

ONE_Summer Camp 2011

July 5 – July 8

Grades 6-12

General Information

Camp Cost

This year, the cost for ONE_Summer Camp is \$200 per camper. Registration form and money are due on June 19th.

Payments and forms can be mailed to Crosspoint Church, filled out online at thecrosspoint.com, or can be given to the attendant at the Event Registration booth located in the church lobby.

Departure

We will be departing on Tuesday, July 5th from Crosspoint Church to Lake Williamson in Carlinville, IL. Please be at church by **9:00 am** to assure a successful departure soon after that.

Spending Money

Spending money is not needed, but there are vending machines and a snack bar if you want to buy additional snacks.

Return

We will be returning on Friday, July 8th to Crosspoint Church.

Please be at the church by **11:00 am**.

Please make sure your student has a ride home and that they are picked up promptly.

This will take the strain off the tired counselors who have already given a week of their time.

Emergency Number

If you need to reach your child at Lake Williamson in the case of an emergency, please call (800) 500-5922. Tell them your student is with Crosspoint Church, your student's name and the phone number to call you at and your student will be able to contact you soon after that.

Packing List

- Bible
- Notebook & pen
- Towels, sheets, blankets, and pillows
- Toiletries (tooth brush, tooth paste, shampoo, soap, deodorant, sunblock, etc.)
- Modest swim suit (girls: 1-piece or dark colored T-shirt over suit; guys: no Speedos)
- Beach towel
- Prescription medicine in original container with note from parent/guardian
- A good attitude and a teachable spirit

Un-packing List: *DO NOT BRING THESE ITEMS TO CAMP!*

- Cell Phones & iPods – (parents see **Emergency Number** above for contact info)
- Non-Christian books or magazines
- Clothing depicting ungodly values
- Anything you think would be questionable

Keep this page for your information.

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Camper Registration Form

Church: _____ Youth Pastor: _____

Camper Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _(_____)_____

Birthdate: ____/____/____ Age: _____ Boy: _____ Girl: _____

Parents/Guardians: _____

Parent's Daytime Phone Number: _(_____)_____

Parent's Evening Phone Number: _(_____)_____

Emergency Phone Number: _____(_____)_____

If a parents or guardian is not available in an emergency, notify:

Home: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _(_____)_____

Relationship to camper: _____

Release of Liability

Please give us approximate dates of occurrences or infections:

| | | | |
|-------------------------|--|----------------------|--|
| Frequent Ear Infections | | Allergies (YES / NO) | |
| Chicken Pox | | Hypertension | |
| Heart defect/disease | | Hay Fever | |
| Measles | | Mononucleosis | |
| Convulsions | | Penicillin Allergy | |
| German Measles | | Last Tetanus Shot | |
| Diabetes | | Poison Ivy | |
| Mumps | | Asthma | |
| Blood Disorder | | Other | |

Physical disabilities (list): _____

Mental disabilities (list): _____

Current Medications (must be in original container): _____

Physician's name: _____

Phone: _(_____)_____

Insurance Carrier (if none, please indicate): _____

Phone: _(_____)_____

Group #: _____

Policy #: _____

The information on these forms is accurate to the best of my knowledge. I give permission for my child to attend ONE_Summer Camp at Lake Williamson in Carlinville, IL, between July 5th and July 8th, 2011, and to travel to and from the camp in the vehicle designated by the adult whose care my (our) child has been entrusted and to participate in all activities offered at the camp unless noted on these forms.

I authorize an adult, in whose care my child has been entrusted, to consent to any x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment, and/or hospital care, to be rendered to my child under the general or special supervision and the advice of any physician or dentist licensed hospital, whether such diagnosis or treatment is rendered at the office or said physician or at said hospital.

The undersigned shall be liable and agrees to pay all cost and expenses incurred in connection with such medical and dental services rendered to the afore mentioned child pursuant to this authorization.

Should it be necessary for my child to return home due to medical reasons, behavior problems or otherwise, the undersigned shall assume all transportation cost.

The undersigned does hereby agree to all of the above.

Signature of Parent/Legal Guardian: _____

Date: _____ / _____ /2011

Release of Liability

The undersigned understands that this waiver of liability is purposed to relieve the staff of ONE_Summer Camp and all its affiliate churches from any and all claims, be the legal, financial or otherwise. ONE_Summer Camp is directed by Crosspoint Church, of St. Louis, MO, (314) 892-5051.

I, the undersigned, acknowledge that Crosspoint Church and all its affiliate churches in ONE_Summer Camp are "Not-for-Profit" organizations which do not compel my participation; moreover, I elect to become involved with and take full responsibility for my (son's/daughter's) actions and involvement in ONE_Summer Camp whether it is deemed social, travel, athletic or otherwise.

I hereby hold Crosspoint Church and all affiliate churches harmless from liabilities, claims, suits, or judgments of any and all types that might arise as a result of my son's/daughter's presence, participation or involvement in this activity, whether it be personal injury, property loss or any other damage. I do not expect or require Crosspoint Church's or their affiliate churches' insurance to provide coverage for me unless arrangements for such coverage has been agreed to in writing prior to the date of this Release of Liability, nor do I expect or require Crosspoint Church or their affiliate churches to defend me in any legal matters.

Signature of Parent/Legal Guardian: _____

Address: _____

Today's Date: ____ / ____ /2011

| T-shirt Order | |
|-----------------------------|------------------------------|
| (no additional cost) | |
| SIZES | Please mark your size |
| Small | |
| Medium | |
| Large | |
| X-Large | |