

March 16, 2017

And Jesus, perceiving the thought of their heart, took a child, and set him by him Luke 9:47

Dear Parent/Guardian,

Greetings in the Precious Name of Jesus from the staff of the Mountain Top Bible Camp. As I write this letter it has just finished snowing the biggest snow fall of this winter; however it is time to get serious about planning for Bible camp this June.

The verse above gives us a couple of very interesting and informative things that we do good to think on for a moment. First, Jesus knows the very thoughts of our hearts.... Secondly, Jesus took a child and set him beside him to teach the disciples a very important lesson about how we are to think of ourselves and others.... (I think we can all use this lesson)

We live in a world where most people are self-absorbed. In this verse Jesus is using a child to teach that the least among us is the greatest in the Kingdom of God.

We will be studying the Gospel of Luke this year at camp during our morning Bible class. I'm pretty certain this topic will be part of one of these studies.

We are glad you are considering sending your child to MTBC this year. We take this as both a privilege and a great responsibility. We are so glad to let you know that camp is FREE of cost. We are thankful that the brothers and sisters in Christ at Claysburg Bible Church provide so that camp is possible each year. Let me say it again "CAMP IS FREE"!!!!

However there are other things that we ask of you as you prepare to send your child to camp. Following you will find what these things are....

Now for the details: One thing we really need to impress upon you as a parent/guardian is to **FOLLOW ALL DEADLINES!!** We must have applications sent into us by the date stated (**MAY 15, 2017**) so we, as staff, can make all the necessary preparations in order for your child to have a full and enjoyable week. **NOTE:** the medical forms can be brought to Camp on registration day. **DO NOT** neglect to send the application in because the medical page has not been filled out. **PLEASE** pay attention to the deadlines.

We would also ask you to take time to read all the correspondence we send you and share that information with your child/children. For instance, when you receive a Camp handbook, take time to go over all the rules and regulations, etc. We find that those who do are much better prepared and thus they fit in and have a better week. (No surprises when they get there!)

If you have any questions or your child has a friend(s) who would like to come, please call and we will send the necessary forms so they may be included in MTBC as well.

We are excited about Camp and we hope to pass this excitement around to all the Staff, campers and to you, the parents!!

In Christ's Service,
Joe & Brenda Helsel

Brenda – (814)977-6615

Joe – (814)977-1925

bjhelsel@yahoo.com

MOUNTAIN TOP BIBLE CAMP

JUNE 10-15, 2017

CAMPER'S APPLICATION

For children who have **finished** 2nd grade through 8th grade

NAME PARENT/GUARDIAN
chS chM chL adS adM adL adXL

T-SHIRT SIZE(please circle correct size) ADDRESS

DATE OF BIRTH CITY STATE ZIP

GRADE CURRENTLY IN SCHOOL HOME PHONE/WORK PHONE

E-MAIL ADDRESS (optional) CELL PHONE

I consent to the attendance of my child _____ at the Mountain Top Bible camp to be held on June 10-15, 2017 at the Blue Knob State Park in Pennsylvania. In accordance with the laws of Pennsylvania, and intending to be legally bound, I surrender, waive, relinquish, and release any and all legal claims I or the child may have or will have against Claysburg Bible Church and all individuals assisting in the oversight and running of the said Camp, for personal injuries or other claims for damages of my above-named child arising from his/her attendance at and participation in the activities of the said Camp.

DATE _____

DEADLINE FOR APPLICATIONS-MAY 15, 2017 PARENT/GUARDIAN

MAIL APPLICATIONS TO:
MOUNTAIN TOP BIBLE CAMP
JOE & BRENDA HELSEL
178 PAW PAW RD
EAST FREEDOM, PA 16637

ANY QUESTIONS-CALL
(814)977-6615 or (814)977-1925
E-MAIL: bjhelsel@yahoo.com

MEDICAL INFORMATION FOR ALL CAMPERS, COUNSELORS AND WORKERS

CAMPER/COUNSELOR'S NAME: _____

CAMPER'S MOTHER'S NAME: _____ CELL# _____

CAMPER'S FATHER'S NAME: _____ CELL# _____

COUNSELOR'S EMERGENCY CONTACT: _____ CELL# _____

Medications taken the week of camp _____

Reasons for medications _____

Allergies _____

Special Problems _____

Comments _____

Special instructions _____

FAMILY DOCTOR: please complete this portion of application.

Date of last tetanus shot _____ Date of last physical(1 year prior to camp) _____

_____ has been examined. In addition, the health history and immunization records have been reviewed. There are no apparent contradictions to participating in routine camp activities.

SIGNED _____ MD

HEALTH INS CO:

NAME, ADDRESS & PHONE # of FAMILY DOCTOR

POLICY NUMBER:

I/my child may take over-the-counter medications if needed, such as Tylenol, Cough Syrup, Pepto Bismol. Yes ___ No ___

I, the undersigned parent/guardian of _____ hereby authorize medical treatment in case of emergency for said child while attending Mt. Top Bible Camp.

DATE _____ PARENT/GUARDIAN SIGNATURE _____

I authorize medical treatment for myself in case of emergency while attending Mt. Top Bible Camp. DATE _____ SR. COUNSELOR'S SIGNATURE _____