# **Covenant Cedars 2015 Summer Camp Information**

#### **REGISTRATION FORM AND FEES**

Complete and return registration and \$75 non-refundable deposit as soon as possible. (Pathfinder deposit is \$25.) Please remit all payments through your Church's Camp Coordinator. Your pastor or youth pastor can help. If your church does not have a camp coordinator, remit all payments directly to Covenant Cedars. Return the remaining balance two weeks before your camp start date. A confirmation packet will be mailed to you after registration is received. Registrar reserves the right to close registration if camp is already at capacity. The registration dates and fees are below.

	Before April 1 <sup>*</sup>	April 1 - June 1 <sup>*</sup>	After June 1 <sup>*</sup>	Deposit <sup>**</sup>			
Trailblazer	\$255	\$275	\$290	\$75			
Explorer	\$315	\$335	\$350	\$75			
Jr. High	\$315	\$335	\$350	\$75			
Sr. High	\$315	\$335	\$350	\$75			
Niobrara	\$230	\$250	\$265	\$75			
Last Chance	\$165	\$185	\$200	\$75			
Pathfinder	\$65 for the	day and \$85 to spend th	ne night	\$25			
*postmarked by date ***deposit is non-refundable							

#### **CAMPER REGISTRATION AND PICKUP**

If you are bringing your child to camp, please go through registration with them before dropping them off at their cabin. If your child comes with a group, the group leader is responsible for registering all the campers before going to their cabins. Have all medications and canteen money ready at check-in. Campers are expected to be at camp for the entire stay. Arrangements must be made with the camp office for late arrivals and early departures. There are no discounts or refunds in any case. Please note the camper registration and pickup times below:

	Drop-off Date	Time	Pickup Date	Time	
Pathfinder	Saturday, June 20	10:00 am	Sunday, June 21	1:00 pm	
Sr. High	Sunday, June 21	4:00 pm	Friday, June 26	1:00 pm	
Jr. High	Sunday, June 28	4:00 pm	Friday, July 3	1:00 pm	
Trailblazer	Sunday, July 5	4:00 pm	Wednesday, July 8	1:00 pm	
Explorer	Sunday, July 12	4:00 pm	Friday, July 17	1:00 pm	
Niobrara	Sunday, July 19	1:00 pm	Wednesday, July 22	1:00 pm	
Last Chance	Wednesday, August 5	10:00 am	Friday, August 7	1:00 pm	

### CANTEEN AND OFFERING NEW: You can now prepay your canteen card & missions offering

During their stay, your camper has the opportunity to visit the camp store (shirts, hats, etc.) and the canteen (pop, candy, etc.). Cedars controls loss of money by using canteen cards, sold in \$5 increments. All money will be turned in for safe keeping. These are used for all purchases. Any money remaining on the card is returned to the camper at the end of the week and can be used for offering.

Every year all 21 Covenant Bible Camps across the United States team up to support a mission to spread the gospel, through Covenant camping around the world, by their camper's offerings. This year the missions offering of all the campers will go to help revive an old Bible camp in the Congo. Please help support **ZIPPIN' UP ZULU** camp project 2015.

#### **HEALTH CERTIFICATE**

Every youth camper must have an accurately completed and signed health certificate and liability release form from camp. If the camper has a history of medical problems, a doctor's examination may be necessary.

#### ROOMMATE

Each camper will find out his/her cabin assignment upon arrival at camp. In order to be placed with a friend of your choice, both camper and friend must request each other as a preferred roommate. There is no guarantee that campers, clusters of friends, or church groups will be places together in cabins.

#### **PHONE CALLS**

Camper cell phones are not permitted during the week of camp. All camper calls must be made through the camp office when deemed beneficial by the administration. Emergency calls will be made by camp personnel. Cell phones must be turned in if brought!

#### **DAILY VISITORS**

Visitors must be approved through the camp office. To contact the camp office call: 402-757-3241

		r Youth Camp Re	<b>gistration</b> Now available online
For Office Use O	nly - For Office U	Use Only - For Office Us	se Only - For Office Use Only
	•	-	with your deposit to your e a camp coordinator.
SELECT CAMP			
Trailblazer		Explorer	Jr. High
Pathfinder (D	ay Only)	Sr. High	Niobrara Journey
Pathfinder (C	vernight)	Last Chance C	Camp
			GENDER 🗆 M 🗆 F
ADDRESS			
		STATE	ZIP
BIRTHDATE	//	_ GRADE ENTERIN	IG IN FALL
CAMPER EMAIL			
T-SHIRT SIZE (sele Child □ 6/8 □	-		o size is indicated) □M □L □XL □2XL
PARENT'S / GUARI	DIAN'S NAME		
PARENT'S / GUARI	DIAN'S EMAIL		
PHONE Home		Work	
			Name
			Name STATE
	MATE*	CITY _	STATE
CHURCH	MATE* *You	CITY	
CHURCH PREFERRED ROOM	MATE* *You and all prescriptions name, medications	CITY rr request will be honored to HEALTH FORM ons are to be in their ori on name, dosage and ho	STATE
CHURCH PREFERRED ROOM	MATE* *You and all prescriptions name, medication nedication in any	CITY rr request will be honored and HEALTH FORM ons are to be in their ori on name, dosage and how other containers.	to the best of our ability. No guarantee. ginal prescription container(s) with ow it is to be administered. We can
CHURCH PREFERRED ROOM	MATE* *You and all prescriptions name, medication nedication in any ies	CITY rr request will be honored in HEALTH FORM ons are to be in their ori on name, dosage and ho other containers.	STATE to the best of our ability. No guarantee. ginal prescription container(s) with ow it is to be administered. We can
CHURCH PREFERRED ROOMM PLEASE NOTE: Any a camper's name, Doctor' not and will not accept n Food & Medical Allergi Last MMR Shot	MATE* *You and all prescriptions name, medication redication in any fees Last T	CITY rr request will be honored to HEALTH FORM ons are to be in their ori on name, dosage and ho other containers. Tetanus Shot	STATE to the best of our ability. No guarantee. ginal prescription container(s) with ow it is to be administered. We can
CHURCH PREFERRED ROOM	MATE* *You and all prescriptions name, medication nedication in any ies Last T	CITYCITY	STATE
CHURCH PREFERRED ROOM	MATE* *You and all prescriptions s name, medication nedication in any ies Last T Last T	CITY CITY	STATE
CHURCH PREFERRED ROOM	MATE* and all prescriptions name, medication nedication in any ies Last T ly exposed to an	CITY rr request will be honored in HEALTH FORM ons are to be in their ori on name, dosage and ho other containers. Tetanus Shot my disease? Explain	STATE
CHURCH PREFERRED ROOM	MATE* and all prescriptions name, medication in any medication in any mes Last T ly exposed to ang State any medical, eng	CITY rr request will be honored if HEALTH FORM ons are to be in their ori on name, dosage and ho other containers. Tetanus Shot fetanus Shot ny disease? Explain Clinic Phone motional, spiritual, or b	STATE
CHURCH PREFERRED ROOM	MATE* *You and all prescriptions is name, medication edication in any ies Last T ly exposed to an State any medical, er ] Yes No	CITYCITY	STATE
CHURCH PREFERRED ROOM	MATE**You and all prescription s name, medication in any ies Last T ly exposed to an State any medical, er Yes No	CITY rr request will be honored if HEALTH FORM ons are to be in their ori on name, dosage and ho other containers.  Tetanus Shot my disease? Explain Clinic Phone motional, spiritual, or b (If yes, a detailed qu	STATE
CHURCH PREFERRED ROOM	MATE**You and all prescription s name, medication in any ies Last T ly exposed to an State any medical, er Yes No No	CITY rr request will be honored if HEALTH FORM ons are to be in their ori on name, dosage and ho other containers.  Tetanus Shot my disease? Explain Clinic Phone motional, spiritual, or b (If yes, a detailed qu	STATE
CHURCH PREFERRED ROOM	MATE* *You and all prescriptions is name, medication in any ies Last T ly exposed to an State any medical, er ] Yes No mpany COPY OF MEDIC MEDICAL CONS by medical and sur	CITY CITY rr request will be honored if HEALTH FORM ons are to be in their ori on name, dosage and ho other containers. Tetanus Shot retanus Shot Tetanus Shot ny disease? Explain Clinic Phone notional, spiritual, or to (If yes, a detailed qui Clinic Phone retanus Shot Phone Clinic Phone Clinic Phone Clinic Phone retailed qui Clinic Phone Clinic Phone Clinic Phone Clinic Phone Clinic Phone Clinic Phone Clinic Phone Clinic Phone Clinic Phone Clinic Phone Clinic Phone Clinic Phone Clinic Phone Clinic Phone Clinic Phone Clinic Phone Clinic Phone Clinic Phone Phone Clinic Phone Phone Clinic Phone	STATE to the best of our ability. No guarantee. ginal prescription container(s) with ow it is to be administered. We can

→ PLEASE CONTINUE REGISTRATION ON OPPOSITE SIDE →

## PLEASE COMPLETE OPPOSITE SIDE OF REGISTRATION FIRST

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 & video, including those of my son or daughter, in camp promotion and publicity; including printed documents, web sites, and videos. Your child will never be identified by name.

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	Signature	Date	
Parent/Guardian Name	Signature	Date	

#### **1-2-3 COME TO CAMP FREE**

Bring a friend who has <u>never</u> come to Covenant Cedars before and receive \$50 off your registration. Bring two friends and receive another \$50 off. Bring three friends and you can come to camp 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. **Siblings are excluded from this program.** 

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

Check here if you invited someone to Covenant Cedars and write the camper(s) name(s) you invited:

#### ADDITIONAL INFORMATION

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

#### Covenant Cedars Bible Camp; P.O. Box 68, Hordville, NE 68846 Or use online registration at www.cedars.org

The deposit for all camps is \$75, except for Pathfinder, which is \$25. **The deposit is non-refundable.** Your remaining balance is due two weeks prior to camp. Call us at (402) 757-3241 with questions.

Canteen \$	
Zippin' up Zulu Offering \$	
Camper Registration \$	
TOTAL AMOUNT SENT: \$	

Additional		\$10		\$20	L			enclosed for	camper	scho	larship	fun	١d
------------	--	------	--	------	---	--	--	--------------	--------	------	---------	-----	----

so that others who have financial need may come to camp as well.

#### If you have questions, call us at (402) 757-3241.

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 camps, should write to Administrator of Food and Nutrition Service, 3101 Park Center Drive, Alexandria, Virginia 22302.

For Office Use Only						
Name	Date	Check #	Amount	Due		
Name	Date	Check #	Amount	Due		
Name	Date	Check #	Amount	Due		