



CEDAR CREEK CHRISTIAN CAMP 2024 REGISTRATION FORM

Mail to: Cedar Creek Camp Registrar
10014 White Hall Road
Hagerstown, MD 21740

Camper Name _____

Age _____ Grade entering in the Fall _____ Gender _____

Address _____

Parent/Guardian Name(s) _____

Parent Email (required) _____

Parent Phone (_____) _____ - _____

Emergency Contact _____

Emergency Phone (_____) _____ - _____

I agree that I (or the emergency contact) must be available to be contacted regarding my child at any time.

The Parent/Guardians(s) and Emergency Contact listed on this form are the only ones authorized to pick up a child at the end of the week, unless written permission is given at the time of check-in.

Please acknowledge that you have read the Camp Guidelines, Refund/Cancellation Policy, and Medical Form prior to registration. Acknowledged

Photos and/or video of your child taken during the course of regular camp events may be used for camp promotion in social media and/or marketing efforts. Identifying factors such as the child's name and age will not be used, except as the child's age relates to the event(s) they attend. Acknowledged

I am registering my child for:

- | | |
|--|---|
| <input type="checkbox"/> Kickoff Weekend (\$10/20) | <input type="checkbox"/> Jr. Staff Training (\$30/40) |
| <input type="checkbox"/> Adventure Camp (\$255) | <input type="checkbox"/> High School Week (\$225/255) |
| <input type="checkbox"/> Middle School Week (\$225/255) | <input type="checkbox"/> Junior Week (\$225/255) |
| <input type="checkbox"/> Day Camp (\$20/30) | <input type="checkbox"/> Beginners Camp (\$100/130) |
| <input type="checkbox"/> Family Camp (\$85/100 per family) | <input type="checkbox"/> _____ |

*Early Bird pricing closes 2 weeks before the date each camp begins
Additional information may be required for Junior Staff Training and Adventure Camp*

Parent/Guardian Signature _____ Date _____