

# CrossView Christian Camp & Retreat Center

## 2019 Summer Camp Registration Form/Medical & Liability Release

CrossView Camp  
P.O. Box 288  
Dickens, TX 79229  
(806) 294-5021  
www.crossviewcamp.org

**Important:** This is a legal document, a release of liability, and release to seek medical treatment. Please read and understand before signing.

In order to participate in the activities and events at CrossView Christian Camp & Retreat Center, this document must be signed by the adult wanting to participate, or the parent/legal guardian of any minor wanting to participate.

### ACKNOWLEDGEMENT OF RISK, WAIVER, RELEASE, AND INDEMNIFICATION

I understand that:

Activity programs involve the use of equipment and physical skills of the participant, and that participating in these and related activities may result in injury.

Participants in our high ropes course may be more than twenty feet above the ground, belayed and/or suspended above the ground, falling, climbing, running, jumping, and moving about the course.

The possibility exists that a participant in our high ropes course could fall and hit the ground, another participant, or another object.

Accidents can occur hiking. Trails are often steep, rocky, and slippery.

A participant may be exposed to natural elements which can be uncomfortable or harmful, possibly resulting in sunburn, dehydration, heat exhaustion, heat stroke, heat cramps, hypothermia, or frost bite.

Participation in camp activities will increase heart rate.

CrossView Christian Camp includes swimming as a part of its activities program, and certain risks exist in and around swimming pools.

Many natural hazards exist in a rural setting. Insect, reptile, and/or animal bites may be experienced while participating in the programs of CrossView Christian Camp & Retreat Center.

CrossView Christian Camp includes paintball as part of its activities program, and certain risks exist on the paintball field and with the use of paintball markers.

CrossView Christian Camp includes range sports as part of its activities program, and certain risks exist at the range and with the use of range equipment.

I understand the list of potential risks is not exclusive or exhaustive. I understand that no activity program is absolutely safe and free from risk. I agree to assume full responsibility for myself and that of my family, including minor children. I expressly assume all risk and responsibility involving accidents sustained while participating in activity programs at CrossView Christian Camp & Retreat Center resulting from negligence on my part, that of my family, or employees, officers, directors, or agents of CrossView Christian Camp & Retreat Center. I affirm that I am fully capable of participating in this activity and that my general health is good. I do not have any condition that might endanger the life or health of myself or others participating in this activity. I understand the signature of the parent or guardian of a minor child on this document shall make all provisions of this release and assumption of the risk agreement applicable to and binding on the minor child.

Printed: \_\_\_\_\_ (Participant's Name)

Signed: \_\_\_\_\_ (Parent/Guardian of Minor Participant)

Relationship to Minor: \_\_\_\_\_ (Parent, Grandparent, Foster Parent, Etc.)

Today's Date: \_\_\_\_\_ Camp Date: \_\_\_\_\_

### MEDICAL & PHOTOGRAPH RELEASE

I give my permission to the employees, agents, sponsors, or directors of CrossView Christian Camp & Retreat Center to act on my behalf in the event my child requires medical attention while participating in the events and activities of CrossView Christian Camp & Retreat Center.

I give my permission for my child and/or myself to be photographed at CrossView. I understand these photographs may be used for the Camp newsletter, advertising, fund raising, or other Camp related purposes.

Signed: \_\_\_\_\_ (Parent/Guardian of Minor Participant) Date: \_\_\_\_\_

2019 SUMMER CAMP REGISTRATION FORM

Legal Name of Participant: \_\_\_\_\_ T-Shirt size: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ Age: \_\_\_\_\_ Male Female (circle one) Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Must be at least 7 years old by 1st day of Camp.

Grade Going Into Next Fall: \_\_\_\_\_ Date of Last Tetanus: \_\_\_\_\_ Nickname: \_\_\_\_\_

Chronic Conditions: \_\_\_\_\_ Recent Surgery: \_\_\_\_\_

Medicines & Dosages Currently Taking: \_\_\_\_\_

Bedwetter? Yes No (circle one) Bladder problems? Yes No (circle one) Explain: \_\_\_\_\_

Learning Disability, Behavioral Problems, &/or Mental Health Diagnosis: \_\_\_\_\_  
(i.e. Dyslexia, ADD, ADHD, Depression, Runaway, Bipolar, Anxiety, Autism, ODD, OCD, Eating Disorder, Disruptive Disorder, Conduct Disorder, etc.)

Is this child on probation? Yes No (circle one) If "Yes," for what crime? \_\_\_\_\_

What are the terms of probation? \_\_\_\_\_

Is this child in foster care? Yes No (circle one) If yes, what is his/her Level of Care?: \_\_\_\_\_

History of residential treatment? Yes No (circle one) When? \_\_\_\_\_ Why? \_\_\_\_\_

Other Helpful Info: \_\_\_\_\_

Food/Drug Allergies: \_\_\_\_\_

Health Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Physician: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

An opportunity for water baptism will be presented during your child's week of Camp. Every person baptized at CrossView receives a signed "baptism letter" with a color picture of their baptism. In the event your child expresses an interest, do you give your consent for him/her to be baptized? Failure to indicate a preference will be interpreted as consent for baptism. Please indicate yes or no and provide any necessary information: \_\_\_\_\_

CrossView Camp raises over \$100,000 annually in scholarships for Summer Camp. Collecting the following information about our Campers and their families helps us obtain this funding. We will determine whether your child qualifies for a scholarship to CrossView's Summer Camp 2018 based on family size and income. Failure to provide accurate answers to the following questions will automatically disqualify your child for a scholarship. Full Camp price for Summer Camp 2019 is \$250 (or \$235 for 4 day Camps). The following information will be kept confidential.

Number of people living in this child's household: \_\_\_\_\_ Total monthly income for this household: \$ \_\_\_\_\_

What is this child's family situation?  2 Parent  Single Parent  Step Parent  Grandparent  Foster Care  Other \_\_\_\_\_

Are any adults in this household unemployed? yes no Has this child been retained in a grade at least once? yes no

Has this child ever been in foster care? yes no Is this child a "sibling" of foster child(ren)? yes no

What is this child's race?  Caucasian  Hispanic  African-American  Asian  American Indian  Other \_\_\_\_\_

Has either of this child's parents ever been in the Criminal Justice System (even if a non-custodial parent)? yes no

Has this child ever been enrolled in an AEP (Alternative Education Program like PAC or Project Intercept)? yes no

I certify that the above information is true and correct to the best of my knowledge.

Signed: \_\_\_\_\_ (Parent/Guardian of Minor) Date: \_\_\_\_\_