

# SPRING BASH

## 2012

Experience God in a fun, exciting, and beautiful setting at Cedarkirk's Spring Bash. Bring your 2nd through 5th grade Sunday school classes for camp activities like zip-lining, rock climbing, group games, crafts, and worship! This 24-hour retreat also includes an adventurous night in a Rustic Cabin and an opportunity to meet new friends in Christ. Due to this camp's popularity, you now have 3 dates to choose from. Sign up today for this exciting weekend!



**Cost:** \$60 per person  
**Dates:** March 23-24, April 20-21,  
April 27-28

You can find group and individual registration forms attached or on our website: [www.cedarkirk.org](http://www.cedarkirk.org).

# SPRING BASH

## Group Registration Form

Please complete this group registration form and send it with a deposit to reserve space. Then distribute the individual registration forms for each student attending.

Please select one of the following dates:

March 23-24

April 20-21

April 27-28

\*\*Each event begins on Friday with registration at 6:00 pm (dinner is at 7:00 pm) and concludes after dinner on Saturday at 6:15 pm\*\*

Contact Name: \_\_\_\_\_

Church: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Number of Participants:

Male \_\_\_\_\_

Female \_\_\_\_\_

Number of Adults:

(Each church must provide an adult leader of each gender attending with a maximum ratio of 7 to 1)

Male \_\_\_\_\_

Female \_\_\_\_\_

Total cost (total number of students and adults x \$60) \$ \_\_\_\_\_

Non-refundable deposit (total number x \$10) \$ \_\_\_\_\_

Remaining balance (\$50 per attendee) is due at Check-In.

Please mail this form and deposit (for checks, make payable to "Cedarkirk") to:

**Cedarkirk**

**1920 Streetman Drive**

**Lithia, FL 33547-1822**

Contact the Cedarkirk office with any questions at: [camps@cedarkirk.org](mailto:camps@cedarkirk.org) or (813) 685-4224, ext. 1

# 2012 Spring Bash Individual Registration and Health 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 \_\_\_\_\_