

# SUMMER CAMP 2025

## INFORMATION PACKET

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Dates

**June 23rd-27th**

Cost

**\$295**

(before June 1<sup>st</sup> cost increases to \$325 after)

*Registration ends June 20<sup>th</sup>*

*Make Checks Payable to New Creation Fellowship*

**SPEAKER: MICHAEL KIBBE, PH.D.**

LOCATION

**RIVERVIEW BIBLE CAMP**

### FOR MORE INFORMATION, CONTACT:

**Matt Halverson  
Youth Pastor**

**Phone: 509-994-0824  
Email: [matt@ncfspokane.com](mailto:matt@ncfspokane.com)**

### PARTNERING CHURCHES

**Fourth Memorial Church  
New Creation Fellowship  
Indian Trail Church  
Valley Fourth Church  
Connection Point Church  
Gospel Lampstand Church  
Grace Christian Fellowship**

# Packing list

## Bring:

- Bible, notebook, and pen
- Pillow and warm bedding for a twin-size bunk/sleeping bag, clothes for activities (be prepared for cool or rainy weather) long pants or jeans, closed-toe shoes. Modest one-piece bathing suit, and sunscreen.
- Toiletries, Soap, shampoo, and a towel
- Miscellaneous: Insect repellent, flashlight, spending money for snacks and paintball
- Throw-away or “dirty” clothes for messy games

## Do Not Bring:

- Phones or other electronic devices (iPods, Video Games, Computers)
- Weapons, Drugs, Alcohol
- Fireworks
- Bad attitudes

## Transportation

- We will meet at NCF @ 1 pm on Monday, June 23rd
- We will return to NCF @ noon on Friday, June 27th

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**EVERY STUDENT WHO WISHES TO ATTEND CAMP MUST COMPLETE THE FOLLOWING TASKS:**

- 1) SUBMIT THE COMPLETED FORM TO MATT OR THE NCF OFFICE
- 2) SUBMIT \$295\* TO MATT OR THE NCF OFFICE (CHECKS WRITTEN TO NEW CREATION FELLOWSHIP)

*\*Price increases to \$325 after June 1st. Partial scholarships available upon need and request, just ask if you have need.*

# SUMMER CAMP 2025 REGISTRATION FORM

## Office Use Only

Payment Received \_\_\_\_\_

### Personal Information

Student Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

### Medical Information

*The undersigned, being a parent and/or guardian of the above mentioned child, do hereby authorize the treatment of the above minor child by a qualified medical professional in the event of a medical emergency which, in the opinion of the attending medical professional, may endanger his or her life or cause undue discomfort if delayed.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Does the student have any medications, allergies, special needs, or other concerns?

### Photography Release

*Please sign below to authorize the use of photographs and videos including your child for use in church publicity.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### Contact Information

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

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone : \_\_\_\_\_

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

If we are unable to reach you, please list a second contact person and their phone number.

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

## RELEASE AND ARBITRATION AGREEMENT

(Must be signed by all attendees)

In consideration of RIVERVIEW BIBLE CAMP, I for myself, or 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 own medical and emergency expenses, in the event of an accident, illness or other incapacity, regardless of whether I have authorized such expenses.

Any controversy arising out of, connected to, or relating to any matters herein of the transactions 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 claims shall be settled by arbitration through Christian Conciliation Services; and in accordance with this paragraph a judgment 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 UNDERSTAND IT.**

Print Participant's Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(Must have Parent/Guardian Signature if participant named above is under 18)*