

The Jordan Crossing Camp



REGISTRATION DEADLINE: WEDNESDAY, JUNE 18TH
CAMP WEEK: MONDAY, JUNE 23RD THRU FRIDAY, JUNE 27TH, 2025

Tell Us About You

Name: _____ Grade just completed: _____
Address: _____ City, State, Zip: _____
Home Phone: _____ Parent Cell: _____ Your Cell: _____
E-Mail Address: _____ Age: _____ Gender: _____
Church: _____ Youth Leader: _____
Shirt Size: XXL _____ XL _____ L _____ M _____ S _____

Check here if you are attending camp as an Adult Sponsor. _____

Fill out the top portion on this page and everything on the medical form except the "authorization to treat a minor". To attend as an adult sponsor, you must have had a background check verified by The Jordan Crossing Camp.

Lake Activities

Every water activity is carefully monitored and conducted. All campers participating in water activities are required to wear a US Coast Guard approved life vest, which we provide. All campers will be informed of safety guidelines before swimming or boating and are required to follow the guidelines. It is very important that you, as the parent/guardian, understand the inherent risk of the water activities.

Photos & Publications

As the parent or legal guardian of said camper, I hereby grant to The Jordan Crossing Ministries the right to post pictures and video on The Jordan Crossing Camp website or Facebook page (no personal names are ever attached to images). I understand that sometimes these images are used to promote The Jordan Crossing Camp whether electronic, print, digital, or electronic publishing via internet. I understand that once the image is posted on The Jordan Crossing Camp website, the image can be downloaded by any other computer. Therefore, I agree to indemnify and hold harmless The Jordan Crossing Ministries and The Jordan Crossing Camp from any claims.

Parent and/or Guardian Signature

Date

Print Name

If you do not want your students' photo or video possibly used by The Jordan Crossing Camp for promotion, please notify by letter or email directly and provide a picture of said student so we can screen the images we take each day at camp and delete images they are in. Digital or print images are acceptable.

Mailing Address: 5683 E State Hwy AF, Fair Grove, Missouri 65648

tdhometony@gmail.com

(417) 631-2087

thejordancrossingcamp.com

The Jordan Crossing Camp
Medical Release Form

**This form is required by everyone attending.
The Jordan Crossing Camp – June 23rd thru June 27th, 2025.
All minors must have the bottom of this form:**

Print Attendee's Last Name, First Name: _____

Church/Group or Organization Name: _____

Emergency Information

STUDENTS fill out each line below. ADULTS, we only need your emergency contact.

Father _____ Work# _____ Cell# _____

Mother _____ Work# _____ Cell# _____

Legal Guardian (if different) _____ Cell# _____

Emergency Contact (if different) _____ Cell# _____

Parent or Guardian E-Mail Address: _____

Student E-Mail Address: _____

Patient's Name: _____ Age: _____

Address: _____ Home Phone# _____

Birth Date: _____ Last Tetanus _____

Allergies to Drugs: _____

Prescription Medication	Dosage	Times Given	Reason

Allergies to Foods: _____

Other Allergies: _____

All prescription medication must be in the original container from the pharmacy with the camper's name and current directions and dosage for the medications on the typewritten label. The non-prescription medications that will be available at camp on an as needed basis are Tylenol, Ibuprofen, Benadryl, Zyrtec, antibiotic ointment, and Tums. If you would like your camper to have any other non-prescription medication at camp, please send it in the original container with your camper's name on the container. Medication will be administered by Camp personell according to the directions on the label.

Physician/Phone# _____

Insurance Provider / Policy # / Insurance Phone (copies of insurance cards would be helpful, but are not required)

Authorization to Treat Minor

I swear (affirm), under penalty of perjury, that I am the parent/legal guardian of the child listed above, and that all information contained in this authorization is true and correct. I do hereby authorize treatment of my child by a licensed medical physician in case of any accident or illness that may arise, or should hospitalization be necessary.

Signature: _____ Name Printed: _____

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