

## SUMMER UNITREAT REGISTRATION FORMS 2025

### WHEN DO I ARRIVE AND LEAVE?

Plan to arrive between 12:30-1:30 p.m. on Sunday, July 27, 2025.

Plan to depart Friday, August 1, 2025, @ 1PM after lunch.

### WHAT WILL I EAT?

All meals are served family style and are so yummy!. The Cedar Ridge staff does a very good job in meeting dietary requests

### HOW DO I RECEIVE MESSAGES?

In an EMERGENCY, the number is camp phone is [\(503\) 429-2801](tel:5034292801) Cell phone service is available to camp and Unitreat staff. Please call/text Chris Castaldi's cell phone if information when needed during camp **503 913 0898**

### WHAT DO I BRING? PACKING LIST

- Medical Release Form (your copy)
- Sleeping bag and pillow
- Towels/wash clothes
- Personal care items – mosquito repellant, sun block, **water bottle**
- Bathing Suit for the pool and Clothes or for the Slip n'Slide. Only solar drying available
- Dancing shoes\*
- Love offering\*
- Your favorite CD, digital format OK (with your name on it)\* for campfire or dance. Must meet the Heart Agreement and will be reviewed by your Counselor before Spirit Share-Campfire
- Props & Music — Bring anything you think might be useful in a skit. Also bring any musical instruments, poetry you would like to present during campfire.
- Clothing — Bring warm, cold, and wet weather clothing. 1 pair Extra tennis or running shoes (with some grip), or light hiking boots. Please no Crocs for Challenge Course. Wear loose fitting pants. Short-shorts can be uncomfortable on the Challenge Course.(tree sap, rough bark) Please, no large belt buckles, watches, rings, earrings, or anything else that might scratch, jab, or entangle someone on the challenge course.
- **Shower & pool footwear.** Flip-flops or waterproof sandals only allowed in bathroom, shower, poolside
- Labeled medications to give to our First Aid person

( \* indicates optional items)

### DO NOT BRING:

- Ipads, MP3s, cell phones are only used at bedtime if arranged ahead of time to assist in sleeping. They will be collected at check in and returned on the last day of camp. No photography allowed in the dorms or Challenge Course
- Money — there's a Love Offering at the closing ceremony. This supports Unitreat programs.
- Fireworks - parents will retrieve fireworks & youth
- Pop, gum, candy or food (we will furnish all food and snacks) Counselors will obtain these to secure sharing with all youth.
- Knives

**RELEASE FORMS: There are seven-7 forms:** the Unity Medical/Liability Release form, Cedar Ridge form, a Unitreat Heart Agreements form and Dietary needs, t-shirt size, Unity Medical/Liability form and a Photo release form. They **must all be filled out and signed**. The Unity Medical/Liability Release form must be copied with 1 copy given to the driver in case of an emergency on the road to / from Unitreat; the other copy is to be returned with registration. Note that the minister must sign the Unitreat Camp Agreements. Registration without all forms will **not** be accepted.

## **WHERE IS UNITREAT?**

Summer Unitreat is at Camp Cedar Ridge, owned & operated by Centers for Spiritual Living.  
18062 Keasey Rd, Vernonia, OR 97064

<https://campcedarridgeor.org/>

[Camp-Cedar-Ridge-Map.pdf](#)

In the past 2 years there has been a detour on the last State Rd before camp coming from the north.

Please check your map app for up-to-date info on this.

ONENESS is the theme for Summer Unitreat 2025. We will explore the idea of being Spiritual Beings having human experiences with our connectedness to each other and to our whole environment. Curiosity, compassion toward self and others, and openness to the experiences offered at Unitreat is required as stated in our Heart Agreement. Thank you for supporting your child in having the NW Unitreat experience.

**Yes**, adults must fill out all these forms as our Wellness person and all counselors will fully care for youth at all times.

Thank you, Chris Castaldi – Uniteen Consultant for the Northwest Region, Unity Worldwide Ministries.

## #1 CEDAR RIDGE LIABILITY RELEASE FORM

For permission to participate in a Challenge Course Program at the Cedar Ridge Camp my heirs, assigns, or other successors in interest, do hereby release and forever discharge Cedar Ridge, its officers, agents, and employees from any and all liability, claims, demands, damages, actions and causes of action of any nature whatsoever arising out of or related to any loss, damage, or injury, including death, that I or my property may sustain while participating in a Cedar Ridge Program, or while on the campus, including if such loss, injury, or damage is due to the negligence of Cedar Ridge and its employees.

**Acknowledgement of Risk:** I AM FULLY AWARE AND UNDERSTAND THAT A CHALLENGE COURSE PROGRAM AT Cedar Ridge INVOLVES A DEGREE OF PHYSICAL ACTIVITY AND COMES WITH INHERENT RISKS OF INJURY TO PERSONS AND PROPERTY, regardless of safety precautions provided by Cedar Ridge to reduce such risks. A program at Cedar Ridge utilizes a variety of activities that often include warm-ups, games, group initiatives, low and high course elements, climbing challenges, and other rigorous physical activities. The low and high courses themselves are a series of cables, ropes, obstacles, and/or wooden boards stretched between or attached to trees or other support systems, which provide different challenges for participants at varying heights. Many of these activities require the use of props such as logs, wooden boards, ropes and blocks. Risks of such activities can include, but are not limited to, muscle, bone, and joint injuries, animal bites or stings, difficulty breathing, fatigue, dizziness, cuts or abrasions, emotional injury, head injuries, neck injuries, spinal injuries, paralysis and/or death.

I VOLUNTARILY AGREE TO ENGAGE IN THESE ACTIVITIES BY ATTENDING THE PROGRAM. I understand that the degree and extent of my participation in each activity remains my choice and that it is my responsibility to inform Cedar Ridge staff members of any changes in my participation.

I VOLUNTARILY AND KNOWINGLY ASSUME ANY AND ALL INHERENT RISKS OF PARTICIPATION, both known and unknown. I assume full responsibility for my participation with full knowledge that the activities may be hazardous to my person and/or property. In the event that I observe any unusual or significant hazards during my time attending the program, I will immediately notify the nearest Cedar Ridge Staff Member and remove myself from the situation.

**Release from Liability:** I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY AND ALL COSTS ASSOCIATED WITH LOSS OR DAMAGE TO PROPERTY OR PERSONAL INJURY, INCLUDING DEATH that I may sustain as a result of participating in this program.

I VOLUNTARILY AGREE TO RELEASE CEDAR RIDGE CAMP AND ITS OFFICERS, AGENTS, AND EMPLOYEES FROM ANY AND ALL LIABILITY, claims, demands, damages, actions and causes of action of any nature whatsoever arising out of or related to any loss, damage, or injury, including death, that I or my property may sustain while participating in a Cedar Ridge Program, or while on the campus. Furthermore, in the event Cedar Ridge, or any of its officers, agents, or employees, are required to incur attorney's fees to enforce this agreement, I agree to indemnify Cedar Ridge and/or its employees for all such fees and costs.

**Health and Insurance:** I CERTIFY THAT I AM SUFFICIENTLY HEALTHY ENOUGH TO PARTICIPATE IN THE PROGRAM. I further certify that I have and will continue to inform Cedar Ridge and Unitreat Director of any changes in my health condition that could limit participation in activities or increase my risk of injury. In the event of injury, I hereby authorize Cedar Ridge and its employees to seek and/or provide reasonable medical attention for myself in accordance with Cedar Ridge Camp policies and procedures.

**Parent/Guardian Signature** \_\_\_\_\_

**Print Parent/Guardian** \_\_\_\_\_

## #2 CEDAR RIDGE MEDICAL INFORMATION AND HISTORY

### General Information (Please Print)

Name of School, Group, or Organization: \_\_\_\_\_

Name of Participant: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth (MM/DD/YYYY): \_\_\_\_\_

### Medical and Insurance Provider Information

Name of Primary Physician: \_\_\_\_\_

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

Is Participant covered by any hospitalization, health, or medical insurance? Circle: Yes No

Company/Carrier and Policy Number: \_\_\_\_\_

### Medical History

List any physical/health conditions of Participant (temporary or chronic):

these will be taken from youth's registration form

List all medication Participant is currently taking:

these will be taken from youth's registration form

List all known allergies (food, insect, medication, etc.): \_\_\_\_\_

\_\_\_\_\_

#### **Conditions of Concern** (please check any conditions that apply to participant)

☐ Asthma *If yes, will participant have an inhaler with them?* Circle: Yes No

☐ Epilepsy and Seizures

☐ Learning, Emotional or Behavioral Conditions

☐ Diabetes

☐ Back, Neck or Knee Problems

☐ Family History of Heart Attack, Disease, High Blood Pressure or other Cardiac Conditions

☐ Pregnant

☐ Any impairment of Sight, Hearing or Speech

☐ Any other condition or limitation Cedar Ridge or Unitreat counselors or Staff should be aware of If you checked any of the above, please provide details as necessary: \_\_\_\_\_

\_\_\_\_\_

### #3 CEDAR RIDGE ACKNOWLEDGEMENT AND SIGNATURES

I HAVE CAREFULLY READ, CLEARLY UNDERSTOOD, AND ACCEPTED THE TERMS AND CONDITIONS STATED HEREIN and acknowledge that this agreement shall be effective and binding upon myself, my heirs, assigns, personal representatives, and estate and for all members of my family. I further certify that all the information provided to Cedar Ridge Camp is current, accurate, and truthful to the best of my knowledge.

Participant Name (Please Print): \_\_\_\_\_

Participant Signature: \_\_if over 18 \_\_\_\_\_

Date(MM/DD/YYYY): \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE, if Participant is under 18 years of age**

Parent/Guardian Name (Please Print): \_\_\_\_\_

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

Date(MM/DD/YYYY): \_\_\_\_\_

### CEDAR RIDGE PERSONAL RELEASE

I hereby grant permission to the Cedar Ridge Camp and its assigns and licensees to take photographs or videos of myself, including audio recordings of my voice. I give Cedar Ridge permission to use these images, videos, and recordings, as well as my likeness and voice, as follows:

- Use may include reproduction, distribution, derivative works, display, and performance.
- Use may be in composite or modified forms and in any media type, now known or later developed, including but not limited to newspapers, television, radio, the World Wide Web, and social media platforms.
- Use may be for any purpose throughout the world and in perpetuity, including, but not limited to, education, trade, advertising, and promotion.

I further acknowledge that I will not be compensated for these uses, and that Cedar Ridge exclusively owns all rights to the images, videos, and recordings, and to any derivative works created from them. I waive the right to inspect or approve of the uses of any printed or electronic copy. I hereby release Cedar Ridge and its assigns and licensees from any claims that may arise from these uses, including without limitation claims of defamation or invasion of privacy, or of infringement of moral rights or rights of publicity or copyright. This Release is binding on me, my heirs, assigns, and estate. Cedar Ridge is not obligated to use any of the rights granted under this Release. **This Release expresses the complete understanding of the parties.**

### **PARTICIPANT SIGNATURE**

Participant Name (Please Print): \_\_\_\_\_

Participant Signature: \_\_\_\_\_

Date(MM/DD/YYYY): \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE, if Participant is under 18 years of age**

Parent/Guardian Name (Please Print): \_\_\_\_\_

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

Date(MM/DD/YYYY): \_\_\_\_\_

#### #4 UNITEEN & ADULT NW Region of Unity MEDICAL LIABILITY RELEASE

INSTRUCTIONS: Complete this form, make 3 copies. Print or type, PLEASE. 1 copy send to Chris Castaldi, 1 copy is for your church, 3<sup>rd</sup> copy is to be carried to & from all Uniteen activities. **Valid for 1 year. Church retains and resubmits previous years.**

Email address \_\_\_\_\_

NAME OF MINOR	ADDRESS	CITY	STATE	ZIP CODE	
Birth Date _____	AGE__	MALE__	FEMALE__	OTHER__	DORM Request _____

NAME OF LEGAL GUARDIAN, ADDRESS IF DIFFERENT FROM MINORS ABOVE \_\_\_\_\_

CONTACT INFO FOR PARENT/GUARDIAN, **HOME, CELL, WORK** (include area codes) \_\_\_\_\_

If in an emergency I can not be reached CALL \_\_\_\_\_  
**Name & Phone**

My son/daughter has my permission to travel and participate in Uniteen, Unitreat Unity activities. I am familiar with and approve the mode of transportation and leadership accompanying my child.

I certify that my son/daughter is in good health and able to participate in all normal activities of the group  
\_\_yes \_\_no If NO what are the limits to participations? \_\_\_\_\_

Is the minor allergic to food or medication? \_\_yes \_\_no specify \_\_\_\_\_  
(see dietary request form)

Is minor currently under health care guidance for:  
ALLERGY\_\_ EPILEPSY\_\_ DIABETES\_\_ ASTHMA\_\_ ADHD/ADD\_\_ COUNSELING\_\_

Are there any life circumstances that sharing with the camp counselors will support them in supporting your child? \_\_\_\_\_  
*Continue on back page if needed*

Other conditions or special care needs? IEP or 504 while in school? Please call Chris to discuss how we can support success for your child. 503.632.7792.

List all current meds, ALL MEDS will be held in confidence and dispensed by our Camp Wellness person

\_\_\_\_\_  
*Use back of form if more space needed.*

PLEASE SEND ANY over-the-counter MEDICATION you want on hand for your child's week at camp. The Camp First Aide person will store & dispense these and return to your youth any unused medication at the end of camp

Family Insurance Coverage \_\_\_\_\_  
Name of company & policy number (or copy of card on back of this record)

Family Physician/Clinic NAME & PHONE # \_\_\_\_\_

## #5 PERMISSION TO TREAT

Church \_\_\_\_\_ Minister \_\_\_\_\_ Phone \_\_\_\_\_

When it may be deemed necessary, I authorize the calling of a doctor and or providing of other necessary medical services and unless covered by insurance agree to pay for same. I understand that reasonable measures will be taken to safeguard the health and safety of the young people and that I will be notified as soon as possible in case of an emergency. However should you accept applicant as a participant I agree to indemnity and hold harmless the group leaders, or any other representative of the Church, or the Church itself, or the Unity Worldwide Ministry, Northwest Region responsible in the event of sickness or accident involving \_\_\_\_\_ no matter how caused.

*Print name of minor*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or guardian Print Name here \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness, church staff or trustee OR NOTARY (do not sign until in presence of same)

## #6 PHOTO RELEASE

I \_\_\_\_\_, grant Unity, Unity World Wide Ministries, Northwest Region of Churches, and persons acting for or through them, the right to use, reproduce, assign, and or distribute photographs, film, sound recordings of \_\_\_\_\_ for use in materials they may create.  
PRINT *name of minor here*

Date \_\_\_\_\_

Signature \_\_\_\_\_

(Parent or Guardians signature if under 18 years old)

## #7 UNITREAT CAMP HEART AGREEMENTS, T-SHIRT ORDER & DIETARY NEEDS

**RESPECT** is an attitude of honoring oneself and others and caring about their rights. Behaving respectfully makes life more peaceful and orderly for everyone.

You are practicing **RESPECT** with these agreements:

- Treat each person the way you want to be treated. Honor and celebrate each other as the unique & perfect spiritual beings we are.
- Treat the property of the camp and others with care and respect
- Only enter your assigned Dorm.
- Work out problems peacefully, using only appropriate words
- Listen when others are talking
- Arrive & Participate on time for all functions. What does participation look like?
- Ask an adult to help if you are losing control
- Use of all tobacco products and nonprescription drugs does not foster a closer awareness of your inner Light, they are not a part of this camp experience.
- Having a dating relationship while at camp is not in alignment with the intentions of this camp, honor yourself and all God's spirit around you by being open to everyone's friendships.
- Honor the camp boundaries set by your camp leaders.
- Honor the rules and boundaries of your family group
- Leave all radios, MP3 players, cell phones at home, Music is shared at community gatherings only. Unitreat Staff will collect your phones at check-in.
- Any food brought to camp will be lovingly offered to everyone in your dorm or eaten by the field mice when we are not in the dorm.
- Money is only necessary for a Love offering at our closing ceremony
- Be receptive to the wisdom of your elders
- Respect lights out and quiet time
- Honor all dorm bed and family assignments

Because we are here to have fun, to love, to learn, and grow together, all human beings need love & acceptance and each person deserves to be treated with dignity and respect; we will follow these agreements. I have read the above and I understand my parent(s) will be called to take me home if I am unable to show respect for myself, the counselors and my peers. **If I am sent home, my parent(s) are expected to make arrangements to pick me up within 8 hours.**

\_\_\_\_\_  
**UNITEEN**

\_\_\_\_\_  
**PARENT**

\_\_\_\_\_  
**MINISTER**

\*\*\*\*\*!!!!!!!!!!!!!!MEALS & T-SHIRTS !!!!!!!!!!!!!!!\*\*\*\*\*

**SHIRT SIZE-100% cotton**

\_\_ Child MED.    \_\_ ADULT SMALL

\_\_ Adult MED.    \_\_ Adult LARGE

\_\_ Adult X-LG    \_\_ Adult XX-Lg

OTHER \_\_\_\_\_

**MEAL PREFERENCE**

\_\_\_\_ NO DIET RESTRICTIONS

\_\_\_\_ Vegetarian

\_\_\_\_ Other – explain!