

# Jesus Journey:

**an experiential weekend**

Location: **Covenant Cedars**

Date: **November 6-7**  
begins at 8pm on Friday &  
ends at 4pm on Saturday

students must come with  
a leader from their church

Cost: **Cost is \$42**

**registration on back**

register by October 24th

**a retreat for jr. highers**

# Jesus Journey:

an experiential weekend

November 6-7  
 A Jr. High Retreat  
 Register by Oct. 24  
 Cost is \$42  
 Covenant Cedars

## What to Bring

- Bible
- Notebook
- Close toed shoes
- Pillow
- Sleeping bag
- Towel
- Toiletries
- Warm clothes

### Jr. High Retreat Registration- Due Oct. 24

Name \_\_\_\_\_ Gender: Male Female  
 Address \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Parent's/Guardian's Name \_\_\_\_\_  
 Parent's/Guardian's Email \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Church \_\_\_\_\_ City \_\_\_\_\_  
 Church leader for retreat \_\_\_\_\_

### Health Form

PLEASE NOTE: Any and all prescriptions are to be in their original prescription container/containers with camper's name, doctor's name, medication name, dosage and how it is to be administered. We can not and will not accept medication in any other containers.

List Food & Medical Allergies \_\_\_\_\_  
 Date of last Tetanus Shot \_\_\_\_\_ Last MMR Shot \_\_\_\_\_  
 Medications Used \_\_\_\_\_  
 Have you been recently exposed to any disease? Y N (Measles, Mumps, Chicken Pox, etc.)  
 Please explain \_\_\_\_\_  
 Name of Doctor \_\_\_\_\_ Phone \_\_\_\_\_  
 City \_\_\_\_\_ Clinic \_\_\_\_\_  
 Program limitations, precautions, or special needs \_\_\_\_\_  
 Emergency Contact Person \_\_\_\_\_ Emergency Contact Phone # \_\_\_\_\_  
 Medical Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

PLEASE ATTACH A PHOTO COPY OF MEDICAL CARD TO THIS REGISTRATION

PARENT/GUARDIAN MEDICAL CONSENT: I hereby give permission to Covenant Cedars Bible Camp to secure emergency medical and surgical treatment and routine non-surgical medical care for my child while in camp (including aspirin, acetaminophen, ibuprofen and prescription drugs).\*

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Send completed registrations to:

Covenant Cedars Bible Camp, P.O. Box 68, Hordville, NE 68846

Registrations are due by October 24th

Call Covenant Cedars at 402-757-3241 with registration questions

### Release & Idemnity Agreement

Camper Name \_\_\_\_\_

In signing this document, I hereby certify that I give permission for my son or daughter to participate in the camping program of Covenant Cedars Bible Camp. I also authorize Covenant Cedars Bible Camp to use photographs, including those of my son or daughter, in camp publicity.

In consideration of permission granted the herein named individuals to participate in camping activities, we hereby release and agree with Covenant Cedars Bible Camp that we will never individually or as legal guardians of said individuals, institute any action at law or in equity for any personal injuries, or injuries to property, real or personal, caused by Covenant Cedars Bible Camp, its successors and legal representatives; we further agree to indemnify and hold Covenant Cedars Bible Camp harmless against any and all costs, damages and expenses which may be incurred by them as a result of any law suit we might file against them.

Parent/Guardian Name(s) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

\*Rules for acceptance and participation in Covenant Cedars are the same for everyone regardless of age, sex, color, race, handicap, or national origin. Any person who believes he or she has been discriminated against in these USDA related camps, should write to Administrator of Food and Nutrition Service, 3101 Park Center Drive, Alexandria, Virginia 22302.