	NFORMATION:	45.00
	BIRTH DATE	
AGE	GRADE (THIS FALL)	
SEX: FEMALE	MALE	
CHURCH AT	ENDING WITH	
ARRIVE AT CAMP BE JUNIOR ( 7/6/2  MIDDLE 7/20/ HIGH SC 6/29/ LEADERS 6/22/ PARENT/GUA	VILL ATTEND: WEEN 2PM & 4PM CAMP (3RD-5TH GRADE) 020-7/10/2020 6CHOOL CAMP (6TH-8TH GRADE) 2020-7/24/2020 HOOL CAMP (9TH-12TH GRAD 2020-7/3/2020 HIP CAMP 2020-6/25/2020  RDIAN/EMERGENCY CONTACT:	E)
ADDRESS		
The health history is correct engage in all prescribed ca	JST BE COMPLETED TO ATTEND CAMP!  so far as I know, and the person listed on this form has permission pactivities, except as noted. I hereby give permission to the camp, and to select medical personnel and order x-rays or routine test or do not the form.	o to

SIGNATURE OF PARENT/GUARDIAN

### PERMISSION FORM

I, the parent/guardian of	("my child"), give								
permission for my child to attend Cedar Mou	untain Retreat 2019.								
I understand that personal injury can and may occur to my child, and I hereby authorize(Pastor/Youth Pastor of church attending CMR with) another appointed youth advisor, to seek and consent to emergency medical									
								attention for my child as needed; and I further	er agree to be liable for and to pay
								costs incurred in connection with such medic	cal attention.
I hereby release CMR (Cedar Mountain Retre	eat) and(Churc								
attending CMR with), its employees, agents	and volunteers, from any and all								
liability, claims, demands, causes of action and possible causes of action whatsoever arising out of or related to any loss, damage or injury (including dea									
								that may be sustained by my child while part	
this event.	1 3								
I give permission to for my child to ride in an	ny vehicle designated by								
,(Church attending CMR with	n), it's employees and adult voluntee								
while participating in and traveling to and fro	om this event.								
I agree to accept full responsibility, financiall	y or otherwise, for any damage my								
child may do to the property of CMR or	child may do to the property of CMR or(Church attending								
CMR with), properties visited on outing, other	er's personal property, or vehicles								
used for transportation.									
I agree and consent to all of the above state	I agree and consent to all of the above stated.								
PARENT/GUARDIAN SIGNATURE	DATE								
TO WELLT OF MEDICAL COLOR WORLD	2,2								
BEHAVIOR STANDARDS									
The following behavior will not be tolerated	at the Retreat. Violation of these								
standards, or being knowingly in the present	ce of others violating these standard								
can and will result in consequences deemed	appropriate by the clergy, youth								
minister, and advisors of the Retreat, including	ng, but not limited to, being sent								
home immediately at the participant's expen	se.								
-Possession or use of alcohol, tobacco, or illegal drugs -Possession or use of weapons, including but not limited to: pocket knives,									
							firearms and fireworks.		
-Inappropriate sexual behavior, including but	t not limited to: actions, hand								
gestures, and language.									
PARENT/GUARDIAN SIGNATURE	YOUTH SIGNATURE								

## DIRECTIONS TO CAMP

Go EAST out of Cedar City on S.R 14 for 4.5 miles.

Turn right on the Kolob Reservoir Road (Utah Scenic back-way).

Follow the road (always bearing to the right) for approximately 10 miles.

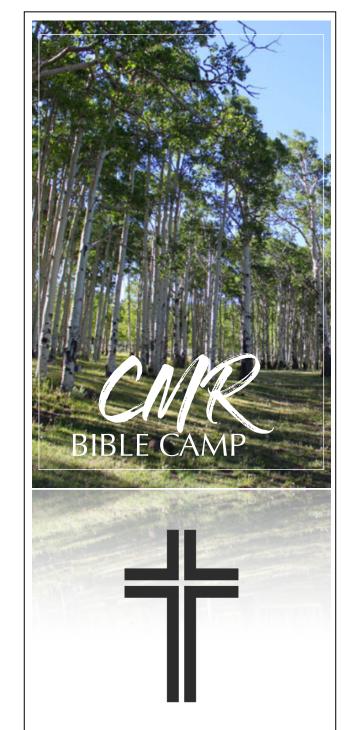
 $Turn\ left\ on\ the\ road\ with\ a\ sign\ that\ says\ "CMR\ 5\ Miles".\ Go\ 1/2\ mile.\ This\ is\ in\ a\ large\ open\ area\ with\ no\ trees.$ 

Turn right and go 4 miles on main road.

At the CMR sign, make a sharp left turn onto the road (going North). This is in an aspen-wooded area.

CMR is 1/4 a mile ahead on the right. Look for large water tanks and CMR sign near the gate.

SEND OR GIVE YOUR CAMP APPLICATION TO THE PASTOR OF YOUR LOCAL BIBLE CHURCH



"Nothing on Earth will compare to heaven's glory and the presence of God, but at Cedar Mountain Retreat I was given an idea of what I have to look forward to."

# MEDICAL INFORMATION

MED	DICAL HISTORY			
	Frequent Ear Infections Convulsions Heart Defect/Disease Diabetes Bleeding Disorders Hypertension Psychiatric Treatment Mononucleosis			
DISEASES		ALLERGIES		
	Chicken Pox Measles German Measles Mumps		Hay Fever Poison Ivy Penicillin Insect Stings Other Drugs	
	the camper ever require talization?	d psych	iatric treatme	ent or
Disab	ations or serious injuries (anility or chronic illness (an	d dates)	?	
	ry Modifications:		- Trysician's day	
	nt Medication (send ir ctions):	origin	al container	with
Othe	r diseases:			
DOCTO	OR'S NAME & PHONE:			
DENTI	ST'S NAME & PHONE:			
DO YO	OF LAST PHYSICAL EXAM: _ DU CARRY MEDICAL/HOSPIT	TAL INSU		
	CY AND/OR GROUP NUMBE			
ANV (	OTHER HEALTH RELATED IN	FO.		



Cedar Mountain Retreat (CMR) was founded in 1988 through a united step of faith by Fellowship Bible Church in Lindon, St. George, and Richfield Bible Church.

Located at 8,700 feet elevation on the beautiful Kolob Terrace, CMR is situated on 20 aspen-covered acres, 22 miles southeast of Cedar City.

Camp facilities include 10 cabins, a kitchen/dining hall/chapel, a shower house/ restroom, and our "snack shack". Sports and recreational opportunities include our double volleyball court, Frisbee Golf course, basketball, archery range, shooting range (BB guns), plus hiking and special activities.

Dedication to the practical teaching of the Word of God remains the hallmark of the CMR ministry. Whether on hikes (such as on the 'Salvation Trail'), in chapel, or around the campfire, we want evert camper to deepen their walk with God, and better understand His Love for them.

#### WHAT TO BRING:

- O Sleeping Bag, Towel, EXTRA Blanket
- Sun Hat and Sunscreen
- O Warm Clothes for Evenings
- O BIBLE
- Notebook and Pen
- O Good Flashlights (With Fresh Batteries)
- Modest Shorts are OK during the DAY
- EXTRA Shoes

### WHAT TO LEAVE BEHIND:

- Portable Music Devices
- Fireworks/Matches/Lighters
- Knives and Firearms
- Cell Phones DO NOT WORK at CMR