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2019 SUMMER CAMP REGISTRATION

Complete both sides and return with deposit to attending church or Covenant Cedars Bible Camp.

Name _____ Gender M F

Address _____

City _____ State _____ Zip _____

Birthdate ____/____/____ Grade for Upcoming Year _____

Parent/Guardian Name _____

Parent/Guardian Email _____

Parent Cell #1 (____) _____ - _____ Name _____

Parent Cell #2 (____) _____ - _____ Name _____

Parent Work (____) _____ - _____ Name _____

Church _____ City _____ State _____

Requested Roommate* _____

* We try to honor most requests but cannot guarantee that groups of friends will be together.

SELECT CAMP WEEK

- Pathfinder (1st-2nd) - Day Only
- Pathfinder (1st-2nd) - Night
- Trailblazer (3rd-4th)
- Explorer (5th-6th)
- Jr. High (7th-8th)
- Sr. High (9th-12th)
- Last Chance (3rd-12th)

SHIRT SIZE

- Youth Small
- Youth Medium
- Youth Large
- Adult Small
- Adult Medium
- Adult Large
- XL
- XXL
- XXXL

----- 1-2-3 COME TO CAMP FOR FREE -----

If you bring a **friend** who has never come to camp before, you will receive \$50.00 off. Bring two friends to receive another \$50.00 off. Bring three friends, and you come to camp for free. This offer does not apply to Pathfinders or first-year Trailblazers who have already been coming to camp. The purpose of this program is to engage those who would not normally come to camp for the summer. Offer does not apply to siblings.

- Check if you have never been here; write the name of the person that invited you:

- Check if you invited someone to camp, and write their name(s) below:
Person must attend camp this summer in order to be valid.

----- RELEASE & INDEMNITY AGREEMENT -----

By signing this document, I hereby certify that I give permission for my son or daughter to participate in the camping program at Covenant Cedars Bible Camp. I also authorize Covenant Cedars Bible Camp to use photographs and video, including those of my son or daughter, in camp promotion, and publicity, including printed document, websites, and videos. My child will never be identified by name.

In consideration of permission granted the named individuals to participate in camping activities, we hereby release and agree with Covenant Cedars Bible Camp that we will never individually or as legal guardians of said individuals institute any action at law or in equity for any personal injuries or injuries to property, real or personal, caused by Covenant Cedars Bible Camp, its successors and legal representatives. We further agree to indemnify and hold Covenant Cedars Bible Camp harmless against any and all costs, damages, and expenses which may be incurred by them as a result of any lawsuit we might file against them.

Parent/Guardian Name	Signature	Date
_____	_____	_____
Parent/Guardian Name	Signature	Date
_____	_____	_____

----- **HEALTH FORM** -----

All prescriptions are to be in their original container(s) with camper name, doctor, medication(s), dosage, and how it is to be taken. We cannot and will not accept them in any other containers.

Allergies _____ Epipen Y N

Dietary Restrictions _____

Medication(s) _____

Dose _____ Time(s) _____

Medication(s) _____

Dose _____ Time(s) _____

Treatment(s) _____

Last MMR Shot _____ Last Tetanus Shot _____

Medical Conditions

- ADD/ADHD Autism Diabetes Homesickness Other
- Asthma Bedwetting Behavioral Developmental

Special Assistance Details _____

Would you like medical staff to follow up for more details? Y N

Family Doctor _____ Phone (____) _____ - _____

Family Dentist _____ Phone (____) _____ - _____

Emergency Contact _____ Phone (____) _____ - _____

----- **INSURANCE INFORMATION** -----

A COPY OF YOUR MEDICAL INSURANCE CARD MUST BE ATTACHED WITH REGISTRATION

Policy Holder Name _____ Phone (____) _____ - _____

Employer _____ Insurance Company _____

Policy # _____ Group # _____ Phone (____) _____ - _____

"I hereby give permission to Covenant Cedars Bible Camp to secure emergency medical and surgical treatment and routine non-surgical medical care for my child while at camp including acetaminophen, ibuprofen, and prescription drugs."

Parent/Guardian Name _____ Signature _____ Date _____

----- **ADDITIONAL INFORMATION** -----

The deposit for camp is \$75.00 except for Pathfinder, which is \$25.00. Deposit is non-refundable. Your remaining balance is due two weeks prior to camp. Call us at (402) 757-3241 with questions.

PLEASE GIVE REGISTRATION AND DEPOSIT TO ATTENDING CHURCH OR, IF YOU ARE NOT REGISTERING WITH A CHURCH, SEND TO:

Covenant Cedars Bible Camp, P.O. Box 68, Hordville, NE 68846
or register online at www.cedars.org

CANTEEN BALANCE	\$
MISSION OFFERING	\$
CAMP REGISTRATION	\$
TOTAL AMOUNT SENT	\$

Additional \$10 Additional \$20 \$ _____
enclosed for summer camp scholarship fund