

# iCamp

*An Intergenerational Event*

## HOW TO BE OK

*Coping With*



**August 19-21, 2016**

**Cane Ridge West Conference & Retreat Center**

Mathew Goodrich, iCamp Director

***Do not fear for I am with you; do not be dismayed, for I am our God. I will strengthen you and help you; I will uphold you with my righteous right hand. - Isaiah 41:10***

**It's hard to get your breath. Your mouth is dry. Your chest tightens. Your stomach churns...**

**We all know what stress feels like, but how do we cope with it in this fast-paced world?**

During iCamp, our facilitator, Shirley Cayko from the Great Falls Mental Health Center, will help adults and teens explore how to manage stress. Our children's program will give our kids the tools they need to deal with their own anxieties.

Come enjoy intergenerational fun, singing, and campfires in the beautiful setting at Cane Ridge West Conference & Retreat Center.

Director Mathew Goodrich says, "I believe this may be our best iCamp yet!"

### **SCHEDULE FOR ICAMP 2016**

#### **FRIDAY**

- 4:00pm Receive room assignments and get settled
- 5:45pm Dinner (Clean-up crew 1)
- 7:15pm Weekend Overview
- 7:30pm Community building
- 8:15pm Campfire
- 9:00pm Free time (get ready for bed, stay at fire, play games, watch a movie)

#### **SATURDAY**

- 8:15am Breakfast (Clean-up crew 2)
- 9:45am Morning greeting and singing
- 9:55am Morning Watch
- 10:20am Guest Speaker for ages 14+  
Activities for those 14 years or younger
- 12:00pm Lunch (Clean-up crew 3)
- 1:30pm Choice Activities
- 4:00pm Guest Speaker for ages 14+  
Activities for those 14 years or younger
- 5:45pm Dinner (Clean-up crew 4)
- 7:15pm Cane Ridge West Has Talent
- 8:15pm S'mores and Campfire
- 9:00pm Free time (get ready for bed, stay at fire, play games, watch a movie)

#### **SUNDAY**

- 8:15am Breakfast (Clean-up crew 5)
- 9:45am Camp Clean Up
- 11:00am Worship and closing circle
- 12:00pm On our way home

### **GUEST SPEAKERS**

#### **SHIRLEY J. CAYKO, LCSW**

Shirley S Cayko is a Clinical Social Worker Specialist in Great Falls, MT. She graduated with honors in 2003. Having more than 13 years of diverse experience, especially in Clinical Social Work, she likes working with folks from all different backgrounds, cultures, and socioeconomic status. Her practice is based around trauma, grief, anxiety, depression, LGBTQ, and social relationship issues.



#### **JIM & JAYANTHI WILSON**

Jim and Jayanthi Wilson have served with Global Ministries for 24 years. Jim serves as a lecturer at Kgolagano College of Theological Education in Gaborone, Botswana. Jayanthi works as the librarian at the same institution. This has been a joint appointment by the Common Global Ministries Board of the Christian Church (Disciples of Christ) and the United Church of Christ.



Cane Ridge West is a place to build new friendships and build upon old ones. So come and experience the 2016 Intergenerational Camp!

**This retreat is an alcohol-free family-friendly event.**

## iCamp Registration Form

Please register no later than August 8, Complete this form on both sides. Use one form per camper.  
Adults must complete only \* for themselves but all items for those under 18. This retreat is an alcohol-free family-friendly event.

\*Camper's Name: \_\_\_\_\_ \*Email: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_

\*Address: \_\_\_\_\_ \*City: \_\_\_\_\_

\*ST: \_\_\_\_\_ \*Zip: \_\_\_\_\_ \*Phone: \_\_\_\_\_

Children, youth and teens are required to have a parent or guardian accompany them during the camp.

Full Individual Registration Fee \$45 (Children 2-12) \$ \_\_\_\_\_

Full Individual Registration Fee \$75 (13 years & over) \$ \_\_\_\_\_

Less Early Discount if this form is postmarked by July 25: -10.00

Family Registration \$250 \$ \_\_\_\_\_

(Please note: there is no discount for family registration)

\*TOTAL ENCLOSED: \$ \_\_\_\_\_

### \*HOUSING

\_\_\_\_\_ Dorm style in lodge or cabin:

Availability based on date of paid registration. How many? Males \_\_\_\_\_ Females \_\_\_\_\_

\_\_\_\_\_ RV: Electrical hookups based on date of paid registration. RV length: \_\_\_\_\_

\_\_\_\_\_ Tent

\_\_\_\_\_ Motel: Please make own arrangements

**PHOTO RELEASE:** I give permission to The Christain Church (DOC) in Montana to photograph or videotape \_\_\_\_\_ at iCamp. I understand that the photos and videotapes may be released to the media and public to promote The Christian Church (DOC) in Montana's programs and/or events in the future. My child's photo or video can be published with or without (please circle) my child's first name.

\*Parent signature and date \_\_\_\_\_

**Make check payable to Christian Church in Montana.** Send completed form with the camp fee to:  
**Christian Church in Montana - 1019 Central Avenue - Great Falls, MT 59401**

## Health Form

\*Camper's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

\*First Emergency Contact Person: \_\_\_\_\_ \*Relationship to Camper: \_\_\_\_\_

\*Daytime # (\_\_\_\_) \_\_\_\_\_ \*Evening # (\_\_\_\_) \_\_\_\_\_ \*Cell# (\_\_\_\_) \_\_\_\_\_

\*Second Emergency Contact Person: \_\_\_\_\_ \*Relationship to Camper: \_\_\_\_\_

\*Daytime # (\_\_\_\_) \_\_\_\_\_ \*Evening # (\_\_\_\_) \_\_\_\_\_ \*Cell# (\_\_\_\_) \_\_\_\_\_

IMMUNIZATIONS Please indicate month/year	*ALLERGIES Please check all that apply	HEALTH HISTORY Please check all that apply	
Tetanus _____  Polio _____  DPT _____  MMR _____  <div style="text-align: center;"><b>DIETARY RESTRICTIONS</b> (Specify)</div> _____ _____ _____ _____ <div style="text-align: center;"><b>BEHAVIORAL ISSUES</b></div> _____ _____ _____ _____	_____ Bee Sting _____ Hay Fever _____ Mildew _____ Aspirin _____ Penicillin _____ Sulfa  Other Allergies: _____ _____ _____ _____ I give permission for my child to be given the following over the counter medication during camp: _____ Acetaminophen _____ Aspirin _____ Ibuprofen _____ Antacid _____ Cough Suppressant Parent Initials: _____	_____ AIDS/HIV _____ Hyper Activity _____ Kidney Trouble _____ Bi-Polar Disorder _____ Bed Wetting _____ Infected Ears _____ Rheumatic Fever _____ Convulsions _____ Sleep Walking _____ Schizophrenia _____ Diabetes _____ Constipation _____ Measles _____ Severe Anxiety Disorder	_____ Epilepsy _____ Depression _____ Sinusitis _____ Depression _____ Whooping Cough _____ Heart Trouble _____ Bronchitis _____ Tuberculosis _____ Autism _____ Stomach Upsets _____ Serious Injuries _____ Chicken Pox _____ Asthma
		Please explain any of the above checked boxes: _____ _____ _____	

**MEDICATIONS:** Is camper currently taking any medications? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, be sure to send all medications to camp in their original containers. Please list medications being taken:

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time of Day: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time of Day: \_\_\_\_\_

Please indicate recent illnesses, surgeries or exposure to contagious/infectious diseases or any information you feel will be helpful for the camp staff to know. Attach a separate sheet if needed. \_\_\_\_\_

### EMERGENCY MEDICAL AUTHORIZATION

I give permission for my above named child to participate in iCamp on \_\_\_\_\_, 2016, at Cane Ridge West, Lincoln, MT. I also understand that the camp's medical insurance is supplementary to our personal insurance. Our medical insurance carrier: \_\_\_\_\_ Group# \_\_\_\_\_

Certificate# \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_