



CROSSTIMBERS

June 26-29
Finished 3-6th Grade

Cost: \$160 Paid before April 4
\$185 Paid After April 4
Money and Papers Needed
to Hold Spot

Cost Includes: all camp fees, meals, lodging, travel, camp shirt, insurance, supplies and \$20 spending credit for Snack and Souvenirs

Limited Spots available
Sign-up Today!

CrossTimbers 2021 Camper Release & Waiver of Claims Form

Date of Birth: ____/____/____ MM/DD/YYYY Gender: **Male / Female** *Circle one* Grade **Completed:** 3, 4, 5, 6 *Circle one*

Shirt Size: YS, YM, YL, AS, AM, AL, AXL, 2XL, 3XL, 4XL, 5XL *Circle one*

Address: _____ Phone: (_____) _____

City: _____ State: _____ Zip: _____

In Emergency Notify: _____ Relationship: _____

Home Phone: (_____) _____ Cell or Work Phone: (_____) _____

Secondary Emergency Contact: _____ Phone: (_____) _____

Does camper have ANY known allergies? (i.e. food, medication, etc.) **YES / NO** *Circle one* Please specify _____

1. Does camper presently take any medications regularly? **YES / NO** *Circle one* (use the back of this form if necessary)

If yes, what medications? _____ For what reason? _____

2. Please List any other medical condition(s) that would be helpful to know: _____

3. Date of last tetanus immunization: _____

4. The above named individual has current medical insurance coverage through:

Insurance Company: _____ Name on Insurance Policy: _____

Insurance Company Phone Number: _____ Policy Number: _____

Mailing Address for Medical Claims (see back of insurance card): _____

City: _____ State: _____ Zip: _____

5. Does your insurance company require notification prior to emergency health care at a hospital? If yes, Phone Number: (_____) _____

6. Will parent or guardian of the Camper attend camp during the same period of time as the Camper? **YES / NO** *Circle one*

If yes, name of parent/guardian _____

I understand that it is the responsibility of my child's Host Church to obtain insurance permission for treatment or to limit my child's recreational activities because of a stated medical condition.

My child will be attending Cross Timbers during the summer session, 2020. CrossTimbers Children's Missions Adventure Camp is managed and operated by the Baptist General Convention of Oklahoma ("OKLAHOMA BAPTISTS"). In the event that my child should need emergency medical care or attention, the Host Church leadership, the OKLAHOMA BAPTISTS or any of their agents or employees is hereby authorized to consent to the provision of such emergency medical care, including without limitation, medical, dental, surgical care or hospitalization, to my child as is recommended or suggested by a physician, nurse, surgeon or other health care professional.

If such emergency care is provided, I understand that my health insurance information will be given to the health care professional and that any expenses not covered by my insurance shall be my responsibility. I understand that the Host Church or the OKLAHOMA BAPTISTS will not be obligated to pay either the health care professional or me for any medical expenses incurred.

There are instances when third party contractors are used to operate and supervise various events and activities. In those instances where third party contractors are used, I agree that neither the Host Church nor the OKLAHOMA BAPTISTS is responsible for the action of these third party contractors. I further agree that neither the Host Church nor the OKLAHOMA BAPTISTS is liable for the actions or activities of participants or sponsors participating in events or activities operated by third party contractors.

I understand that the risk of injury from any recreational activity is significant, including, but not limited to, the potential for permanent paralysis and death. While particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist. I knowingly and freely assume all risks, both known and unknown, even if arising from negligence, and assume full responsibility for my child's participation in or observation of such recreational activity.

Furthermore, in consideration of my child being allowed to attend CrossTimbers, I, on behalf of myself and my child, hereby waive, and I hereby agree to indemnify and hold harmless the Host Church, the OKLAHOMA BAPTISTS, their agents or employees, against any and all causes of action, rights, claims or suits which I or my child may have against the Host Church, the OKLAHOMA BAPTISTS, or their agents or employees as a result of injury to my child, including, but not limited to: (1) injuries arising from my child's participation in or observation of recreational activities at CrossTimbers, and (2) injuries arising from the decision of the leadership of the Host Church, the OKLAHOMA BAPTISTS, or any of their agents or employees to consent to the provision of emergency medical care to my child.

I understand that my child's image may be included in a video or in photographs that may be made during camp. I consent that my child's image may appear on videos, promotional resources, camp endorsed web sites, etc.

I give authority and permission to the Host Church, the OKLAHOMA BAPTISTS, and any of their staff or agents to inspect my child's belongings while at CrossTimbers.

I understand that CrossTimbers is a place where many students seek counsel and advice from adult leaders, staff, counselors, and others. I hereby consent to my child receiving spiritual and emotional counsel during their week of camp.

Parent Signature: _____ Relationship to child: _____ Date: _____

All Students attending CrossTimbers must have a parent or guardian complete and sign this release form.

This form must be turned in to the CrossTimbers staff during registration on the first day of camp.

NAME: (last)

(First)

CHURCH:



first baptist CHOCTAW

Activity Participation Agreement

First Baptist Church of Choctaw

Address: 2700 N Main, Choctaw, OK 73020 Phone: 405-390-2131

Lead Sponsor: Colt Johnson Activity: Cross Timbers Dates: June 26-29, 2021

Location: Cross Timbers—Davis, OK

Participant Information *(To be completed by participant or authorized guardian)*

Name of Participant: _____

Name of Parents/guardians: _____

Address: _____ Phone: _____

Name of Emergency Contact: _____

Daytime Phone: _____ Evening Phone: _____

Allergies or Medical Conditions: _____

(Use Back if extra space is needed)

Is sponsor authorized to approve medical treatment? Yes No

Is participant covered by parental/family medical insurance? Yes No

If yes, name of insurer: _____

Policy or group number: _____

Participation Agreement:

I acknowledge that participation in the activity described above involves risk to the Participant (and to Participant's parents or guardians, if Participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage.

In consideration for the opportunity to participate in the activity described above (the "Activity"), the Participant (or parent/guardian if Participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the Activity. The Participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the Activity or during transportation to and from the activity, as well as for any medical treatment rendered to the Participant that is authorized by the Sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to hereinafter as the "Activity Sponsor"). Further, the Participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the Activity Sponsor for any injury arising directly or indirectly out of the described Activity or transportation to and from the Activity, whether such injury arises out of the negligence of the Activity Sponsor, the Participant, or otherwise.

If a dispute over this agreement or any claim for damages arises, the Participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the Participant (or parent/guardian) and the Activity Sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution pursuant to the rules of the American Arbitration Association.

I consent that mine or my child's image may appear on videos, promotional resources, church web sites, etc.

(BOTH PARENT OR GUARDIAN SIGNATURES ARE REQUIRED/ IF THERE IS ONE (SOLE) GUARDIAN PLEASE NOTE)

Signature: _____ Date: _____
FATHER OR GUARDIAN #1/ OR PARTICIPANT IF 18

Signature: _____ Date: _____
MOTHER OR GUARDIAN #2



Church: _____

_____ Campers Last Name

_____ Campers First Name

Age: _____

Grade: _____

Medication Authorization

Please send only medications that are absolutely necessary.

Medications must be in the original container, in a zip-lock bag, accompanied by this form.

I, the parent/legal guardian of the camper named on this form give my permission for the church sponsors to:

- Dispense Acetaminophen (Tylenol) or Ibuprofen (Advil) to camper for headache, fever or minor pain;
- Dispense Benadryl or generic equivalent to camper for allergic reactions;
- Dispense Tums, Kaopectate or Pepto Bismol for upset stomach;
- Dispense antibiotic ointment(such as Hydrocortisone Cream) for minor injuries;
- Dispense prescription or other over-the-counter medication designated by and produced by the parent/guardian or family physician.

I understand that CrossTimbers staff, camp nurse, or church sponsors shall not be liable to the student, parent, or guardian of the child for civil damages for any personal injuries to the student, which result from acts or omissions in administering any medication while at camp.

Today's Date: _____

Signature of Parent or Legal Guardian

Printed Name of Parent or Legal Guardian

Emergency Day Phone/Night Phone

Name of medication: _____

Reason for medication: _____

Dosage and time to administer: _____

Side effects to report to parents: _____

Side effect requiring immediate medical attention: _____

Name of medication: _____

Reason for medication: _____

Dosage and time to administer: _____

Side effects to report to parents: _____

Side effect requiring immediate medical attention: _____

Name of medication: _____

Reason for medication: _____

Dosage and time to administer: _____

Side effects to report to parents: _____

Side effect requiring immediate medical attention: _____

PARENT INFORMATION

Thank you for allowing your child to attend CrossTimbers Children's Mission Adventure Camp. We count it a privilege to host your church and lead your child through great Bible study, camp activities, hands-on missions' experiences and kid-friendly worship. Here are a few items you might need to know while preparing for camp.

- **Write your child's name in all clothing.**
- **We operate camp on a cashless system. Wristbands are used as concession cards. Extra wristbands can be purchased through your church. Please give any extra spending money to your church representative to purchase additional wristbands.**

Please do not send cash with your child

WHAT TO PACK

CLOTHING (8 sets of clothes)	PERSONAL ITEMS	OPTIONAL
-Shorts (remember modesty)	-Soap	-Book or Journal
-Swimsuit (One-piece for girls)	-Toothbrush & Toothpaste	-Camera
-T-shirts	-Shampoo	-Flashlight or headlamp
-Underwear & Socks	-Brush/Comb	-Sunglasses
-Pajamas	-Chapstick SPF-45	-Rain Gear
-Tennis Shoes	-Sunscreen SPF-45	-Baseball Cap or Hat
-Water Shoes	-Insect Repellent with Deet	
-Sandals (<i>for cabin and pool only</i>)	-Bible	
CABIN EQUIPMENT	-Bag for Dirty Clothes	
-Bedding & Pillow		
-Bath Towels and Washcloths		
-Beach Towel		

WHAT NOT TO PACK

- | | | |
|------------------------------|---------------------|-------------------|
| -Electronics or Games | -Cell phones | -Fireworks |
| -Knives or Guns | | |

CROSSTIMBERS CHILDREN'S MISSIONS ADVENTURE CAMP

DRESS CODE

All apparel judgements will be left to the discretion of the CrossTimbers Staff (CTS). If CTS determines a camper or campers should change their clothing to fall in line with camp requirements, then said camper or campers are required to do so.



ACCEPTABLE



UNACCEPTABLE



ALWAYS ACCEPTABLE SHIRTS

Shorts must extend to or just beyond the campers' finger tips.



Dresses/Skirts must reach the top of the knee.

Shoes must be worn at all times outside of your cabin.



T-shirts and cover-ups must be worn to and from swimming venues.



male

female

Should wear swimsuits of modest length (fingertip) and not tight fitting

Modest one-piece



male

female

No short shorts/ or tight-fitting shorts

No two-pieces

Campers may not be barefoot on the way to and from venues.

SWIMWEAR

Tights may be worn under a garment that meets the dress code. Tights/sliders do not extend the length of garments worn over them (short/skirts/dresses). **Tights are not pants.** No tight fitting or revealing clothing. This includes leggings or similar attire, which cannot be worn as pants.



No tank tops or shirts cut down the sides.



Undergarments must always be covered by outer garments (i.e. no boxer shorts hanging out or bra straps showing).



No Midriffs/racer backs. No sport bras as tops (includes the 5k).



No spaghetti strap tank tops/dresses.

WHAT NOT TO WEAR

Apparel may not display tobacco, alcohol, controlled substances, or inappropriate language or pictures.