

# CROSS TIMBERS

CHILDREN'S MISSION ADVENTURE CAMP

**3rd - 5th Grade**  
**REGISTRATION**  
**PACKET**

**I MUST**



**"HE MUST INCREASE,  
BUT I MUST DECREASE."**



## PARENT INFORMATION

Thank you for allowing our church to take your child to camp. This will be an amazing experience for them to grow as an individual but also spiritually. Your child will get the opportunity to meet new friends, learn new skills, and learn that God loves them and wants a personal relationship with them. We will be doing many different activities from, kayaking, ropes course, hiking, swimming, ziplining, and my personal favorite SOCK WARS!

Please read through this packet of information to help answer any questions you have, and any other questions you have email or text me. **Return the camper registration paper and the medical form the rest of this packet you can keep to help answer any questions you might have.**

### PAYMENT

Camp will cost a total of \$150. Please make a **deposit of \$50** to hold your spot. This deposit is nonrefundable. On **May 31st the total balance will be due**. Please make your checks out to "First Baptist Church". Your deposit can be turned in at the same time you drop off your registration papers.

### DEADLINES

**June 30<sup>th</sup>** is the last day I will accept registration forms for camp.

**June 30<sup>th</sup>** is the due date for your complete balance to be paid.

### PARENT MEETING

We will have a parent meeting on **July 11th at 12:00 PM in the Adult Classroom across from the KidOne Room**. This meeting will answer any questions you might have. I ask that at least one parent from each family group attends so that everyone knows our plan for camp and the rules that Cross Timbers has asked us to abide by.

### OUR CAMP DATE & ADDRESS

July 12<sup>th</sup>-15th

25300 S. 650 Rd., Grove, OK 74344.

*Some map services do not recognize this address. If you will type in "Grand Lake Baptist Assembly, Grove, OK" it should give you clear directions.*

## MY CONTACT

Garrett Black

405-760-0198

[Garrett@fbcwagoner.com](mailto:Garrett@fbcwagoner.com)

# PREPARING FOR CAMP

## *Helpful Tips fpr Camp*

- Write your child's name in all clothing.
- Pack each outfit in a gallon Ziploc bag
- Camp operates 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 Children's Pastor to purchase additional wristbands.
- Please do not send cash with your child

## WHAT TO PACK

### CLOTHING (8 sets of clothes)

- Shorts (remember modesty)
- Swimsuit (One-piece for girls)
- T-shirts
- Underwear & Socks
- Pajamas
- Tennis Shoes
- Water Shoes
- Sandals (for cabin and pool only)

### CABIN EQUIPMENT

- Bedding & Pillow
- Bath Towels and Washcloths
- Shorts (Remember modesty)
- Swimsuit (One piece for girls)

### PERSONAL ITEMS

- Soap
- Toothbrush
- Shampoo
- Brush/combo
- Chapstick SPF-45
- Sunscreen SPF-45
- Insect Repellent with Deet
- Bible
- Bag for Dirty Clothes

### OPTIONAL

- Book or Journal
- Camera
- Flashlight or Headlamp
- Sunglasses
- Rain Gear
- Baseball Cap or hat

## WHAT NOT TO PACK

- |              |   |
|--------------|---|
| -Video Games | -Cell Phones                            |
| -Weapons     | -Lightsabers                            |
| -Fireworks   | -Food                                   |
| -Toys        | -A Goldfish                             |
| -Slingshots  | -Shaving Cream (Unless you have a bear) |

# 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.



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.



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



male

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



female

Modest one-piece



male

No short shorts/ or tight-fitting shorts



female

No two-pieces

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

SWIMWEAR



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 Midribs/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.

# 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 CrossTimbers during the summer session, 2021. 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:



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: \_\_\_\_\_