

2022

CROSS TIMBERS

Cost:

\$85

Includes:
T-shirt & 5x7 Photo

**July 15th-18th
(Friday-Monday)**

This camp is for Children who
have COMPLETED 3rd-5th Grade.

There will not be a Family Night
Parents with multiple siblings will pay
full price (\$85) for the first child,
\$20 off for the second child,
and the third child is FREE!

Deadline for registration: July 6

MANDATORY

Parent/Camper Meeting:

June 15 @ 6:30PM



What To Bring

Bible & Pencil

Swimsuit & Sunscreen

Towels & Washcloths

Sleeping Bag & Pillow
(Or bedding for twin size bed)

Personal Toiletry Items
(Soap, Deodorant, Toothpaste, etc.)

Casual Clothing

Extra Shorts & T-shirts (Appropriate
For Water Recreation Activities)

Extra Spending Money

Bug Spray

(Please label your children's clothing)

Please keep this page

2022



Rules & Guidelines Acceptance Form

Parents & Campers:

I would like to thank you for sharing your young person(s) with us for this week. We realize that you have entrusted in our care one of your most precious gifts from the Lord and in order to provide the safest environment for each camper, we have guidelines that will need to be strictly enforced. All campers attending camp with the First Baptist Church of Elmore City will abide by these rules with no exceptions.

Please go over the following guidelines with your young person(s) and let them know that you are 100% supportive of these rules of this camp and the measures that must be taken by sponsors to enforce them. Please pay special attention to the dress / attire rules. No exceptions will be made on these items. (Your child could be expelled from camp due to improper dress.)

- 1) No fireworks, firearms, motorcycles, bicycles or skateboards.
- 2) Alcoholic beverages or tobacco use is strictly prohibited.
- 3) Rock throwing, water fights, water guns and shaving cream fights will not be permitted.
- 4) Campers will not be allowed to wear: tank tops, halter tops, spaghetti straps, translucent clothing, apparel that exposes the midriff, low cut tops or spandex apparel. (If you have to ask if it is too short, it is too short.)
- 5) Apparel displaying pictures, trademarks, or advertisement of tobacco, beer, alcoholic beverages, pubs, or any controlled substances are prohibited. Also any apparel displaying or insinuating anything obscene or indecent is prohibited.
- 6) Shorts must extend to finger tip length or longer. Shorts are permitted to be worn anytime during the day. **NO BOXERS ARE TO BE WORN AS SHORTS—AT CAMP BOXERS ARE UNDERGARMENTS.** All dresses and skirts must come to the knee.
- 7) Cell Phones, Hand held video games, and music players of any sort will NOT be allowed at camp.
- 8) We expect all campers to act in a respectful manner to all students, sponsors, and staff.
- 9) If any of these are violated, you will be contacted to come pick your child up at any time of day.

Parents, your support is greatly appreciated! Please pray for each of our campers during this special week!

I have read and understand the rules and guidelines that my child will be expected to abide by during this week. In the event it becomes necessary for my child to return home because of failure to follow these regulations, I agree to come and pick up my child from Davis, Oklahoma at my own expense.

2022 Parental Release Form

Our Child, _____ has permission to travel and participate in Children’s Camp at CrossTimbers in Davis, OK with the Elmore City First Baptist Church during the week of July 15-18th.

We understand and are in complete agreement that: There will be adults accompanying the children and these adults will act in a parental role in our place.

Transportation will be by Church Bus/Church Van/or Vehicles driven by accompanying adults.

Date _____

Parent’s Signature _____

Phone # _____

Alternate Contact _____

PLEASE RETURN THIS FORM WITH YOUR DEPOSIT & REGISTRATION FEE.

CrossTimbers 2022 Camper Release & Waiver of Claims Form

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

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

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 Please specify _____

1. Does camper presently take any medications regularly? YES / NO (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

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, 2022. 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, Elmore City

Church Name: First Baptist Church, Elmore City

Campers Last Name: _____ 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 church 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 & Time to administer: _____

Side effects to report to parents: _____

Side effects that require immediate medical attention:

Name of Medication: _____
Reason for Medication: _____

Dosage & Time to administer: _____

Side effects to report to parents: _____

Side effects that require immediate medical attention:

Name of Medication: _____
Reason for Medication: _____

Dosage & Time to administer: _____

Side effects to report to parents: _____

Side effects that require immediate medical attention:
