



Camper Registration

P.O Box 444
Pelham, GA 31779
Phone: (229) 294—2294
Web: www.campcrosspoint.org
Email: camp@campcrosspoint.org

- Complete both sides of form; Grade for campers is based off grade they are currently in.

Camper Information:

First Name: _____ Last Name: _____ Name for Nametag: _____
Gender _____ Date of Birth: ____/____/____ E-Mail: _____
Camper Cell Phone: _____ Facebook: _____ T-shirt size: _____ adult or youth size
Can camper swim: Yes or No If yes, campers swimming ability is: Strong Moderate Needs Attention
Age: _____ Current Grade _____ (if summer, grade you just completed), School _____

Parent/Guardian Information: (camper's primary residence)

First Name: _____ Last Name: _____ Relationship to camper _____
Address: _____ City: _____ ST: _____ Zip: _____
Home Phone: _____ Cell Phone: _____ E-Mail: _____
Place of Employment: _____ Position: _____ Work Phone: _____

Spouse Name: _____ Last Name: _____ Relationship to camper _____
Address (if different) _____ City: _____ ST: _____ Zip: _____
Home Phone: _____ Cell Phone: _____ E-Mail: _____
Place of Employment: _____ Position: _____ Work Phone: _____

Emergency Contact other than Parent/Guardian: If unable to reach a person named above, contact:

First Name: _____ Last Name: _____ Relationship to camper _____
Home Phone: _____ Cell Phone: _____ E-Mail: _____
Place of Employment: _____ Position: _____ Work Phone: _____

Name of Church: _____

Group Leader Name: _____ Group Leader's cell #: _____
Church Address: _____ City: _____ St: _____ Zip: _____

2019 SESSION INFORMATION: (Pricing see website)

- ☐ Jan. 11-13 – Teen Leadership Weekend (grades 7-12)
- ☐ Feb. 1-3—Father/Son Weekend
- ☐ March 15-17—Middle School Weekend (grades 5-8)
- ☐ April 26-28 – Kids Weekend (grades 1-6)
- ☐ June 10-14—Kid's Day Camp (Completed K-6th)
- ☐ June 16-21—Youth Missions Overnight Week (Completed 7-12th)
- ☐ June 23-28—Overnight Middle School Camp Week (Completed 5th-8th)
- ☐ July 7-12—Overnight Kid's camp week (completed 1st-6th grade)
- ☐ July 14-19—Overnight Kid's camp week (completed 1st-6th grade)
- ☐ July 22-26—Kid's Day Camp (completed K-6th grade)

In addition to custodial parents and emergency contact, camper may be picked up by the following:

Friends of campers who are attending:

List camper's friend to bunk with if attending the same sessions, if they desire to bunk with a friend

1st choice: _____ 2nd Choice: _____ 3rd Choice: _____

Any information we need to know about your child? (do they wet the bed?, do they have food allergies?, etc.)

I understand and agree that:

- ☐ Deposits and session placements are forfeited if balances are unpaid 30 days prior to the session. Refunds requested in writing more than 30 days prior the session will be given the amount paid, less \$25. There are no refunds within 30 days of the session unless an emergency.
- ☐ Phone calls and visits to campers and staff are prohibited, except in case of emergency.
- ☐ Campers must abide by camp rules. Discipline will be handled as follows: First offense, talk with staff, Second offense, call to parents, third offense, they will be sent home.
- ☐ Parent/Guardian is responsible for loss/damage to the camp or the personal property of another resulting from camper's behavior
- ☐ Any photographs/videos of the camper, individually or in a group, by or for Camp Crosspoint shall be the absolute property of Camp Crosspoint and may be used on/in camp material and website. Any claim for damages or compensation for their use is hereby released.

Printed Name: _____ Signature: _____ Date: _____

MEDICAL INFORMATION

Generally, the participant's health is: (Circle One) Excellent Good Fair Poor

If Fair or Poor, please explain: _____

List any medical difficulties which are currently being treated: _____

Circle any of the following that cause you problems & explain:

Asthma	Sinusitis	Bronchitis	Kidney Trouble	Heart Trouble
Diabetes	Dizziness	Stomach Upset	High Blood Pressure	Pregnancy (current)

List any allergies: _____

List any previous operations or serious illnesses: _____

List any medications you are currently taking: _____

List any special diet needs or other needs: _____

Childhood diseases: Chickenpox Measles Mumps Whooping Cough other: _____

Date of last Tetnus Immunization: ____/____/____

Family Physician: _____ Phone: (____) _____

Insurance Co.: _____ Policy #: _____

Subscriber Name: _____ Subscriber #: _____ Employer: _____

Subscriber Occupation: _____ Work Phone: (____) _____

Permission, Acknowledgements, Release, Indemnity

In the consideration of Participant's ability to participate in the event(s), I, the undersigned Participant, (and, if Participant is a minor, I the undersigned Parent/Guardian) hereby:

- A. Permission for Medical Treatment:** Grant my permission for any event director, church staffer or counselor, event or venue staffer, or adult present in charge of First Aid, to obtain necessary medical attention in case of sickness or injury to Participant, including transporting Participant to a medical facility and sharing the above information with medical personnel, and further hereby give permission for medical personnel to administer medical care to Participant, as necessary.
- B. Assume of Risk:** Acknowledge that Camp Crosspoint adventure programs integrate a variety of activities that include warm-ups, games, group initiatives, low ropes, archery, canoeing, kayaking, lake activities, pool swimming, and other rigorous physical adventure activities. The level of individual participation is up to each person, yet there are inherent foreseen and unforeseeable risks involved with each activity that must be assumed by the individual.
- C. Photograph/Video Acknowledgement and Permission:** Acknowledge that there may be photographs and video taken during normal camp or event activities, and that these photos/videos may be used in promotional materials, I hereby grant my permission for such photographs/videos to be taken and to be used in promotional materials.
- D. Release and Indemnity:** Acknowledge and agree that I release and forever hold harmless Camp Crosspoint, the venue, any church, event sponsor, trustee, directors, officers, employees, agents, and affiliates from any and all claims or demands for personal injury, sickness, and death, as well as property damage and expenses, of any nature whatsoever, incurred by me or my minor child while participating in or employed by this camp or the events and or while on property leased or owned by the Release Parties. I further assume full personal responsibility for all medical bills for me or my minor child. I agree to indemnify the Released Parties from any claims and demands for personal injury or death as well as property damage and expense of any nature whatsoever arising out of the willful or negligent actions or omissions of me or my minor child. I further hereby assume responsibility for all transportation costs related to me or my minor child's dismissal from the camp and/or event, as applicable.

- E. Understanding:** Represent and acknowledge that: (1) I have completely read and understand this document and all its terms and all matters referred to herein, and my signature below is my voluntary, free act and deed; (2) I have had ample opportunity to obtain the advice of counsel; (3) by signing this document, I understand that I am relinquishing legal rights and remedies that may have otherwise been available to me.

Complete and sign below (Participants who are minors per your state laws require Parent/legal Guardian signature).

Participant's Signature: _____ Date: ____/____/____

Parent/Guardian Signature: _____ Phone: () _____ Date: ____/____/____

RETURN ALL MATERIALS TO:

Camp Crosspoint

PO Box 444

Pelham, GA 31779

OR

camp@campcrosspoint.org