

# 2018 Inland West Youth Camps

RSVP now to let your camp director know you'll be at camp this summer! Attached is a registration form that can be used for any camp. Remember to attach a copy of your health insurance card when you bring your registration and payment to camp. You can print more registration forms at [www.cofchrist-iwest.org](http://www.cofchrist-iwest.org).



**Red Cliffe Kids Camp** June 8-10, 2018 Camp Red Cliffe, Huntsville, UT For youth who have completed grades K-6  
**RSVP by June 1** Director Carol Andreasen 307-231-4427 [chosierandrea5@hotmail.com](mailto:chosierandrea5@hotmail.com)  
**Cost is \$50** Directions: [cofchrist-iwest.org](http://cofchrist-iwest.org)

**Cheney Kids Camp** June 15-17, 2018 Cheney, WA For youth age 7 to 12  
**RSVP by June 8** Director Kathleen Strozyk 509-636-2011 [edwallian@juno.com](mailto:edwallian@juno.com)  
**Cost is \$40**

We'll meet Friday at 7 p.m. at the Spokane Valley church and carpool to camp. Pick-up is at the Spokane Valley church at Noon on Sunday.

**Echo Valley Youth Camp** August 1-5, 2018 Echo Valley Campground, Avon, MT For youth going into grades 4 to 9  
**RSVP by July 25** Director Robin Martell 406-671-1914 [rmartellrealestate@gmail.com](mailto:rmartellrealestate@gmail.com)  
**Cost is \$165** Directions: [campechovalley.com](http://campechovalley.com)

**Cascade Jr/Sr High Camp** August 4-9, 2018 Cascade Campground, Cascade, ID For youth ages 13-18  
**RSVP by July 25** Director: Andrea Silva [stampin.silva@gmail.com](mailto:stampin.silva@gmail.com)  
**Cost is \$165 and \$150 additional sibling** Directions: [idahocampcascade.org](http://idahocampcascade.org)

## What to bring to camp

- a sleeping bag or bedding & pillow
- clothing for cool weather and warm weather
- rain gear
- sturdy shoes
- shower shoes
- bathing suit
- towels
- personal hygiene items
- flashlight & batteries
- insect repellent
- sun screen
- reusable water bottle
- laundry bag

## Please do not bring these things

- electronics: ipods, video games, computers, dvd players
- toys
- clothing with inappropriate words or slogans
- alcohol, tobacco, illegal substances
- firearms
- fireworks
- matches or lighters
- candy/snacks/soda

Cell phones will be in the care of the counselors. All medications need to be given to, or cleared with, the camp nurse and noted on your registration form.

## Get your monthly news fix!

Are you receiving the mission center monthly e-mail NewsBrief? You can easily subscribe to the NewsBrief by going to [www.cofchrist-iwest.org](http://www.cofchrist-iwest.org) and clicking on the Events/News Tab.

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If you'd like to come to camp but need financial assistance, talk to your pastor or visit [www.cofchrist-iwest.org](http://www.cofchrist-iwest.org) for YES Fund application. Deadline is June 1.

The Inland West Mission Center's camping program relies on dedicated volunteers as directors, counselors, teachers, cooks, and nurses. We extend a big "Thank you!" to all that take on these important roles for our youth. If you'd like to help at a youth camp this summer, please contact the director listed with the camp or call the Mission Center office at 800-918-8335.



Find us on Facebook

Community of Christ I--West Mission Center

COMMUNITY OF CHRIST  
EVENT REGISTRATION FORM



Registrant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Registrant Information:

Email Address: \_\_\_\_\_ Home Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

Name of Event, Date, and Location: \_\_\_\_\_ Special Needs or Requests: \_\_\_\_\_

Parent/Legal Guardian: Name: \_\_\_\_\_ Home Ph: \_\_\_\_\_

Work Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_ Email Address: \_\_\_\_\_

Parent/Legal Guardian: Name: \_\_\_\_\_ Home Ph: \_\_\_\_\_

Work Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_ Email Address: \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_ Home Ph: \_\_\_\_\_

Work Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_ Email Address: \_\_\_\_\_

Other Persons Authorized by Parent/Guardian to transport Registrant home upon conclusion of Event:

MEDICAL HISTORY—Please circle YES or NO and explain any "YES" answer

YES NO Are you allergic to any foods, latex, medications, etc.? \_\_\_\_\_

YES NO Are you presently under a physician's care for any acute/chronic medical condition? \_\_\_\_\_

YES NO Are you currently taking any medications? \_\_\_\_\_

Please list all mental health and/or physical conditions, if any. \_\_\_\_\_

YES NO Have you recently been exposed to a contagious disease or illness? If yes, please describe. \_\_\_\_\_

YES NO Do you have any special dietary needs? \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Please attach a photocopy of a current health insurance card which covers the Registrant.

Who can pick up your child from camp: \_\_\_\_\_

Authorized Person's Contact information: Home Phone: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

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

## Release and Consent

Please read each of the following Release and Consent Statements and sign this registration form. Your signature indicates your consent.

## Consent to Medical Treatment

As the Registrant, or if under the age of 18 (19 in Alabama, Alaska, Wyoming and Nebraska, 21 in Pennsylvania, Puerto Rico, Mississippi and Colorado), the parent or legal guardian of the Registrant listed on this form, I give permission to Community of Christ to transport the Registrant to a physician or hospital and hereby authorize medical treatment, including but not limited to emergency surgery or medical treatment, and I will assume the responsibility for payment of all expenses and bills resulting from medical treatment. Community of Christ personnel may administer prescription medication as needed during the Event, and I agree that if the Registrant has an illness on the day the Event begins that could be harmful to him/her or to others, he/she will not be allowed to begin the Event.

## Consent to Participate in Event Activities

As the Registrant, or as parent/guardian of the Registrant, I do for myself and on behalf of the Registrant, if said Registrant is not 18 years of age or older (19 in Alabama, Alaska, Wyoming and Nebraska, 21 in Pennsylvania, Puerto Rico, Mississippi and Colorado), specifically consent to the participation in all activities offered at the Event. Any activities to which I do not consent are listed here:

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## Waiver and Release of Liability

In consideration for acceptance for my participation in the Event, or as parent/guardian of the Registrant, I do for myself and on behalf of the Registrant, if said Registrant is not 18 years of age or older, hereby release, forever discharge and agree to hold harmless Community of Christ and its affiliated organizations, lessors, lessees, officers, representatives, subordinate units, contractors, campgrounds, Event directors, staff, priesthood, agents, volunteers, participants, and employees thereof from any and all damages (including consequential damages), liability, claims, judgments, penalties, obligations, fines, causes of action, demands, losses, costs, and expenses (including without limitation reasonable attorneys' fees and court costs) for personal injury, sickness or death based upon ordinary negligence, as well as property damage and expenses of any nature whatsoever which may be incurred by the parent/guardian and the Registrant occurring while Registrant is participating in the Event or arising thereafter, and further agree to hold harmless and indemnify said organizations and their lessors, lessees, officers, representatives, subordinate units, contractors, campgrounds, Event directors, staff, priesthood, agents, volunteers, participants, and employees for any liability sustained by them as the result of the negligent, willful or intentional acts of said Registrant during the Event, including expenses incurred attendant thereto.

## Photo Release

In consideration for acceptance for my participation in the Event, or as parent/guardian of the Registrant, I do for myself and on behalf of the Registrant, if said Registrant is not 18 years of age or older (19 in Alabama, Alaska, Wyoming and Nebraska, 21 in Pennsylvania, Puerto Rico, Mississippi and Colorado), hereby give consent to and authorize the taking of photographic, audio or video recordings in which the Registrant may appear; and hereby waive all right of privacy in and to any of said pictures or tapes and authorize the use of the recordings by Community of Christ for any and all official resource, use or purpose including but not limited to print, film, or electronic media and reproduction or digital representation of every description on the internet/world wide web.

## Event Rules

Possession of fireworks, firearms, fixed or switched blade knives (except under supervision by Event staff), any other weapons, alcohol, tobacco products, marijuana, illegal drugs or other controlled substances or their imitations are strictly forbidden.

## STATEMENT OF CONSENT AND RELEASE

*I, the undersigned, have read and consent to the rules, guidelines and releases specified in this form.  
I have read, understand, and agree to abide by the Event Rules.*

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Registrant

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Parent/Legal Guardian, if Registrant is under 18

**Inland West Mission Center  
YES Fund Grant Application**      **Deadline is June 1, 2018**

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

Age: \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Zip Code

Congregation: \_\_\_\_\_ Pastor: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

I believe this activity will benefit me by:

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I agree to go back to \_\_\_\_\_ congregation and share my testimony of this experience!

Parent/Guardian

**Please send completed applications to:  
Please Mail by June 1, 2018**

**Inland West Mission Center**  
**11515 East Broadway**  
**Spokane Valley, WA 99206**

**Event: (Circle One)**

## Echo Valley Reunion

## Red Cliffe Reunion

## Cascade Reunion

## Samish Island Reunion

I am requesting funds because...

Item	Amount
Activity Cost	\$
Amount Provided by Applicant	\$
Amount Provided by Congregation	\$
Other source of Funds	\$
Amount of Grant Requested	\$