



CROSS TIMBERS

PARENT GUIDE 2021

COST:

\$150

GRADES:

Completed 3rd Grade or through 5th Grade

CAMP LOCATION:

Grand Lake Baptist Assembly
Grove, OK
25300 S. 650 Rd., Grove, OK 74344
(918) 786-5757

CONNECT @ CAMP

FACEBOOK: FBC Wagoner Kid One Childrens Ministry

7.12.21 - DEPARTURE

Departure: 8:00 am SHARP

7.15.21 - RETURN

Estimated Return Time: 2:15 pm

WHO'S WHO?

CAMP LEADERSHIP & CONTACT INFORMATION:

Garrett Black garrett@fbcwagoner.com 405-760-0198

Boys Sponsors

Jeremy Holmes
Kyle Belvin
Ethan Muehlenweg
Garrett Black

Girls Sponsors

Missy Lasater
Rachael Butler
Tabitha Suarez
Anna Holmes
Bethanee Smith

IMPORTANT INFO

Electronics @ Camp

Campers are asked to leave all electronic devices at home. In the event that campers bring electronic devices, these will be collected by their Small Group leader and returned by arrival on Friday. This includes mobile phones, gaming devices, iPods, iPads, Ataris, fax machines, etc. First, it's a safety and security issue. Second, it can be a big distraction. Third, these are typically expensive devices. We'd like to help you minimize the possibility of lost or damaged items. Campers have permission to call home using a leader cell phone at ANY time.

Money @ Camp

We ask that you do not send any money with your kids. Crosstimbers uses wristbands to purchase anything at camp, they operate on a cashless system. Wristbands are worth \$10 each, and they will receive one free wristband from the church. If you would like to purchase additional wristbands please see Garrett. A \$10 wristband will be enough cover snacks and drinks from the concessions stand, but if they would like to purchase additional items from the gift shop along with concessions they will need another wristband.

Medicine @ Camp

Please follow these instructions when sending over-the-counter and prescription medications to camp for your kids.

1. PRESCRIPTION MEDICATION should be put in a daily pill organizer and should be separated into the appropriate days. The organizer must be clearly labeled with your child's name, grade, and gender.
2. Bring any OVER-THE-COUNTER MEDICATIONS in their sealed container. Clearly label the outside of the container with your camper's name.
3. Bring an INDEX CARD with your child's name and a list of the medication[s] they need to take at camp along with administration instructions [i.e.: time of day, with food, etc.]. If applicable, put prescription instructions and over-the-counter instructions on opposite sides of the card.
4. Place any prescription medication, over-the-counter medication, and the applicable index card into ONE ZIPLOC BAG clearly labeled with your child's name.
5. Do not pack your ziploc bag. Instead, turn in ALL medications at check-in on the morning of departure. There will be a table specifically for medicine drop off at check-in.
6. Contact Garrett Black if you have any specific medication needs or questions prior to camp departure.

Please note: We will have Tylenol and Ibuprofen on hand, if needed. We are carrying a First Aid kit as well. Thanks for helping us keep kids and students safe while at camp!

Emergencys @ Camp

If in case of an emergency, your child will be taken to the nearest hospital and you as a parent will be notified before we leave for the hospital to inform you on what happened.

The nearest Hospital is:

Integrus Grove Hospital
1001 E 18th St.
Grove, OK 74344
918-786-2243

The nearest Urgent Care is:

Integrus Grove Express Care
10 E 13th
Grove, OK 74344
918-786-1909

Tips for camp

Write your child's name in all your clothing

Pack each outfit in a gallon ziploc bag

Do not send money with your child

Send your child bunk mail (SEE BUNK MAIL @ CAMP FOR MORE INFO)

Bunkmail @ Camp

Instead of sending letters to kids at camp we have an email address set up for parents to email campers. All you need to do is put the campers first and last name along with the church they are attending camp with in the subject of the email and send it to ctgl@oklahomabaptists.org. Every child wants to get an encouraging letter from a relative. The campers get excited and a glow comes off of their face when they receive Bunkmail. This is a great way for you as parents to encourage your kids when they are coming to camp.

Send your bunkmail to CTGL@OKLAHOMABAPTISTS.ORG

Subject: FBC Wagoner

Type your childs name at the top of the email.

FOLLOW THE EXAMPLE BELOW

BUNK MAIL:

1. CROSSTIMBERS EMAIL ADDRESS:

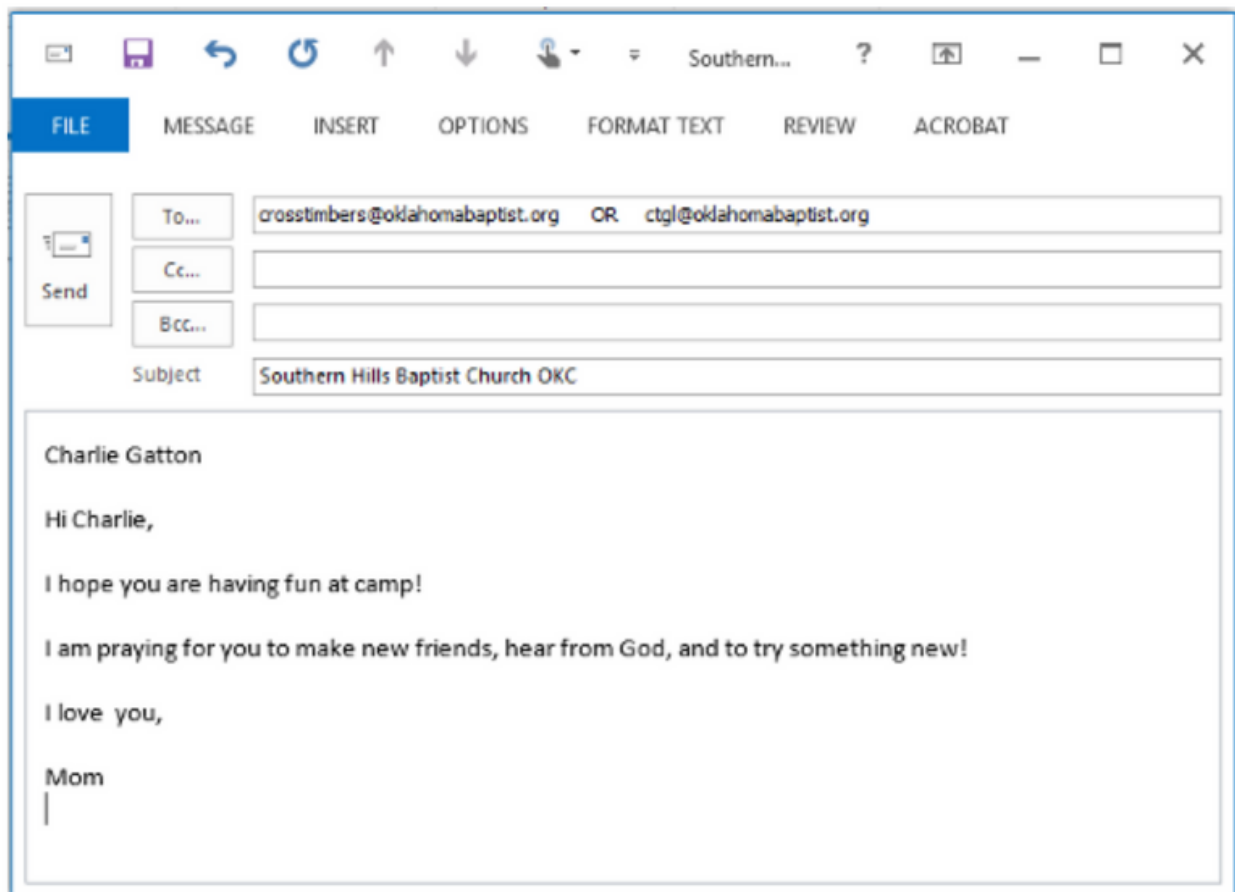
DAVIS: CROSSTIMBERS@OKLAHOMABAPTISTS.ORG

GRAND LAKE: CTGL@OKLAHOMABAPTISTS.ORG

2. IN THE SUBJECT LINE, PUT WHAT CHURCH YOU ARE WITH.

PLEASE WRITE THE CITY AND THE CHURCH.

3. PUT THE CAMPERS FULL NAME AT THE TOP OF THE EMAIL.



The screenshot shows an email client window with a menu bar (FILE, MESSAGE, INSERT, OPTIONS, FORMAT TEXT, REVIEW, ACROBAT) and a toolbar. The email composition form is filled out as follows:

- To...**: crosstimbers@oklahomabaptist.org OR ctgl@oklahomabaptist.org
- Cc...**: (empty)
- Bcc...**: (empty)
- Subject**: Southern Hills Baptist Church OKC

The email body contains the following text:

Charlie Gatton

Hi Charlie,

I hope you are having fun at camp!

I am praying for you to make new friends, hear from God, and to try something new!

I love you,

Mom

PACKING INFORMATION

WHAT TO PACK

CLOTHING

SHORTS (REMEMBER MODESTY)
SWIMSUIT (ONE-PIECE FOR GIRLS)
T-SHIRTS
UNDERWEAR & SOCKS
PAJAMAS
TENNIS SHOES
WATER SHOES
SANDALS (FOR CABIN & POOL ONLY)
WHITE SHIRT (**FOR SOCK WARS**)

CABIN EQUIPMENT

BEDDING & PILLOW
BATH TOWELS & WASHCLOTHES

PERSONAL ITEMS

SOAP
TOOTHBRUSH
SHAMPOO
BRUSH
CHAPSTICK SPF-45
SUNSCREEN SPF-45
BAG FOR DIRTY CLOTHES
BIBLE
INSECT REPELLENT WITH DEET

OPTIONAL

BOOK OR JOURNAL
FLASHLIGHT OR HEADLAMP
SUNGLASSES
RAIN JACKET
BASEBALL CAP OR HAT

WHAT NOT TO PACK

VIDEO GAMES
WEAPONS
FIREWORKS
TOYS
SLINGSHOTS

FOOD
A GOLDFISH
SHAVING CREAM (UNLESS YOU HAVE A BEARD)
CELL PHONES
LIGHTSABERS

WHAT ARE WE EATING?

CAMP MENU

BREAKFAST

LUNCH

DINNER

DAY 1	NO BREAKFAST	HAMBURGERS & CHIPS BAKED BEANS, LETTUCE, TOMATO, ONION, CHEESE, SALAD BAR, DESSERT & DRINKS	CHICKEN STRIPS, MAC & CHEESE, CORN, SALAD BAR, DESSERT, & DRINKS
DAY 2	BISCUITS & GRAVY, SAUSAGE, COLD CEREAL, MILK, & JUICE	PIZZA, SALAD BAR, FRUIT COCKTAIL, DESSERT, & DRINKS	CHICKEN FRIED STEAK, MASHED POTATOES, GREEN BEANS, ROLLS, SALAD BAR, DESSERT, & DRINKS
DAY 3	PANCKAKES OR WAFFLES, EGGS, COLD CEREAL, MILK, & JUICE	CORN DOGS, CHILI, FRITOS, PEARS, SALAD BAR, DESERT, & DRINKS	SOFT TACOS, RICE, CHIPS & SALSA, SALAD BAR, DESSERT, & DRINKS
DAY 4	PANCAKE SAUSAGE STICK, EGGS, COLD CEREAL, MILK, & JUICE	SANDWICHES (TURKEY OR HAM), CHEESE, CHIPS, DESSERT, & DRINKS	NO DINNER NOTIFY CT OFFICE FOR "TO GO" LUNCHES

WHAT ARE WE DOING?

2021 CrossTimbers Daily Schedule Grand Lake

Day 1

9:30 Gates Open/Check-in
10:30 Move into Cabins
11:00 Meet Tribes (Chapel)
Sponsor Meeting (Cafeteria)
12:30 Lunch
1:15 Camp Kick Off! (Chapel)
2:15 Missions/Swim
5:00 Dinner

Evening Schedule Day 1-3

6:00 Tribal Chaos
7:00 Clean up for Chapel
7:30 Chapel (7:00 Day 3)
8:45 Tribe Time (8:15 D3)
9:15 Canteen/Store (8:45 D3)
9:45 Church Devotions (9:15 D3)

Days 2-3

Group 1

7:30 Quiet Time
8:30 Flag Pole/Breakfast
9:30 Morning Chapel
10:00 Activities
12:30 Lunch
1:30 Quiet Time/Rest Time
2:15 Girls - Swim / Boys - Missions
3:15 Canteen
3:45 Boys - Swim / Girls - Missions
5:00 Dinner

Day 4

Group 1

7:30 Quiet Time
8:30 Flag Pole/Breakfast
9:30 Morning Chapel
10:00 Activities
12:30 To-Go Lunch / Pack & Home

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: _____