

**Cedar Crest Camp**  
**Individual Registration Form 2006**

No registrations will be accepted without full payment or camp scholarship voucher. Make checks payable to TENNESSEE CONFERENCE CEDAR CREST CAMPING, P.O Box 120607, Nashville, TN 37212.

\$ \_\_\_\_\_  
CHURCH PAYMENT ENCLOSED OR AMOUNT  
TO BE PAID BY CHURCH WITH COMPLETED  
SCHOLARSHIP VOUCHER

\$ \_\_\_\_\_  
CAMPER PAYMENT ENCLOSED

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_  
City: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Grade in upcoming School Year: \_\_\_\_\_

**CHECK ONE:**

- I am planning to attend Elementary Camp  I am planning to attend Junior High Camp   
I am planning to attend 2nd grade Mini Week  I am planning to attend Senior High Camp

**Please mark your 1st, 2nd, and 3rd choice to attend camp:**

\_\_\_\_\_ June 12 - 16      \_\_\_\_\_ June 19 - 23      \_\_\_\_\_ June 26-30      \_\_\_\_\_ July 10 - 14  
\_\_\_\_\_ July 10 - 12      \_\_\_\_\_ July 12 - 14      \_\_\_\_\_ July 17 - 21      \_\_\_\_\_ July 24 - 28

**Parents or Guardian:** \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Name of Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Pastor's Name: \_\_\_\_\_ Church: \_\_\_\_\_  
If Parents can not be reached in case of emergency, contact \_\_\_\_\_  
Phone number: \_\_\_\_\_

**T-shirt size (circle one):** Child M      Child L      Adult M      Adult L      Adult XL

**NAME OF PERSON OR PERSONS CAMPER CAN BE RELEASED TO ON FRIDAY:**

**Elementary Campers - Friend Request:** You may wish to share a cabin with up to 2 people. Your name must also be on that person's form. We will not guarantee that more than two or three from the same church will share a cabin. PLEASE NOTE: CABIN GROUP ASSIGNMENTS ARE MADE ON SAME GENDER AND PROXIMITY OF AGE:

1. \_\_\_\_\_ 2. \_\_\_\_\_

I, \_\_\_\_\_ (camper), agree to participate fully in the planned program and abide by the rules while I am at camp to ensure my safety and the safety of other campers, staff, and visitors.

\_\_\_\_\_  
Camper Signature

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

**For more information, call 615-327-1533 or 1-800-403-5795.**

## Camper Health Form 2006

To be completed by Parent, Guardian or Physician, Please fill in completely.  
PLEASE INCLUDE A COPY OF INSURANCE CARD WITH HEALTH FORM & REGISTRATION

Camper Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Family Insurance Co: \_\_\_\_\_ Policy #: \_\_\_\_\_  
 Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Family Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

**HEALTH HISTORY (Check - giving approximate dates)**

Hay Fever _____	Ear Infections _____	Chicken Pox _____
Ivy Poisoning _____	Heart Defect/Disease _____	Measles _____
Insect Stings _____	Convulsions _____	Mumps _____
Penicillin _____	Bleeding Disorders _____	Asthma _____
Other _____	Sleep Walking _____	Diabetes _____
_____	Bed Wetting _____	Fainting _____

Operations or serious injuries (date) \_\_\_\_\_  
 Chronic or recurring illness \_\_\_\_\_  
 Date of last tetanus shot \_\_\_\_\_  
 List activities that need to be monitored \_\_\_\_\_  
 List activities that need to be avoided \_\_\_\_\_  
 List food restrictions \_\_\_\_\_

**LIST MEDICATIONS REQUIRED DURING CAMP**

NAME OF MEDICATION*	DOSAGE	REASON TAKING

**\*Medications will be kept in a secure, locked location. The camp nurse or director will administer as directed.**  
 Do you give permission to give Tylenol, laxative, or other minor medication as may seem necessary?  
 \_\_\_\_\_ YES \_\_\_\_\_ NO

Describe any behavioral or emotional problems that the child has: \_\_\_\_\_  
 \_\_\_\_\_  
 Name & Phone of Psychologist or Psychiatrist: \_\_\_\_\_

I understand that all reasonable safety precautions will be taken at all times by the Tennessee Conference and camp staff. I have completed the information to the best of my knowledge. In giving permission for child to attend camp, I release the United Methodist Church, Tennessee Conference, leaders and camp staff from liability for damages, losses, disease or injuries incurred by my child. I understand that I, or the emergency contact listed on the registration form will be contacted, I hereby give permission to the physician selected by the camp staff to order X-rays, routine tests, and treatment for the health of my child. You have my permission to photograph my child for camp promotional purposes, including posting on camping website. At no time will a child be identified by name, address, church membership, or other identifying information unless prior written permission is granted.

PARENT / LEGAL GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 Sworn to before me and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_

Seal \_\_\_\_\_, NOTARY PUBLIC