

Office Use Only

Date Rec'd _____ Amt Rec'd _____ Ins. Card _____ Imm. Record _____ Corr. Course _____

2020 Canoe Trip REGISTRATION Ages 12-18

Camper's Name _____

____ Male ____ Female Age _____ Birthdate ____ / ____ / ____

Mailing Address _____

City _____ State _____ Zip _____

Parent/Guardian Info: Parent/Guardian E-mail _____

Parent/Guardian 1: Full Name _____ Relationship _____

Home Phone _____ Cell Phone _____ Work Phone _____

Parent/Guardian 2: Full Name _____ Relationship _____

Home Phone _____ Cell Phone _____ Work Phone _____

Saturday Pickup Person: I authorize the following individual(s) (family member, church, etc.) to pick up my child from camp. *

(*Specific names required. Individual must present photo I.D. in order for Cedine to release camper)

Church Info: Church Name _____

City _____ State _____

Pastor _____ Group Leader _____

Medical information: (A Dr.'s physical is not required.)

Health Insurance (attach a copy of the card):

Insurance Company _____ Policy # _____

Immunizations (attach a copy of the records): Date of Last Tetanus: _____

Are there any past or present health or behavioral conditions that Cedine should be aware of or other medical concerns for your child?

none Asthma other: _____

None Known Allergies: Bee Stings Nuts Penicillin Sulfa Aspirin Hay Fever Other

_____ Type of reaction: _____

Medications taken regularly: _____

(Any and all medications sent with a camper must be in original containers, or they will not be administered, as per Federal Law)

Parent/Guardian Authorization: The above information is correct to the best of my knowledge. He/she has permission to engage in all camp activities except as noted. I hereby give permission to the medical personnel selected by the camp health care staff to order X-rays, routine tests, treatment, and necessary transportation for my child. In the event I cannot be reached in an emergency, I hereby give my permission to the doctor selected by the camp health care staff to secure and administer treatment, including hospitalization for my above-named child. I further release Cedine from all liability beyond the accident insurance carried by the camp. Furthermore, I understand that pictures will be taken during my child's time at camp, and I give my permission for the use of such pictures containing my child's likeness (and/or my likeness) for the promotion of Cedine's camp or conference ministry.

Parent/Guardian Signature: _____ Date ____/____/____

I agree to abide by all the camp policies and any restrictions my parents have stated or discipline will be incurred.

Child's Signature: _____

Transfer/Cancellation policy: Transfers to another camp or cancellations must be made at least 14 days before the registered camp begins. The payments are transferable to another camp this year or next year depending on availability. You may transfer payments to an unregistered person of the same gender if you are unable to attend. No payments may be transferred to a person who is already registered. If you do not notify us at least two weeks prior to the camp, your non-refundable deposit is not transferable.

I have read and understand the transfer/cancellation policy: _____

___ **new camper** ___ **returning camper**

Ages 13-18

Check which week(s)

June 21-26 ___ June 28- July 3

___ July 5-10 ___ July 12-17 ___ July 19-24 ___ July 26-31

___ Aug 2-7

Registration checklist:

I have enclosed the following items:

___ full payment per week (\$250

___ \$80 deposit per week (required)

I am paying by check/money order on-line at www.cedine.org

___ Copy of Insurance Card (required)

___ Copy of Immunization Record (required)

___ Shirt Size (If paying in full before April 30th) _____

___ I have completed a correspondence course or will by 4/30

___ Camp week marked

___ Activities marked

___ Signature

Camp Information

Registration: To register you must submit a registration form and either pay a **non-refundable \$80 deposit** or pay in full. Early bird ends April 30.

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Dress: Cedine Bible Camp is a Christian camp and asks that campers dress in a God-honoring and modest way. Please dress modestly at all times in comfortable and casual clothes and shoes. **Females:** Pants, skirts and shorts should not be too tight, revealing, or short (at least half way to the knee). Dresses and tops must have 2" wide minimum shoulder straps with a neckline high enough to cover cleavage, and tops must be long enough to cover the waist when arms are raised. One piece modest swimsuits only. **Males:** Shirts are to be worn at all public places. Muscle shirts or shirts with open sides are not acceptable. Pants/shorts must be comfortable, but not sagging. Shorts must be half way to the knee or longer.
Please mark all articles of clothing with camper's name.

WHAT TO BRING:

Bible and pencils (camp book will be provided)

Comfortable and casual clothes including at least one pair of long pants and closed toe hiking shoes, Light Jacket, raincoat and rain gear, campsite light shoes (i.e. tennis shoe, good soled sandals...) One piece bathing suit

Flashlight

Toilet articles: comb, deodorant, lotion, soap, toothbrush, toothpaste, towels, washcloth , sunscreen. Sunglasses

Sleeping bag, pillow

Money for camp balance, souvenirs, missionary offering, and snack shop

Any necessary medications in original containers

Signed and completed medical and permission form

WHAT NOT TO BRING:

Alcoholic beverages, drugs, fireworks, food, guns, knives, pets, snacks, or tobacco.

Electronic devices including cell phones, ipods, mp3 players, pagers, radios, etc.

Campers are not allowed to have electronic devices during camp.

Any electronics that are brought must be turned in at the time of registration.

Any items found after a camp will be kept for 30 days. Please call as soon as possible concerning missing items. In order to have an item returned shipping costs must be prepaid.