REGISTRATION FORM

O mid high

Osen high

name

address

city/state/zip

phone

last grade completed

church

gender O female O male

MEDICAL RELEASE

parent/gaurdian

phone

emergency contact

emergency number

medical insurance company

policy number

allergies (please list all: food, medicine, environmental; etc.)

deitary restrictions/needs



MP HSH

JULY 19-23

COMPLETED 6TH-8TH

\$300



SEN HIGH

JULY 26-30

COMPLETED 9TH-12TH

\$300



WHAT WE DO

WORSHIP, MESSAGES, PRAYER, WATERSLIDE, BREAK OUT GROUPS, ZIPLINE, HIGH ROPES, TEAM BUILDING, SAND VOLLEYBALL, ROCK WALL, GAGA BALL, DODGEBALL, TEAM COMPETITIONS, WATER GAMES, SNACK SHACK, YOUTH GROUP TIME, BIBLE STUDY, FUN, AND SO MUCH MORE!

WHEN & WHERE

MID HIGH: JULY 19-23 Sen HIGH: JULY 26-30

CEDAR CANYON CAMP 5120 MEMORIAL ROAD RAPID CITY, SD 57702

WHAT TO BRING

CLOTHES FOR EACH DAY, SLEEPING BAG, PILLOW, CLOSED-TOED SHOES, SANDALS, MODEST SWIMSUIT, CLOTHES THAT CAN GET MESSY, SOAP, SHAMPOO, TOOTHBRUSH, TOOTHPASTE, DEODORANT, TOWEL, FLASHLIGHT, SUNSCREEN, BUGSPRAY, WATERBOTTLE, BIBLE, PEN.

WHAT NOT TO BRING

electronics, alcohol, vape pens, un-prescribed drugs, duct tape, weapons, fireworks.

MEDICAL RELEASE CONT.

If necessary, please detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and if any action of protection is required on account thereof, submit this notification, in writing, and attach it to this form. Please include names and dosage of medicines that must be taken.

In the event of an emergency where medical treatment is required, I give my permission to camp staff, youth pastor, or camp counselor to obtain the services of a licensed physician. Please notify me immediately concerning any such emergency.

PARENT/GUARDIAN SIGNATURE

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