

**CEDAR VALLEY-NAUVOO MISSION CENTER SUMMER 2026 YOUTH CAMP REGISTRATION FORM**

*Please complete this form to register for the Cedar Valley-Nauvoo Mission Center summer 2026 youth camps. Please submit the completed form via email to the individual directors. For questions on any of the events, feel free to reach out to the directors or the Co-Youth Ministries Coordinators.*

- **Jr Camp @ Camp Nauvoo: June 27-July 1**
  - Grades: 3<sup>rd</sup> thru 5<sup>th</sup>
  - Director: Beth Mayer / [bethann19693@gmail.com](mailto:bethann19693@gmail.com)
- **Jr High Camp @ Cedar Valley Grove: July 5-9**
  - Grades: 6<sup>th</sup> thru 8<sup>th</sup>
  - Director: Lisa Webster / [spud959c1@yahoo.com](mailto:spud959c1@yahoo.com)
- **Jr Camp @ Cedar Valley Grove: July 11-14**
  - Grades: 3<sup>rd</sup> thru 5<sup>th</sup>
  - Director: Cathy Reeves / [cjreev1980@aol.com](mailto:cjreev1980@aol.com)
- **Sr High Camp @ Cedar Valley Grove: July 26-31**
  - Grades: 9<sup>th</sup> thru 12<sup>th</sup>
  - Director: Josh Goff / [goffjoshua40@gmail.com](mailto:goffjoshua40@gmail.com)
- **Co-Youth Ministries Coordinators:**
  - Carolyn Baker / [grandmagiggles1971@gmail.com](mailto:grandmagiggles1971@gmail.com)
  - Julie Bengé / [julieourthbenge@gmail.com](mailto:julieourthbenge@gmail.com)

**TO BE COMPLETED BY THE PERSON FILLING OUT THIS FORM**

Name: \_\_\_\_\_ / Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

**INFORMATION ON PARTICIPANT(S):**

**CIRCLE ONE**

Participant #1 Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Camper / Staff

Date of Birth: \_\_\_\_\_ Event: \_\_\_\_\_

Address: \_\_\_\_\_

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

Participant #2 Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Camper / Staff

Date of Birth: \_\_\_\_\_ Event: \_\_\_\_\_

Address: \_\_\_\_\_

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

Participant #3 Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Camper / Staff

Date of Birth: \_\_\_\_\_ Event: \_\_\_\_\_

Address: \_\_\_\_\_

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

Participant #4 Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Camper / Staff  
Date of Birth: \_\_\_\_\_ Event: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_

**INFORMATION ON PARENT/LEGAL GUARDIAN:**

Name: \_\_\_\_\_ Relationship to Participant(s): \_\_\_\_\_  
Cell Phone #: \_\_\_\_\_ Alt Phone #: \_\_\_\_\_

**PERSON(S) ALLOWED TO PICK UP YOUTH:**

Name: \_\_\_\_\_ Relationship to Participant(s): \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship to Participant(s): \_\_\_\_\_

**EMERGENCY CONTACTS:**

Name: \_\_\_\_\_ Relationship to Participant(s): \_\_\_\_\_  
Cell Phone #: \_\_\_\_\_ Alt Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Participant(s): \_\_\_\_\_  
Cell Phone #: \_\_\_\_\_ Alt Phone #: \_\_\_\_\_

**MEDICAL INFORMATION:**

Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_  
Physician's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Date of Last Tetanus Shot: \_\_\_\_\_  
Known Allergies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medications/Doses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please specify any medical information that the staff/medical staff should be made aware of: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PERMISSION FOR MEDICAL TREATMENT:** I, the parent/legal guardian, do hereby authorize the event director/staff, in the event that I cannot be reached by phone, to give consent to a physician and/or hospital for emergency medical or surgical treatment while at this event or any associated off-site events.  
\_\_\_\_\_ **Yes** / \_\_\_\_\_ **No**

**PHOTO RELEASE PERMISSION:** I, the parent/legal guardian, do hereby give my consent and authorize Community of Christ, its successors, heirs, legal representatives, assigns, and agents to use and reproduce the participant's name, voice and/or likeness (photographic, illustrative, audio or video tape, film or electronic and/or digital image), and circulate and use the same for any and all official resources,

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-WideWeb. Consideration is hereby waived in perpetuity, and no further claim of any nature whatsoever shall be made by me, my heirs or assigns. Community of Christ has made no representations concerning the use here of to me.

\_\_\_\_\_ **Yes** / \_\_\_\_\_ **No**

**CONSENT & LIABILITY RELEASE:**

I, the parent/legal guardian of the participant listed on this form, certify that he/she has my full approval to participate in this event and any associated off-site events. The participant identified on this form and I, the parent/legal guardian, understand that all participants are expected to abide by the event rules and be directly responsible to the event director/staff. The event director/staff assume responsibility for discipline at the event and, if necessary, may, because of misconduct or disobedience, require the participant to leave. In such an instance, I, the parent/legal guardian, will assume full responsibility for returning the participant to his/her home. I, the parent/legal guardian, acknowledge and am aware that this event may involve hazards and risks, including those associated with the transportation of the participant to any activities (on-site and/or off-site) and back, which I am prepared to accept on behalf of the participant. Accordingly, as part of my decision to allow the participant to attend this event and all associated activities, I hereby release Community of Christ (including its officers, employees, agents, assigns, and affiliates) from any and all liabilities with the respect to Injury, sickness, disease, death, or damage as a result of participation in this event and all associated activities. This release applies to any and all liabilities to me, the participant, either of our estates of any type or description, whether arising from ordinary negligence or otherwise, and whether involving fees and expenses of any kind. Further, I, the parent/legal guardian, understand that the participant may receive a physical examination upon arrival at the event. My consent and signature, as parent/legal guardian, are given below. I have read and agree to the information given in its entirety on this form.

\_\_\_\_\_ **Yes** / \_\_\_\_\_ **No**

**BY SIGNING BELOW YOU ARE INDICATING THAT ALL THE INFORMATION ON THIS FORM IS TRUE AND ACCURATE, TO THE BEST OF YOUR KNOWLEDGE, AS WELL AS, CONFIRMING YOUR ANSWERS FOR “PERMISSION FOR MEDICAL TREATMENT”, “PHOTO RELEASE PERMISSION”, AND “CONSENT & LIABILITY RELEASE”.**

**Parent/Legal Guardian Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Date Signed:** \_\_\_\_\_



Community of Christ