

Whispering Cedars Baptist Camp

49794 N. 320th Ave. ~ Genoa, NE 68640 (402.993.6014)

Retreat Registration Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Email: (optional) _____

Male _____ Female _____

Grade: _____ Age: _____ Birth date: _____

Parent/Guardian: _____

In case of emergency contact: _____

Emergency Phone Number: () _____

Church: _____

Address: _____

Pastor: _____

Spring Retreat _____ Fall Retreat _____

Health Information

Medication taken regularly _____

Any special problems or conditions: _____

Allergic reactions:

Bee Stings _____ Aspirin _____ Sulfa _____ Penicillin _____

Foods: _____

Other: _____

Any specific activity to be restricted _____

Recent exposure to contagious disease _____

Date of last tetanus shot _____

In the event of an emergency, do we have your permission to take your child to a doctor or hospital for emergency care? Yes _____ No _____

May your child participate in the usual activities of camp? Yes _____ No _____

(Signature of parent or guardian or Staff Member)

I understand that Whispering Cedars carries secondary insurance through Brotherhood Mutual. I also understand that my camper's picture or testimony may be used in promotions of the camp.

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