



Putting the Pieces Together

Confirmation Retreat 2012

March 9-11 *OR* March 16-18

Cedarkirk Camp & Conference Center

*A weekend of study
and recreation at
a place apart*



CEDARKIRK
1920 STREETMAN DRIVE
LITHIA, FL 33547
WWW.CEDARKIRK.ORG

BRING YOUR CONFIRMATION CLASS TO CEDARKIRK FOR A WEEKEND OF FUN, FELLOWSHIP, AND STUDY! OUR THEME, "PUTTING THE PIECES TOGETHER", INCORPORATES ELEMENTS OF STANDARD CONFIRMATION CURRICULUM AS YOUR STUDENTS BUILD THEIR OWN CHURCH FROM THE GROUND UP.

THERE WILL ALSO BE PLENTY OF TIME TO ENJOY CEDARKIRK'S NATURAL SURROUNDINGS, BUILD COMMUNITY WITH YOUR GROUP AND OTHERS, AND PARTICIPATE IN OUR MOST POPULAR ACTIVITIES - LIKE ZIP LINING AND THE ROCK WALL!

THE CONFIRMATION RETREAT BEGINS WITH CHECK-IN FROM 7:00-8:00 PM ON FRIDAY AND ENDS AFTER LUNCH ON SUNDAY. \$75 PER PERSON INCLUDES LODGING IN THE RUSTIC CABINS, PROGRAMMING, ACTIVITIES, ALL MEALS (SATURDAY BREAKFAST THROUGH SUNDAY LUNCH), AND EVENING SNACKS.

FOR FURTHER INFORMATION AND A GROUP REGISTRATION FORM, VISIT WWW.CEDARKIRK.ORG. SUBMIT THE GROUP REGISTRATION FORM AND A DEPOSIT CHECK TO SECURE YOUR CHURCH'S SPOT! IF YOU HAVE ADDITIONAL QUESTIONS OR WOULD PREFER TO REGISTER BY PHONE, PLEASE CALL OUR OFFICE AT 813.685.4224 X1.

*COME SEE WHY SO MANY CHURCHES RETURN
FOR THIS ANNUAL EVENT!*

CEDARKIRK 2012 CONFIRMATION RETREAT
GROUP REGISTRATION FORM

Church _____

Address

City _____ State _____ Zip _____

Contact Person _____

Phone _____ Email _____

Weekend Choice: March 9-11 _____ March 16-18 _____

Please list any food restrictions within your group so we can prepare for your group's needs: _____

Number of Confirmation candidates:

Male _____

Female _____

Number of Adults:

(Must provide an adult
leader for each gender
attending with a 1:8 ratio)

Male _____

Female _____

Deposit: Total number x \$15 payable to Cedarkirk)

\$ _____

Please mail this form and your non-refundable, non-transferable deposit to Cedarkirk at the address below. Also, please give each student the individual registration form (enclosed with this packet) due at the time of the retreat.

Thank you, see you soon!

Cedarkirk Camp and Conference Center
1920 Streetman Dr. Lithia, FL 33547
(813) 685-4224 • camps@cedarkirk.org
www.cedarkirk.org

2012 Confirmation Retreat Individual Registration Form

Camper Name: (last) _____ (first) _____ Gender: ____ Age: ____ Grade: ____

Camper Address: _____ City: _____ State: ____ Zip: ____

Parent or Guardian name(s): _____

Address (if different): _____ City: _____ State: ____ Zip: ____

Home Phone: (____) ____ - ____ Work or Mobile Phone: (____) ____ - ____

Alternate person to contact in case of emergency: _____

Home Phone: (____) ____ - ____ Work or Mobile Phone: (____) ____ - ____

Relationship to camper: _____

Physician's Name: _____ Phone: (____) ____ - ____

Insurance Co.: _____ Policy #: _____

Medications camper is currently taking: _____

Allergies: _____

Has the camper ever been to an overnight camp before? [] Yes [] No

In signing this form, I hereby certify that this application is correct. I understand that in case of emergency, every effort will be made to contact me. If I cannot be reached at the numbers provided, I hereby give permission to the physician selected by the camp to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child, as named herein. I give permission for the use of photography and video recordings of my child in camp publicity.

Climbing Wall

The Climbing Wall is a 25 foot challenge experience. Each participant is given equipment (waist harness, helmet, and locking carabiner) that is checked before each climbing session. Ground instruction is always given prior to participation. The climber begins an ascent up the climbing wall. At the summit, the climber simply pushes off the wall to be lowered slowly and safely through the air, per the wall's redundant auto-belay system. Trained instructors are present at all times to monitor, support, and facilitate a positive experience. Our philosophy is challenge by choice. All participants choose what they feel is challenging. Staff is trained to encourage, but not pressure. In signing below, I am stating that I or my child participating weighs at least 40 pounds and I allow myself/him/her to participate on the Climbing Wall.

_____ **Yes**, my child is at least 40 pounds and I give my child permission to participate on the Climbing Wall.

_____ **No**, I do not give permission for my child to participate on the Climbing Wall.

Zip Line

Cedarkirk has two zip lines of various heights ranging from 10 feet to 20 feet. Each participant is given equipment (waist harness) that is checked before each session. Ground instruction is always given prior to participation. The facilitator will connect the participant to the trolley via lobster claws and locking carabiners. Upon end of zip, the participant will be safely disconnected from the course. Our philosophy is challenge by choice. All participants choose what they feel is challenging. Staff is trained to encourage, but not pressure. In signing below, I am stating that I or my child participating will participate in the course and will agree to all the rules and standards set by Cedarkirk.

_____ **Yes**, I give my child permission to participate on the Cedarkirk zip lines.

_____ **No**, I do not give permission for my child to participate on the zip lines.

Legal Restrictions

Is there anyone legally restricted from seeing your child? ____ no ____ yes (If so, name: _____)

Participant Name (print) _____ Date _____

Participant Signature (if 18 or older) _____

Signature of Parent/Guardian for all participant's under 18

By signing below I agree to the above, exceptions noted with initials

Signature _____ Date _____

Please complete and return this form to your child's trip leader.