



# Camper Registration

P.O Box 444  
Pelham, GA 31779  
Phone: (229) 294—2294  
Web: [www.campcrosspoint.org](http://www.campcrosspoint.org)  
Email: [camp@campcrosspoint.org](mailto:camp@campcrosspoint.org)

- Complete entire form
- Spring/Fall grade for campers is based on grade they are currently in.
- Summer grade for campers is based on grade they will have completed by June 1, 2024.

## Camper Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Name for Nametag: \_\_\_\_\_  
Gender \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Grade \_\_\_\_\_ as of Aug. 1, 2023  
School attends: \_\_\_\_\_  
E-Mail: \_\_\_\_\_ Camper Cell Phone: \_\_\_\_\_  
Church you attend: \_\_\_\_\_ T-shirt size: \_\_\_\_\_ adult or youth size  
Can camper swim: Yes No  
If yes, campers swimming ability is: Strong Moderate Needs Attention

## Parent/Guardian Information: (camper's primary residence)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Relationship to camper \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_ Position: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Spouse Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Relationship to camper \_\_\_\_\_  
Address (if different) \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_  
Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_ Position: \_\_\_\_\_  
Work Phone: \_\_\_\_\_

## Emergency Contact other than Parent/Guardian:

If unable to reach a person named above, contact:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Relationship to camper \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_ Position: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## SESSION INFORMATION:

### WEEKEND CAMP: (Individual Registration)

Cost: \$80.00

\$40.00 due with registration form. Balance is due before the start of camp. (deposit is nonrefundable).

Note: There is no registration fee. The \$40 due with registration will be subtracted from the \$80, giving a remaining balance of \$40.

### SPRING CAMPS: (Please indicate which Camp Weekend you are registering for)

\_\_\_\_\_ Leadership Weekend (7th-12thGrade) February 23-25, 2024

\_\_\_\_\_ 5th-8th Grade Weekend March 15-17, 2024

\_\_\_\_\_ 1st-6th Grade Weekend April 19-21, 2024

### SUMMER CAMPS: (Individual Registration)

#### Day Camp Cost: \$150

\$75 due with registration form. Balance is due before the start of camp. (deposit is nonrefundable).

Note: There is no registration fee. The \$75 due with registration will be subtracted from the \$150, giving a remaining balance of \$75.

#### Overnight Camp Cost: \$285

\$100 due with registration form. Balance is due before the start of camp. (deposit is nonrefundable).

Note: There is no registration fee. The \$100 due with registration will be subtracted from the \$285, giving a remaining balance of \$185.

#### (Please indicate which Camp Weekend you are registering for)

\_\_\_\_\_ Day Camp - June 10-14 (completed K-6th grade)

\_\_\_\_\_ Completed 7th-12th Grade - June 16-21

\_\_\_\_\_ Completed 5th-8th Grade - June 23-28

\_\_\_\_\_ Completed 1st-6th Grade - July 7-12

\_\_\_\_\_ Completed 1st-6th Grade - July 14-19

\_\_\_\_\_ Completed 1st-6th Grade - July 21-26

\_\_\_\_\_ Day Camp - July 22-26 (completed K-6th grade)

In addition to custodial parents and emergency contact, camper may be picked up by the following:

\_\_\_\_\_

Friends of campers who are attending: List camper's friend to room with if attending the same sessions, if they desire to room with a specific person. 1st choice: \_\_\_\_\_ 2nd Choice: \_\_\_\_\_

3rd Choice: \_\_\_\_\_

Any information we need to know about your child? (do they wet the bed?, do they have food allergies?, etc.)

\_\_\_\_\_

I understand and agree that:

Deposits are required to secure your child's spot and is non-refundable.

Notification of cancellation is required to waive the remaining balance fee, or to refund the remaining balance fee if it has already been paid. Failure to cancel the reservation will result in full payment being owed.

Phone calls and visits to campers and staff are prohibited, except in case of emergency.

Campers may not be dropped off late or picked up early unless approved by Camp Staff.

Campers must abide by camp rules.

Discipline will be handled as follows: First offense, talk with staff, Second offense, call to parents, third offense, they will be sent home.

Parent/Guardian is responsible for loss/damage to the camp or the personal property of another resulting from camper's behavior

Any photographs/videos of the camper, individually or in a group, by or for Camp Crosspoint shall be the absolute property of Camp Crosspoint and may be used on/in camp material and website.

Any claim for damages or compensation for their use is hereby released.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Participant Form

Bring one notarized copy of this document to registration.  
As a group leader, keep a separate copy for medical emergencies.  
Attach a photocopy of insurance card.

Participant Name: \_\_\_\_\_ Age (if student): \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
\_\_\_\_/\_\_\_\_/\_\_\_\_ Grade completed (if student): \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

In case of an emergency notify: \_\_\_\_\_  
Relationship to participant: \_\_\_\_\_ Phone Numbers: Home (\_\_\_\_) \_\_\_\_\_  
Work (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Other (\_\_\_\_) \_\_\_\_\_

Name of Church: \_\_\_\_\_ Group Leader  
Name: \_\_\_\_\_ Group Leader's cell #: \_\_\_\_\_ Church  
Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

## Medical Profile

Generally, the participant's health is: (Circle One) Excellent Good Fair Poor

If Fair or Poor, please explain: \_\_\_\_\_

List any medical difficulties which are currently being treated: \_\_\_\_\_

Circle any of the following that cause you problems & explain: Asthma Sinusitis Bronchitis Kidney Trouble  
Heart Trouble Diabetes Dizziness Stomach High Blood Pressure Pregnancy (current)

\_\_\_\_\_

List any allergies: \_\_\_\_\_

List any previous operations or serious illnesses: \_\_\_\_\_

List any medications you are currently taking: \_\_\_\_\_

List any special diet needs or other needs: \_\_\_\_\_

Childhood diseases: Chickenpox Measles Mumps Whooping Cough other: \_\_\_\_\_

Date of last Tetanus Immunization: \_\_\_\_/\_\_\_\_/\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Insurance Co.: \_\_\_\_\_ Policy #: \_\_\_\_\_

Subscriber Name: \_\_\_\_\_ Subscriber #: \_\_\_\_\_

Employer: \_\_\_\_\_ Subscriber Occupation: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_

Permission, Acknowledgements, Release, Indemnity In the consideration of Participant's ability to participate in the event(s), I, the undersigned Participant, (and, if Participant is a minor, I the undersigned Parent/Guardian) hereby:  
A. Permission for Medical Treatment: Grant my permission for any event director, church staffer or counselor, event or venue staffer, or adult present in charge of First Aid, to obtain necessary medical attention in case of sickness or injury to Participant, including transporting Participant to a medical facility and sharing the above information with medical personnel, and further hereby give permission for medical personnel to administer medical care to Participant, as necessary. B. Assume of Risk: Acknowledge that Camp Crosspoint adventure programs integrate a variety of activities that include warm-ups, games, group initiatives, low ropes, archery, canoeing, kayaking, lake activities, pool swimming, and other rigorous physical adventure activities. The level of individual participation is up to each person, yet there are inherent foreseen and unforeseeable risks involved with each activity that must be assumed by the individual. C. Photograph/Video Acknowledgement and Permission: Acknowledge that there may

be photographs and video taken during normal camp or event activities, and that these photos/videos may be used in promotional materials, I hereby grant my permission for such photographs/videos to be taken and to be used in promotional materials. D. Release and Indemnity: Acknowledge and agree that I release and forever hold harmless Camp Crosspoint, the venue, any church, event sponsor, trustee, directors, officers, employees, agents, and affiliates from any and all claims or demands for personal injury, sickness, and death, as well as property damage and expenses, of any nature whatsoever, incurred by me or my minor child while participating in or employed by this camp or the events and or while on property leased or owned by the Release Parties. I further assume full personal responsibility for all medical bills for me or my minor child. I agree to indemnify the Released Parties from any claims and demands for personal injury or death as well as property damage and expense of any nature whatsoever arising out of the willful or negligent actions or omissions of me or my minor child. I further hereby assume responsibility for all transportation costs related to me or my minor child's dismissal from the camp and/or event, as applicable. E. Understanding: Represent and acknowledge that: (1) I have completely read and understand this document and all its terms and all matters referred to herein, and my signature below is my voluntary, free act and deed; (2) I have had ample opportunity to obtain the advice of counsel; (3) by signing this document, I understand that I am relinquishing legal rights and remedies that may have otherwise been available to me. Complete and sign below (Participants who are minors per your state laws require Parent/legal Guardian signature).

Participant's Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
Parent/Guardian Signature: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Date: \_\_\_/\_\_\_/\_\_\_ Notary Acknowledgement: State of \_\_\_\_\_ (County of

\_\_\_\_\_) On the \_\_\_ day of \_\_\_\_\_, 20\_\_\_, before me,  
\_\_\_\_\_, Notary Public, personally appeared

\_\_\_\_\_ who approved to me on the basis of satisfactory evidence to be the person whose name(s) is/are subscribed to the within instrument and acknowledge to me that he/she/they executed the same in his/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument, the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of \_\_\_\_\_ that the foregoing is true and correct. Witness my hand and official seal. I certify under PENALTY OF PERJURY under the laws of the state that the foregoing paragraph is true and correct. WITNESS my hand and official seal.

Notary signature: \_\_\_\_\_ My commission expires: \_\_\_\_\_