

COST \$50.00 (INCLUDES CAMP T-SHIRT) (IF PAID BEFORE JUNE 17TH COST IS \$40.00)

APPLICANT INFORMATION:

NAME			
ADDRESS			
PHONEBIRTH DATE			
AGE GRADE (THIS FALL)	_		
SEX: FEMALE T-SHIRT SIZE	_		
CHURCH ATTENDING WITH			
WEEK YOU WILL ATTEND:			
☐ JUNIOR CAMP (3RD-5TH GRADE)			
☐ MIDDLE SCHOOL CAMP (6TH-8TH GRADE	=)		
☐ HIGH SCHOOL CAMP (9TH-12TH GRADE)			
LEADERSHIP CAMP ARRIVE AT CAMP BETWEEN 2PM & 4PM			
PARENT/GUARDIAN/EMERGENCY CONTACT:			
NAME_			
ADDRESS			
ADDRESS			
PHONE			
IMPORTANT THIS MUST BE COMPLETED TO ATTEND CAMP! The health history is correct so far as I know, and the person listed on this form has permission to			
engage in all prescribed camp activities, except as noted. I hereby give permission to the camp to provide ongoing health care, and to select medical personnel and order x-rays or routine test or treatment for the person listed on the form.			
EMERGENCY AUTHORIZATION: In the event that I cannot be reached in an emergency, I hereby permission to the physician selected by the camp director to hospitalize, secure proper treatment if and to order injections and for anesthesia and/or surgery for the person named on this registration. This form may be photocopied for use out of camp.	for,		
SIGNATURE OF PARENT/GUARDIAN			

PERMISSION FORM

I, the parent/guardian of _	("my child"), give
permission for my child to attend Cedar M	Iountain Retreat 2019.
I understand that personal injury can and rauthorize(Pastor/Youth I another appointed youth advisor, to seek attention for my child as needed; and I fur costs incurred in connection with such mer I hereby release CMR (Cedar Mountain Re	Pastor of church attending CMR with), and consent to emergency medical ther agree to be liable for and to pay dical attention.
attending CMR with), its employees, agen liability, claims, demands, causes of action	ts and volunteers, from any and all
whatsoever arising out of or related to any that may be sustained by my child while p this event.	
I give permission to for my child to ride in,(Church attending CMR w	any vehicle designated by ith), it's employees and adult voluntee
while participating in and traveling to and I agree to accept full responsibility, financi	
child may do to the property of CMR or $_$	(Church attending
CMR with), properties visited on outing, or used for transportation.	ther's personal property, or vehicles
I agree and consent to all of the above sta	ted.
PARENT/GUARDIAN SIGNATURE	DATE
BEHAVIOR STANDARDS	
The following behavior will not be tolerate standards, or being knowingly in the prese can and will result in consequences deem minister, and advisors of the Retreat, includence immediately at the participant's experiors.	ence of others violating these standard ed appropriate by the clergy, youth ding, but not limited to, being sent ense.
-Possession or use of weapons, including \boldsymbol{k} firearms and fireworks.	out not limited to: pocket knives,
-Inappropriate sexual behavior, including beginning and language.	out not limited to: actions, hand
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.

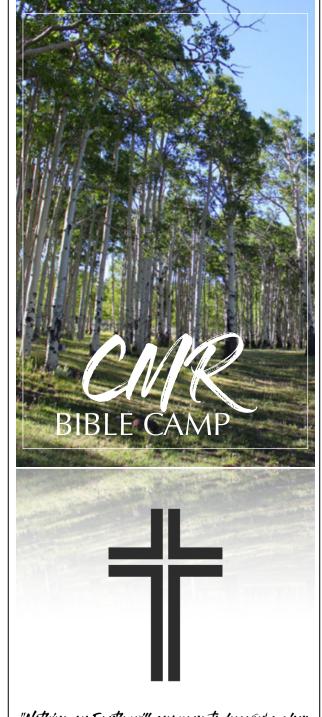
Turn left on the road with a sign that says "CMR 5 Miles". Go 1/2 mile. This is in a large open area with no trees.

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

MEDICAL HISTORY	
Frequent Ear Infections Convulsions Heart Defect/Disease Diabetes Bleeding Disorders Hypertension Psychiatric Treatment Mononucleosis	
DISEASES	ALLERGIES
Chicken Pox Measles German Measles Mumps	Poison Ivy Penicillin Penicillin
Has the camper ever require hospitalization?	ed psychiatric treatment or
Operations or serious injuries (Disability or chronic illness (an	
Any specific activity to be LIMI	TED by Physician's advice?
Dietary Modifications:	
Current Medication (send in instructions):	n original container with
Other diseases:	
DOCTOR'S NAME & PHONE:	
DENTIST'S NAME & PHONE:	
DATE OF LAST PHYSICAL EXAM: _	
DO YOU CARRY MEDICAL/HOSPI	
IF SO, INDICATE CARRIER:	
POLICY AND/OR GROUP NUMB	ER:
ANY OTHER HEALTH RELATED IN	IFO:



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 BIBLI
- O Notebook and Pen
- O Good Flashlights (With Fresh Batteries)
- O Modest Shorts are OK during the DAY
- O EXTRA Shoes

WHAT TO LEAVE BEHIND:

- Portable Music Devices
- Fireworks/Matches/Lighters
- Continue of the Continue of th
- Cell Phones DO NOT WORK at CMR