

kids | JULY 21 - 23, '17 camp



Want to spend the weekend away with friends, playing games, swimming, making crafts, and so much more?

Then join us this year for our first ever Kid's Camp, brought to you by the students and adults at Shiloh Hills Fellowship. Enjoy three days at beautiful Riverview Bible Camp seated next to Pend Oreille River, as we discover the unique gift God has offered us all while having an epic time!

We invite all kids ranging from kindergarden through fifth grade to spend a weekend away full of adventure and excitement! We will be staying at the Ponderosa Lodge on site and sleeping in cozy cabins, so pack your bags and get ready for a weekend you'll never forget! The journey starts on Friday, July 21st and ends Sunday, July 23, 2017 so sign up today to secure your spot! See you there!

drop off:

Friday, July 21 @ 2 PM
Shiloh Hills Fellowship

pick up:

Sunday, July 23 @ 12:30 PM
Shiloh Hills Fellowship

camp location:

Riverview Bible Camp
408771 WA-20, Cusick, WA

contact:

Terry Malmsten | 509.270.6831
terry@shfspokane.org

Nicole Weatherly | 509.710.5256
youth@shfspokane.org

PLEASE MAKE CHECKS PAYABLE TO:
SHILOH HILLS FELLOWSHIP

WWW.SHFSPOKANE.ORG





WHAT TO BRING:

[Please only bring 1 bag of clothes and 1 bag of sleeping materials.]

- Teachable heart
- Listening ears
- Bible
- Clothes you don't mind getting dirty
- Swimsuit
- Tennis shoes
- Towel, toiletries, etc.
- Clothes for 2 days
- Sunscreen
- Water bottle
- Sleeping bag or blankets
- Pillow
- Flashlight

WHAT *NOT* TO BRING:

- × Weapons
- × Electronics (*iPods, phones, portable video games*)
- × Clothing with inappropriate messages
- × Bad attitude



KIDS SUMMER CAMP REGISTRATION

Today's Date: _____

Student's Name: _____ 0 Male 0 Female

Age: ____ Grade: ____ Birthday: ____/____/____ T-Shirt Size: XS S M L

Allergies: _____

Parent / Guardian Name: _____

I give permission for my son/daughter to attend the Kids' Summer Camp, July 21-23, 2017, at Riverview Bible Camp, 408771 Washington 20, Cusick, WA 99119. As Parent or Legal Guardian, I authorize the adult in charge to tend to any injuries or illness, or to seek a qualified physician or medical facility to examine the above-named child and in the event of injury or illness to administer emergency care and to arrange for any consultation by a specialist, including a surgeon, he/she deems necessary to insure proper care of any injury or illness. Every effort will be made to contact the parent or guardian prior to any involved treatment. I will assume all financial responsibility for medical care needed by my child while he/she is participating in this activity. I will not hold SHILOH HILLS fellowship or the leaders in charge responsible for injuries that might occur as part of the activities during this trip.

Home Address: _____ City: _____ Zip: _____

Phone Number: _____ Cell Number: _____

Other Numbers: _____ Email: _____

Special Instructions or Needs: _____

I give permission for photos or videos to be taken of my student during Summer Camp activities: Yes No

Medical Release: I hereby authorize the holder on this information to obtain emergency care for the above named child, including such x-ray examinations, laboratory procedures, anesthesia, medical or surgical treatment or other hospital services ordered by the attending physician or dentist and his/her assistants or designees. I also authorize that I am responsible for charges not covered by insurance. A Copy of this authorization can be used as the original.

Insurance Company: _____ Policy #: _____

Doctor's Name: _____ Doctor's Phone #: _____

I decline to provide information for this form and will not hold Shiloh Hills Fellowship liable for difficulties with food allergies.

Parent's Signature: _____ Date: _____

RELEASE AND ARBITRATION AGREEMENT (Must be signed by all attendees)

In consideration of RIVERVIEW BIBLE CAMP, I for myself, or for the minor child named below, forever waive, release and discharge RIVERVIEW BIBLE CAMP (and its parent corporation) from any/all injuries, claims, disputes, liabilities or actions resulting from RIVERVIEW BIBLE CAMP providing services for me and for my benefit regardless of location for the dates identified above, except for injury or damage arising out of Riverview Bible Camp's negligence or willful misconduct. I attest and verify that I have full knowledge of the risks and dangers involved; that I assume such risks, and that I will assume and pay my one medical and emergency expenses; in the event of an accident, illness or other incapacity, regardless of whether I authorized such expense.

Any controversy arising out of, connected to, or relating to any matters herein of the transaction between me and the above named parties or on behalf of the minor child named below, of this Release/Waiver, or the breach thereof, including but not limited to any claims of violations of Federal and/or State Law, as well as any common law claim shall be settled by arbitration through Christian Conciliation Services; and in accordance with this paragraph a judgement based upon the arbitrator's award may be entered in any court having jurisdiction thereof in accordance with the provisions of R.C.W. 7.04. This agreement shall be construed and interpreted under the laws of the State of Washington.

I have read this waiver and release carefully, and I understand it.

Print Participant's Name _____ Date of Birth: _____

Signature: _____ Date: _____

(Must have parent/guardian signature if participant named is under 18)