

# Red Lodge Camp 2025 Camper Information

Family Camp  
June 27-29, 2025



Youth Retreat (Graduated 7<sup>th</sup>-12<sup>th</sup>)  
June 30-July 3, 2025

## WHAT TO BRING

- |                        |                        |                 |
|------------------------|------------------------|-----------------|
| • Bible                | • Warm weather clothes | • Camera        |
| • Notebook             | • Rain jacket          | • Backpack      |
| • Pen                  | • Hiking shoes         | • Swimming suit |
| • Sleeping Bag         | • Tennis shoes         | • Towel         |
| • Pillow               | • Water bottle         | • Shampoo/Soap  |
| • Cold weather clothes | • Flashlight           | • Toothbrush    |

## DO NOT BRING

- |                         |                      |
|-------------------------|----------------------|
| • Fireworks             | • Electronic devices |
| • Alcohol/Drugs/Tobacco | • Valuables          |
| • Distasteful clothing  |                      |

## CHECK-IN/OUT

- Check-in for Family Camp is 4:00 pm on June 27<sup>th</sup>. Check out is June 29<sup>th</sup> at NOON.
- Check-in for Youth Retreat is 4:00 pm on June 30<sup>th</sup>. Check out is July 3<sup>rd</sup> at NOON.
- Check-in will take place in the mess hall (Trowbridge Hall)
- Please bring all medications at this time

**Please adhere to these times as we will be cleaning up, dismissing, and preparing for the next camp**

## CAMP CONTACT INFO

- The phone is for emergency use only and requires permission from the camp director
  - The telephone number is (406) 446-1295
  - Pastor David Mew's cell: (260) 460-7128
  - Mr. Cameron Heiliger's cell: (406) 647-8212

## RULES FOR CAMP

1. Other people's cabins are off limits.
2. Littering, playing with fireworks, use of tobacco or drugs (other than medication), and other potentially damaging behavior is not allowed.
3. Dress appropriately.
4. Do not go off on your own. Check with your parents/leader before doing any other activity outside planned group activities.
5. Actively participate and facilitate the participation of others in all camp activities.
6. Be in and remain in your cabin each night after "lights-out" time.
7. **Absolutely no electronic devices. (i-pods, i-pads, video game systems, etc.)**

DIRECTIONS TO LION'S CLUB CAMP – Take Hwy. 212 south out of Red Lodge for 9 miles. Turn right at mile marker 59 onto Lake Fork Road. Look for the Lion's Club Camp on your left in about ½ mile.

NEED MORE INFORMATION? Mr. Cameron Heiliger at (406) 647-8212 or email at [office@mtdistlcms.org](mailto:office@mtdistlcms.org)

## Montana District Camps – Red Lodge – 2025

Family Camp ☐  
June 27-29, 2025

Youth Retreat (Graduated 7<sup>th</sup>-12<sup>th</sup>) ☐  
June 30-July 3, 2025

Number of Cabin Members (up to eight can fit in one cabin): \_\_\_\_\_

Name _____	Age _____
Name _____	Age _____
Name _____	Age _____
Name _____	Age _____
Name _____	Age _____
Name _____	Age _____
Name _____	Age _____
Name _____	Age _____

I would like to reserve a camper/RV spot\* ☐

*\*There are 2 camper/RV spaces available and will be available on a first-come, first served basis*

Contact Name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Church \_\_\_\_\_ Pastor \_\_\_\_\_

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

I give permission for my child/children to participate in all activities of the Montana District Camp. I release the Montana District from responsibility and liability for any injury or illness to myself, and that my child/children may sustain during this time.

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

### PHOTO RELEASE FORM

I hereby grant permission to the Montana District—LCMS to use photographs and/or video of \_\_\_\_\_ taken in June/July 2025 at the Montana District Camp, in publications, news releases, online, and in other communications related to the mission of the Montana District—LCMS.

\_\_\_\_\_  
(Signature of Adult, or Guardian of Children under age 18)

\_\_\_\_\_  
Date

Family Camp is \$125 per family and Youth Retreat is \$50 per participant. Registration is on a first-come, first-serve basis. The cost includes dinner Friday/Monday; breakfast, lunch, and dinner Saturday/Tuesday & Wednesday; breakfast on Sunday/Thursday.

**Please return your registration no later than June 6, 2025.**

**Please make checks payable to: MONTANA DISTRICT LCMS.**

Mail Checks and Registration Forms to: Montana District—LCMS  
759 Newman Lane, Suite 2  
Billings, MT 59101

Email questions to [office@mtdistlcms.org](mailto:office@mtdistlcms.org) or call (406) 259-2908

## CONSENT FOR MEDICAL AND/OR EMERGENCY TREATMENT

I, \_\_\_\_\_, hereby voluntarily consent to the rendering of such care, including, but not necessarily limited to, diagnostic procedures, surgical and medical treatment and blood transfusions, by medical doctors, hospitals or their authorized designees, as may in their professional judgment be necessary to provide for the medical, surgical or emergency care of my child(ren), \_\_\_\_\_ (hereinafter "Dependent(s)").

I further give my consent to Ps. David Mews & Mr. Cameron Heiliger (hereinafter "Caregiver"), who may be caring for my Dependent(s) for the period **June 26, 2025 through July 3, 2025**, to arrange for routine and/or emergency medical and/or dental care and treatment necessary to preserve the health of my Dependent(s). In the event that my Dependent(s) is injured or ill while under the care of the Caregiver, I hereby give permission to the Caregiver to provide first aid for said Dependent(s) and to take all appropriate measures necessary to provide care for my Dependent(s), including transportation to the nearest emergency medical facility. In making medical decisions on my behalf for the benefit of my Dependent(s), I direct that the Caregiver attempt to contact me. However, if medical care becomes essential, I give permission to the Caregiver to make such decisions regarding such treatment as deemed appropriate by the medical doctor, hospital or their authorized designee. In furtherance of any treatment decisions to be made by the Caregiver on my behalf for the benefit of my Dependent(s), I authorize the Caregiver to request, obtain, review and inspect any and all information bearing upon my Dependent's health and relevant to any such decisions to be made respecting any such treatment. I acknowledge that no guarantees have been made to me as to the effect of such examinations or treatment of my Dependent(s) and that I am responsible for all reasonable charges in connection with the care and treatment rendered to my Dependent(s) during this period.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Witness Name (please print)

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

Father's Telephone: \_\_\_\_\_

Mother's Telephone: \_\_\_\_\_

\_\_\_\_\_  
Allergies

\_\_\_\_\_  
Dependent Medications

\_\_\_\_\_  
Health Insurance Carrier

\_\_\_\_\_  
Health Insurance Policy # and Group #

Child's Physician: \_\_\_\_\_

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