



Are you looking for mission opportunities for your youth group? Join other youth groups at Cedarkirk for a retreat focused on mission. See what the Bible says about living a life of service to others, then help us glean food for people who don't have enough to eat. The retreat starts at 2 pm on January 15 and concludes at 4 pm the next day. \$60 per person covers the cost of all meals (from Sun. dinner to Mon. lunch) and lodging with your group in climate-controlled facilities.

Have questions or need info?
Contact Matt Shick:
matt@cedarkirk.org

**ENCOUNTER
ENCOUNTER
ENCOUNTER**

**JUSTICE
MISSION
GOD**

MISSION: ENCOUNTER

Register your youth group:
www.cedarkirk.org | 813-685-4224



Learn to do good.
Seek justice.
Help the oppressed.
Defend the cause of
orphans. Fight for the
rights of widows.
- Isaiah 1:17

2012 Mission: Encounter 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 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 _____