

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

Three empty rectangular boxes for office use.

2021 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 2021-2022 School 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.

CAMP WEEK (Based on the grade he/she will be entering in 2021-2022 school year)

- Pathfinder (1st-2nd) - Day Only
- Pathfinder (1st-2nd) - Overnight
- 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 for offer 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(s) 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 documents, websites, and videos. My child will never be identified by name.

In consideration of permission granted to the named individual 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 actions at law or inequity for any personal injuries or injuries to property, both real or personal, caused by Covenant Cedars Bible Camp, its successors, or 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 _____

CAMPER HEALTH FORM

Prescriptions must be in original container(s) with 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 Tetanus Shot: _____ Last MMR Shot: _____

Medical Conditions (Check all that apply):

- 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: (____) ____ - ____

Rate Camper Swimming Ability: Poor Fair Good Excellent

A COPY OF MEDICAL INSURANCE CARD MUST BE ATTACHED WITH REGISTRATION FOR IT TO BE PROCESSED AND COMPLETED BY THE CAMP OFFICE

INSURANCE INFORMATION

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 the use of acetaminophen, ibuprofen, and prescription drugs."

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

REGISTRATION PAYMENT

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

PLEASE SPEAK WITH YOUR CHURCH ON HOW TO HANDLE CAMP REGISTRATION, OR IF YOU'RE NOT REGISTERING WITH AN ATTENDING CHURCH PLEASE 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	\$

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