

## **Cedar Valley-Nauvoo Family Camp Registration Form**

**Dates: June 28-July 1, 2025**

**Location: Cedar Valley Grove Campground**

**Director/Registrar: Gaelane Rosinski**  
**(309-524-3648 / [grosinski1125@gmail.com](mailto:grosinski1125@gmail.com))**



**Family Camp 2025 is for people of all ages to come and join together in worship and fellowship anytime throughout the event, whether it is for a day or the entire event.**

**The event will be held at Cedar Valley Grove Campground in Mechanicsville, Iowa. It is a beautiful setting surrounded by nature's bounty.**

**Attendees of all ages can come together for a day, the full event, half a day; whatever fits into their schedules. As you plan your attendance, don't forget the evening campfires are awesome.**

**The event will have the feeling of a youth camp with classes for all ages in the morning, various activities in the afternoon for all ages, and an intergenerational activity in the evening.**

**To register for the event, you can download, print, and return this form or use the link below to submit your information online. [Click here to register online!](#)**

### **Reminders:**

- **Cost: Expenses (meals, utilities, supplies) average \$125/person. Payment can be submitted in advance or upon arrival and via check, cash, Venmo, or congregational payment. (Venmo: <https://account.venmo.com/u/Kent-LeVan-2>)**
- **Items to Bring: Scriptures, lawn/board games, lawn chairs, bedding, instruments/music, flashlights, etc.**
- **Procedures for Check-In: Everyone must check-in with the registrar upon arrival. Those camping in RVs/trailers must check-in with the registrar for assigned spots. Please be sure to inform the registrar and/or medical staff of any medical problems and/or prescriptions upon check-in.**
- **Medical Reminder: When attending any of the Cedar Valley-Nauvoo Mission Center camping events, if you have need for an Epi Pen, be sure to bring your own supply and notify the medical staff.**

## FAMILY CAMP 2025 REGISTRATION FORM

**Please complete BOTH sides!**

### Attendees: *(Please print all information)*

1. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ If youth, grade level (K-12): \_\_\_\_\_
2. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ If youth, grade level (K-12): \_\_\_\_\_
3. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ If youth, grade level (K-12): \_\_\_\_\_
4. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ If youth, grade level (K-12): \_\_\_\_\_
5. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ If youth, grade level (K-12): \_\_\_\_\_
6. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ If youth, grade level (K-12): \_\_\_\_\_
7. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ If youth, grade level (K-12): \_\_\_\_\_
8. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ If youth, grade level (K-12): \_\_\_\_\_
9. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ If youth, grade level (K-12): \_\_\_\_\_
10. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ If youth, grade level (K-12): \_\_\_\_\_

### Medical Info: *(Please print all information)*

1. Attendee's Name: \_\_\_\_\_  
Medications/Allergies/Medical or Dietary Needs: \_\_\_\_\_  
\_\_\_\_\_
2. Attendee's Name: \_\_\_\_\_  
Medications/Allergies/Medical or Dietary Needs: \_\_\_\_\_  
\_\_\_\_\_
3. Attendee's Name: \_\_\_\_\_  
Medications/Allergies/Medical or Dietary Needs: \_\_\_\_\_  
\_\_\_\_\_

Name of Family Physician: \_\_\_\_\_ Phone#: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Relation of Emergency Contact (i.e. Family Member, Friend, Child, etc.): \_\_\_\_\_

**Would you like to volunteer?** *If so, please list the areas you would be willing to help (EX: Nursery, children's classes, worship services, kitchen, etc.):*

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### Housing Options

*Please select your first choice of housing option and the registrar will meet your request, if possible.*

- \_\_\_\_ No housing needed  
\_\_\_\_ Handicap accessible housing is required  
\_\_\_\_ Pop-Up Camper/Tent spot WITH electricity  
\_\_\_\_ Pop-Up Camper/Tent spot WITHOUT electricity

\_\_\_\_ RV/Trailer site WITH electricity/sewer (Type of RV/Trailer: \_\_\_\_\_ / Size: \_\_\_\_\_)  
\_\_\_\_ RV/Trailer site WITHOUT electricity/sewer (Type of RV/Trailer: \_\_\_\_\_ / Size: \_\_\_\_\_)  
\_\_\_\_ Room in The Lodge (# of people in room: \_\_\_\_\_)  
\_\_\_\_ Cabin (# of people in cabin: \_\_\_\_\_)

Special housing requests: \_\_\_\_\_

### Discipline, Liability, Medical, and Photo Releases

**Medical Treatment:** I authorize the event director, medical staff, or staff members to give consent to a physician and/or medical facility for emergency medical or surgical treatment for all attendees listed on this form.

**Photo Release:** I do hereby give my consent and authorize Community of Christ, its successors, heirs, legal representatives, assigns, and agents to use/reproduce the all the attendees' names, voices and/or likenesses (photographic, illustrative, audio or video, film or electronic, and/or digital image), and circulate and use the same for any and all official resource, use, or purpose including but not limited to print, film, or electronic media and reproduction, or digital representation of every description on the internet/world wide web. Consideration is hereby waived in perpetuity and no further claim of any nature whatsoever shall be made by any of the attendees listed on this form, their heirs, or assigns.

**Consent and Liability Release:** I understand that all attendees listed on this form are expected to abide by the event rules and are directly responsible to the event director and staff. The event director assumes responsibility for discipline at the event and if necessary, may, because of misconduct or disobedience, require any of the listed attendees to leave the grounds/event. In such an instance I, as the legal representative for all the attendees listed on this form, will assume full responsibility for returning the attendee to his/her home; acknowledge and am aware that the event may involve hazards and risks, including those associated with transportation of the attendees to an activity and back; and release Community of Christ (including its officers, employees, agents, assigns, and affiliates) from any and all liabilities with respect to injury, sickness, disease, death, or damage as a result of participation in this event. This release applies to any and all liabilities for myself, as well as all attendees listed on this form and their estates of any type or description, whether arising from ordinary negligence or otherwise, and whether involving fees and expenses of any kind.

***I have read and agree, as legal representative for all attendees listed on this form, to all the information above.***

Signature of adult representative for all attendees listed on form: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

**T-Shirt Sizes:** Please list the t-shirt size(s) needed for all attendee(s) you are registering. Sizes available are Adult: XS, S, M, L, XL, XXL and Youth: S, M, L. (Ex: Adult L = 2 / Youth S = 1). \_\_\_\_\_

**Please return this completed/signed form to:**

Gaelane Rosinski, Director/Registrar  
3214 55<sup>th</sup> Street Court, Moline IL 61265  
Via Email: [grosinski1125@gmail.com](mailto:grosinski1125@gmail.com)  
For questions calls: 309-524-3648

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