

# RISE

## MIDDLE SCHOOL SUMMER CAMP

**August 16th-18th**

**COST \$160**

(Make all checks payable to:  
Crossroads Christian Fellowship)

### **DROP OFF**

**6pm Friday August 16th at  
Thompson Lakes Christian Retreat**

(593 Acm Rd S, Libby, MT 59923)

### **PICK UP**

**12pm Sunday August 18th at  
Thompson Lakes Christian Retreat**

(593 Acm Rd S, Libby, MT 59923)

### **NEED TO BRING**

**Bible**

**Journal/Pens**

**Pillow**

**Sleeping Bag**

**Towel**

**Toiletries**

**Beach Clothes**

**Sneakers**

**Beach Towel**

**Flashlight**

Questions: email [alexmulcahey@crossroadsbigfork.com](mailto:alexmulcahey@crossroadsbigfork.com)

# Station Five "RISE" Summer Camp 2024 Release Form

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Locations: Thompson Lakes Christian Retreat (593 Acm Rd, Libby, MT 59923)

Time: Friday August 16<sup>th</sup> 6pm – Sunday August 18<sup>th</sup> @ 12pm

Students 'Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_ Shirt Size (adult) \_\_\_\_\_

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

Church Associated With: Crossroads \_\_\_\_\_ Mission Church \_\_\_\_\_ (Check one)

Parents/Guardian Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Secondary Emergency Contact and Phone (if different from above): Name \_\_\_\_\_ # \_\_\_\_\_

## MEDICAL HISTORY

Special Conditions/Medications: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Other Allergies: \_\_\_\_\_

## Permission for Treatment/Liability Release

I \_\_\_\_\_, parent and/or guardian of \_\_\_\_\_ a minor, hereby acknowledge that said minor is presently under my care, custody, and control. I hereby give my child, the said minor, my express permission to attend and participate in Crossroads Christian Fellowship's Middle School 2024 Summer Camp "RISE".

I have listed said minor's physical/medical concerns that may need attention and any special instructions/requirements regarding participation. In the event of an emergency that necessitates medical, surgical, and/or dental attention, I hereby consent and give my permission to Crossroads Christian Fellowship or its representatives, or any physician to make decisions and to perform such medical treatments and/or surgery upon said minor which may, in their sole discretion, be necessary and proper under the circumstances.

I do release, acquit, discharge, and covenant to hold harmless Crossroads Christian Fellowship and its representatives from any and all actions, damages, and liabilities arising out of participation or treatment of any sickness, accident, or injury incurred by said child while attending/participating in their Middle School 2024 Summer Camp "RISE". I will also not hold the participating facilities liable for any and all damages that could accrue.

I understand that my child will be dismissed from participating in this activity and sent home at my expense (if applicable) if he/she fails to adhere to the rules. I also understand that if something happens and my child cannot make the event, I am not guaranteed a full refund do to cost that the church fronted for my child's participation.

I have read and fully understand the above permission for treatment/liability release and agree to its terms.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

STUDENT SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

Payment (Cash/Check)

Check #: \_\_\_\_\_

Please Make **all checks** payable to: *Crossroads Christian Fellowship*