

FALLTASTIC 2008

Come and enjoy Cedarkirk
during September!

Our Falltastic program is designed for children in **grades 2nd - 5th**

This year we will have two Falltastic weekends! **September 12th - 13th and September 19th - 20th**

Our 24 hours of fall fun will include swimming, climbing wall, games, campfire, crafts, worship and much more!

Falltastic will cost \$50.00 per person and includes all meals, lodging and fun!

For more information please contact Cedarkirk at 813-685-4224 ext. 1 or visit our web site at www.cedarkirk.com



Cedarkirk *A place apart to build up the
body of Christ in love.*
CAMP & CONFERENCE CENTER



Falltastic 2008

Group Registration Form

Please complete this group registration form and send it with a deposit to reserve space. Then distribute attached individual forms for each participant attending. Each camper must have a individual registration/consent form to attend. Thank you!

Please select one of the following dates:

September 12th-13th _____ September 19th-20th _____

(each event begins the respective Friday with 6:00-6:45 registration {& 7:00 dinner} and ends with 5:30-6:30 dinner on Saturday)

Contact Name: _____ Church: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Number of Participants:

Male _____

Female _____

Number of Adults:

(each church must provide an adult leader for each gender attending with at least a 7 to 1 ratio)

Male _____

Female _____

Cost (total number of students and adult chaperones x \$50) \$ _____

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

Please mail this form and deposit (made out to Cedarkirk) to:

Cedarkirk
1920 Streetman Drive
Lithia, FL 33547

Please direct questions to Mark Orendorf at:

Phone: (813) 685-4224

Fax: (813) 689-9170

Email: mark@cedarkirk.com

2008 FALLTASTIC INDIVIDUAL REGISTRATION FORM
(Once completed, please give this form to your group leader)

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

Parent/Guardian Name _____

PHONE _____ Cell _____

Emergency Contact _____ Phone _____

Physician's Name _____ Phone _____

Insurance Co. _____ Policy # _____

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.

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 are trained to encourage, but not pressure. In signing below, I am stating that I or my child participating weighs at least 45 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 are 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: _____)

Signature of Parent/ Guardian _____ Date _____

_____ who is personally known to me or has

(printed name of signature)

produced _____ as identification.

(Type of ID presented)

Notary Name _____

Notary Signature _____ Date _____

Notary Seal