the following persons to make emergency medical care decisions on behalf of the Participant, if required by law or a health care provider: Camp director or their authorized designee.

Parents and Participant (if 18 or over) understand that Glacier Bible Camp and Montana Ministry Network or any of their agents, employees, or volunteers, shall not be responsible for medical expenses incurred on the basis of this authorization. We hereby agree to hold harmless, defend and indemnify Glacier Bible Camp and Montana Ministry Network, its parents, subsidiaries and affiliates, board members, officers, employees, agents and volunteers from all obligations, damages, losses, attorney's fees, defense costs, demands, investigations, actions, liabilities, claims, cross-actions, third-party actions, causes of action, of any kind or nature whatsoever, including the negligence or gross negligence of Glacier Bible Camp and Montana Ministry Network (collectively "claims") that may be asserted by anyone and that has any relation to the Participant to the fullest extent permitted by law. It is our express intention to defend, indemnify and hold harmless Glacier Bible Camp and Montana Ministry Network from all claims arising out of or resulting from or in any manner relating to the treatment, medical or otherwise, of Participant.

We agree to notify Glacier Bible Camp and Montana Ministry Network in the event of any health changes which would restrict the Participant's participation in any activities. We also understand that Glacier Bible Camp and Montana Ministry Network representative(s) reserve the right to restrict the Participant from any activity for any reason. **A photocopy or facsimile of this authorization shall be as valid as the original.**

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Participant (if 18 or over) Signature: _____

Date: _____