

2018 SUMMER YOUTH CAMP REGISTRATION

PLEASE FILL OUT BOTH SIDES | REGISTRATION AVAILABLE ONLINE

For Office Use Only - For Office Use Only - For Office Use Only - For Office Use Only

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Complete this registration entirely, detach and return with your deposit to your camp coordinator. If you do not have a camp coordinator, please return forms directly to Covenant Cedars Bible Camp.

Select Camp

- | | |
|---|---|
| <input type="checkbox"/> Pathfinder (1st-2nd grade) - Day Only | <input type="checkbox"/> Jr. High (7th-8th grade) |
| <input type="checkbox"/> Pathfinder (1st-2nd grade) - Overnight | <input type="checkbox"/> Sr. High (9th-12th grade) |
| <input type="checkbox"/> Trailblazer (3rd-4th grade) | <input type="checkbox"/> Last Chance (3rd-12th grade) |
| <input type="checkbox"/> Explorer (5th-6th grade) | |

Name _____ Gender ☐ M ☐ F

Address _____

City _____ State _____ Zip _____

Birthdate ____ / ____ / ____ Grade Entering in the Fall _____

Camper Email _____

Parent/Guardian Name _____

Parent/Guardian Email _____

Phone Home () - Name _____

Cell () - Name _____

Work () - Name _____

Church _____ City _____ State _____

Requested Roommate* _____

**We will make every effort to honor your request but we cannot make guarantees. Both campers must request each other for request to be considered.*

Shirt Size

- | | | | |
|---------------------------------------|--------------------------------------|---------------------------------------|------------------------------|
| <input type="checkbox"/> Youth Small | <input type="checkbox"/> Youth Large | <input type="checkbox"/> Adult Medium | <input type="checkbox"/> XL |
| <input type="checkbox"/> Youth Medium | <input type="checkbox"/> Adult Small | <input type="checkbox"/> Adult Large | <input type="checkbox"/> XXL |

HEALTH FORM

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

Food & Medical Allergies _____

Last MMR Shot _____ Last Tetanus Shot _____

Medication(s) Used _____

Have you been recently exposed to any diseases? _____

Physician _____ Clinic _____

City _____ State _____ Zip _____

Does your child have any medical, emotional, spiritual or behavioral concerns? ☐ Yes ☐ No

Emergency Contact _____ Phone _____

Medical Insurance Company _____ Policy # _____

**A COPY OF YOUR MEDICAL INSURANCE CARD MUST
BE ATTACHED TO REGISTRATION**

Parent/Guardian Medical Consent: "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 in camp (including acetaminophen, ibuprofen and prescription drugs)."

Signature of Parent/Guardian _____ Date _____

RELEASE & INDEMNITY AGREEMENT

In signing this document, I hereby certify that I give permission for my son or daughter to participate in the camping program of 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 documents, 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

1-2-3 COME TO CAMP FOR FREE

If you bring a friend who has NEVER come to Covenant Cedars Bible Camp before, you'll receive \$50.00 off your registration. Bring two friends and receive another \$50.00 off. Bring three friends and you can come to camp for free! This offer does not apply to Pathfinders or first year Trailblazers who would have already been coming to camp. The purpose of this program is to engage those who would not have normally come to camp for the summer. **Siblings are excluded from this program.**

☐

Check here if you have never been to Covenant Cedars Bible Camp before and write the name of the camper who invited you:

☐

Check here if you have invited someone to Covenant Cedars Bible Camp and write their name(s). **THEY MUST ATTEND CAMP THIS SUMMER IN ORDER TO BE VALID.**

ADDITIONAL INFORMATION

The deposit for camp is \$75.00, except for Pathfinder, which is \$25.00. **The deposit is non-refundable.** Your remaining balance is due two weeks prior to camp. Call us at 402.757.3241 with questions.

Once you have completed both sides of the registration, detach and give it with your deposit to your church camp coordinator. If you do not have a camp coordinator, send registration and deposit to:

COVENANT CEDARS BIBLE CAMP P.O. BOX 68 HORDVILLE, NE 68846

OR REGISTER ONLINE AT WWW.CEDARS.ORG

CANTEEN BALANCE \$ _____

MISSIONS OFFERING \$ _____

CAMP REGISTRATION \$ _____

TOTAL AMOUNT SENT \$ _____

☐ Additional \$10.00 ☐ Additional \$20.00 ☐ \$ _____
enclosed for camper scholarship fund so that others
who have financial need may come to camp as well.

**PLEASE ATTACH A COPY OF YOUR MEDICAL
INSURANCE CARD TO REGISTRATION FORM**