

Release & Indemnity Agreement

Camper Name _____

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, including those of my son or daughter, in camp publicity. In consideration of permission granted the herein 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 law suit we might file against them.

Parent/Guardian Name (s) _____

Parent/Guardian Signature _____

Parent/Guardian Signature _____

Date _____

Retreat Fee: ONLY! \$90

Additional information

Deposit: \$45 (due two weeks before camp, nonrefundable, bring additional \$45 with you to camp)

Deposit and registration are required two weeks prior to camp date. A \$10 late fee will be added for a late deposit or late registration. Deposit is non-refundable.

Amount Sent: _____

Balance Due: _____

Late Fee: _____

Detach and send completed registration with \$40 deposit to: Covenant Cedars, P.O. Box 68 Hordville, NE 68846. Call (402) 757-3241 with Questions

Rules for acceptance and participation in Covenant Cedars are the same for everyone regardless of age, sex, color, race, handicap, or national origin. Any person who believes he or she has been discriminated against in these USDA related camp, should write to Administrator of Food and Nutrition Service, 3101 Park Center Drive, Alexandria, Virginia 22302

NONPROFIT ORG.
U.S. POSTAGE
PAID
HORDVILLE, NE
PERMIT NO. 1

Covenant Cedars Bible Camp
P.O. Box 68
Hordville, NE 68846





Avalanche 2009 Registration Form

Send completed registration and \$45 deposit to:
Covenant Cedars, P.O. Box 68, Hordville, NE 68846

Circle Camp Attending:
 Trailblazer Explorer Jr. High Sr. High
 Name: _____
 Address _____
 City _____ State _____ Zip _____

Gender: M F Grade: _____ Birthdate ____/____/____

Parent's/Guardian's Name _____

Parent's/Guardian's Email _____

Home Phone: _____ Work Phone _____

Church: _____

Preferred Roommate: _____

A small soft sound, a whisper, or the slightest touch of a stone when in the right environment can create one of the most powerful and unstoppable forces known to the world today. In the same way the small, soft, whisper of the Holy Spirit, like a gentle wind, will speak truth into your life through God's word in the most powerful and unstoppable avalanche that you will ever experience.



Don't miss it! Launch your faith onto a path you've not yet traveled. Please send your registration and deposit two weeks before your camp starts. Registration begins

at 7:30 p.m. on the first day of each retreat. Dismissal on the last day of the retreat is at 12:30 p.m. The grades for each retreat are as follows: Trailblazer Feb. 13-15 (3-4 grade), Explorer Feb. 13-15 (5-6 Grade), Jr. High Feb. 6-8 (7-8 Grade), Sr. High Feb. 6-8 (9-12 grade). Cost for each retreat is \$90. A non-refundable deposit of \$45 is due two weeks prior to your camp date. The balance is due upon arrival. For more information contact us at 402-757-3241 or check us out on line at www.cedars.org.

What to Bring

- Bible
- Warm Clothes
- Pillow
- Sleeping Bag
- Towel
- Toiletries
- Winter Coat
- Money

(Do not bring electronics, Cell Phones, Digital Cameras, tobacco, weapons, alcohol, non-prescription drugs, or fireworks. Covenant Cedars is not responsible for lost, stolen, or damaged items.)

Special Offer

Special Avalanche offer: For every ten campers that attend from your church, your church will receive a summer camp scholarship for someone who has never been to camp before.

2009 Summer Camp Dates!

Sr. High	June 21-26
Pathfinder	June 27-28
Trailblazer	June 28-July 1
Explorer	July 5-10
Jr. High	July 12-17
Niobrara Journey	July 26-29
Last Chance Camp	August 11-13

For more information on these events and others please

Activities

- | | |
|------------------|----------------------|
| Worship Band | Tower |
| Fun with Friends | Game Room |
| Campfire | Night Games |
| Frisbee Golf | Basketball |
| Crafts | Horseshoes |
| Sledding | Ultimate Frisbee |
| Sessions | Snow Ball Activities |
| Ice Skating | Great Food |

(Some activities are weather permitting)

Health Form

PLEASE NOTE: Any and all prescriptions are to be in their original prescription container/containers with camper's name, doctor's name, medication name, dosage and how it is to be administered. We can not and will not accept medication in any other containers.

List Food & Medical Allergies _____

Date of last: Tetanus Shot _____ Last MMR Shot _____

Medications Used: _____

Have you been recently exposed to any disease? _____

Please explain _____

Name of Doctor _____

Phone _____ City _____

Clinic _____

Program limitations, precautions, or special needs: _____

Emergency Contact Phone # _____

Medical Insurance Company Policy # _____

PLEASE ATTACH A PHOTO COPY OF MEDICAL CARD TO THIS 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 _____