

# Cedar Ridge Camp

## Summer Registration Form

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M F  
 Address: \_\_\_\_\_ Apt #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Home Church: \_\_\_\_\_ Campmate Request: \_\_\_\_\_  
 Parent/Guardian: \_\_\_\_\_ Home: - - Cell: - - Work: - -  
 Parent/Guardian: \_\_\_\_\_ Home: - - Cell: - - Work: - -  
 Emergency Contact: \_\_\_\_\_ Home: - - Cell: - - Work: - -  
 Emergency Contact's Relationship to Camper: \_\_\_\_\_  
 Custody:  Mother  Father  Both Special Instructions: \_\_\_\_\_  
 How did you hear about us: \_\_\_\_\_ First time at camp? Y N

**Registration will be received on a first-come first-served basis. Pay with your credit card on-line or by phone!**

### Health and Medical Information

Doctor's Name: \_\_\_\_\_  
 Doctor's Phone Number: \_\_\_\_\_  
 Emergency Hospital: \_\_\_\_\_  
 Date of Most Recent Physical Exam: \_\_\_\_\_  
 Date of Last Tetanus Shot: \_\_\_\_\_  
 Activity Restrictions: \_\_\_\_\_  
 School Attended in Previous Year: \_\_\_\_\_  
 Immunizations Current: Y N

Indicate if camper experiences or has experienced any of the following:

Condition	Y	N	Details
Seizures	<input type="checkbox"/>	<input type="checkbox"/>	_____
Vision Difficulties	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hearing Difficulties	<input type="checkbox"/>	<input type="checkbox"/>	_____
Physical Limitations	<input type="checkbox"/>	<input type="checkbox"/>	_____
ADHD/ADD	<input type="checkbox"/>	<input type="checkbox"/>	_____
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	_____
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	_____
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Peanut	<input type="checkbox"/>	<input type="checkbox"/>	EPI PEN <input type="checkbox"/> Yes <input type="checkbox"/> No _____
<input type="checkbox"/> Bee Stings	<input type="checkbox"/>	<input type="checkbox"/>	EPI PEN <input type="checkbox"/> Yes <input type="checkbox"/> No _____
<input type="checkbox"/> Hay Fever	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Medications	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Food	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Latex	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>	_____
Dietary Restrictions	<input type="checkbox"/>	<input type="checkbox"/>	_____
Major Illness or Surgery	<input type="checkbox"/>	<input type="checkbox"/>	_____
Autism	<input type="checkbox"/>	<input type="checkbox"/>	_____
Down's Syndrome	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tourette's Syndrome	<input type="checkbox"/>	<input type="checkbox"/>	_____
Additional Information:			_____
			_____
			_____

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

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

**My/Our signature indicates I/we have read and agreed to both sides of this contract.**

E-mail: fun@cedaridgecamp.com

### Medical Insurance Information

Insured's Name: \_\_\_\_\_  
 Camper Relationship to Insured: \_\_\_\_\_  
 Employer's Name: \_\_\_\_\_  
 Insurance Company Name: \_\_\_\_\_  
 Group #: \_\_\_\_\_  
 Member #: \_\_\_\_\_

### 2010 Summer Camps

Camp Name	Dates	Price	✓
Day Camp 1	June 7 — June 11	\$139	<input type="checkbox"/>
Day Camp 2	June 14 — June 18	\$139	<input type="checkbox"/>
Day Camp 3	June 21 — June 25	\$139	<input type="checkbox"/>
Day Camp 4	June 28 — July 2	\$139	<input type="checkbox"/>
Adventure Camp	June 6 — June 10	\$349	<input type="checkbox"/>
Equestrian Camp	June 13—June 17	\$449	<input type="checkbox"/>
Night Owl Camp 1	June 20 — June 24	\$349	<input type="checkbox"/>
Night Owl Camp 2	June 27 — July 1	\$349	<input type="checkbox"/>
Camp Hope (For Military, Police, Fire and EMS Children)	June 4 — July 8		<input type="checkbox"/>
Counselors In Training	June 13 — July 1 (Home on Fridays/ Saturdays)	\$499	<input type="checkbox"/>
<b>Add \$50 per camp if selecting horseback riding.</b>			_____
2010 Summer Camps Total \$ _____			

**Please send half of the total amount as a deposit along with your registration form to the address below.**  
**To pay by credit card call 502-267-5848 ext. 386.**

**Free T-shirt for every camper!**  
**Select Youth Size: S M L XL**

4010 Old Routt Rd.  
Louisville, KY 40299

Phone #: 502-267-5848  
Fax #: 502-267-0116

# PARENTS / GUARDIANS - PLEASE READ CAREFULLY, SIGN AND RETURN

## Liability and Obligation Policies

I/we, the parent(s) or guardian(s) of (Child's Name) \_\_\_\_\_ (the child) release and absolve Mid-Kentucky Presbytery, Cedar Ridge Camp, Inc. (the camp), and their employees and volunteers of any and all liability for accidents or injuries sustained while in the care of the aforementioned organizations, their employees and/or volunteers. I/we give my/our consent for my/our child to be transported onsite, and to and from any scheduled program. I/we are aware that a deposit is required prior to the chosen camp session in order to reserve a place for my/our child. I/we are aware that all fees paid are non-refundable and agree to pay the balance owed the first day of the camp session. I/we agree that Cedar Ridge Camp, Inc. may reproduce any photographs, slides, and videos taken of my/our child for publicity purposes. I/we understand that Cedar Ridge Camp, Inc will not be responsible for any personal property brought to camp by campers.

## Child Pick-Up Authorization Policies

I/we agree that my/our child will be released from the Cedar Ridge Camp, Inc. Summer Program ONLY to the persons I/we have authorized in writing. If someone other than the parent(s) / guardian(s) or persons listed below are to assume custody of my/our child, Cedar Ridge Camp, Inc. staff must be notified in writing, 24 hours prior to release. PICTURE ID IS REQUIRED FOR ALL CHILD PICK-UPS.

The policy of Cedar Ridge Camp, Inc. states: "It is the responsibility of the parent to notify the camp of any change in guardianship of the child. Dual guardianship is assumed. The child will be released to either parent unless Cedar Ridge Camp, Inc. is notified in writing supported by necessary documentation of change in guardianship."

In addition to the parent(s) / guardian(s), campers may be picked up by: \_\_\_\_\_.

## Discipline Policies and Procedures

(Parents / Guardians - please review with your child.)

Discipline at Cedar Ridge Camp, Inc. has the goal of eliminating unacceptable behaviors in a firm, caring way, and helping the camper internalize acceptable behaviors.

MINOR MISBEHAVIORS include, but are not limited to, failure to listen, arguments without any physical contact and occasionally refusing to cooperate with counselors. Disciplinary Procedures - Counselor will use verbal warnings for these minor offenses.

INTERMEDIATE MISBEHAVIORS include, but are not limited to, minor fights (pushing & shoving with no serious hits), one time use of profanity, obscene language, vandalism, obscene gestures or continual refusal to cooperate. Disciplinary Procedures - Time-out will be used at Counselor's discretion. More than two (2) time-outs per day per child will be reported to the Summer Camp Program Director. More than two (2) reports to the Summer Camp Program Director per week per child will be reported to the Operations Director. The Operations Director will call the parents and advise them of the problems their child is having that week.

SERIOUS MISBEHAVIORS include, but are not limited to, fights with intent to do bodily harm, hitting with an object or fists, threatening or harassing other campers, continual use of profanity or obscene language, inappropriate sexual activities, carrying a weapon, possession of cigarettes, possession of alcohol or drugs, or rejection of authority. Disciplinary Procedures - These actions are considered harmful to other campers. The parents of the child will be notified by the Operations Director via telephone. When possible, Cedar Ridge Camp, Inc. will work with the child to correct behaviors. However, dependent on the safety of other campers, the child may have to leave the Cedar Ridge Camp, Inc. Summer Camp Program and be returned to the child's guardian. If this occurs, all monies are non-refundable.

## Non-Discrimination Policies

Cedar Ridge Camp, Inc. prohibits discrimination in its programs on the basis of race, color, national origin, gender, age, disability, political beliefs, gender preference, marital status, or financial status.

## Health Release Policies

To the best of my/our knowledge, my/our child has not been exposed to a contagious disease and has not had a serious illness since the last health examination and is presently in good health. I/we understand that a camp medic will treat minor injuries. I/We give permission for my/our child to receive over-the-counter medications, insect repellent, and sunscreen, as the camp sees necessary. I/We give permission for my/our child to receive prescription medications as prescribed by a medical doctor. In the event my/our child needs additional medical attention, an attempt will be made to contact me/us. In the event that I/we cannot be reached, my/our authorized signature(s) below allows Cedar Ridge Camp, Inc. to secure prompt medical treatment. I/We know that every reasonable and customary precaution will be taken to assure safety.

## Electronics Policies

I/we understand that Electronics, including but not limited to CD players, radios, mobile phones, pagers, and other electronics, are prohibited at Cedar Ridge Camp, Inc.

I/we have read and understood these policies and procedures, and by signing below so hereby acknowledge my/our agreement and compliance to the aforementioned.

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

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

**My/Our signature indicates I/we have read and agreed to both sides of this contract.**