



CrossRoads Camp & Conference Center  
2247 Little Piney Road  
Lowesville, Virginia 22967

Office: (434) 277-8465

Fax: (434)277-5901

Email: [crossroads@crossroadsccc.com](mailto:crossroads@crossroadsccc.com)

Website: [www.crossroadsccc.com](http://www.crossroadsccc.com)

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## EXPRESS CHECK-IN!

Express check in will help eliminate the wait on check-in day. There will be a separate line so that you can go directly to the nurses station if necessary or straight to luggage drop off.

### *Requirements/Qualifications*

- 1) Paper or Online Registration Form
- 2) Health Form
- 3) Copy of both sides of Health Insurance card
- 4) Release Waiver
- 5) Payment for week/s attending camp
- 6) Camp store deposit for week/s attending camp

### *Important Notes:*

- All forms must be completed and signed by the parent or legal guardian.
- CrossRoads must receive all criteria three weeks prior to your week/s of camp attendance.

For Questions call or e-mail the CrossRoads office.

We look forward to  
seeing your camper this summer!



# Summer Camp Registration 2012

**Directions:** Please fill out this form completely, sign, and return to CrossRoads with full payment. Please fill out a separate form for each child attending. You may however register the same camper for more than one week on this form.

**Directions for Family Adventure Camp:** Please fill out this form completely for ONE camper. List all additional family members attending in appropriate box at the bottom of this page. Sign and return to CrossRoads with full payment.

## Camper Information

Camper Name \_\_\_\_\_ DOB \_\_\_\_\_ Gender \_\_\_\_\_

Grade Completed \_\_\_\_\_ Church \_\_\_\_\_ Association \_\_\_\_\_

Shirt Size (circle one)    Child Sizes    **S**    **M**    **L**  
    Adult Sizes    **S**    **M**    **L**    **XL**    **2XL**    **3XL**

Cabin Mate Choice \_\_\_\_\_ Food Allergies \_\_\_\_\_

*NOTE: We guarantee each camper one cabin mate choice. Campers must both choose each other to assure placement. If an odd number of campers attend together we will place three campers in the same cabin. If an older and younger camper request*

*If you have important health or behavior information that would assist us in determining cabin placement, please check the box to the left and attach information.*

## Family Information

Parent/Guardian #1 \_\_\_\_\_

Address \_\_\_\_\_

Phone (H) \_\_\_\_\_ (Cell) \_\_\_\_\_  
 (W) \_\_\_\_\_

E-mail \_\_\_\_\_

Parent/Guardian #1 \_\_\_\_\_

Address \_\_\_\_\_

Phone (H) \_\_\_\_\_ (Cell) \_\_\_\_\_  
 (W) \_\_\_\_\_

E-mail \_\_\_\_\_

### Authorized Pick-Up

*please list people authorized to pickup your child from camp*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Emergency Information

Emergency Contact \_\_\_\_\_

Phone (H) \_\_\_\_\_ (Cell) \_\_\_\_\_  
 (W) \_\_\_\_\_

Relationship to Camper \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Phone (H) \_\_\_\_\_ (Cell) \_\_\_\_\_  
 (W) \_\_\_\_\_

Relationship to Camper \_\_\_\_\_

*\*Please list non parent contacts; we will always attempt to reach parents first*

## Track Choice

Select the week of summer camp attending, and number your top three Track choices 1, 2, 3 (1 = 1st Choice)

We do our best to honor track requests, but it is not guaranteed. Track assignments are made on a first come first serve basis, upon full payment

\*To register for Level II tracks, campers **MUST** complete Level I and be 12 years old by their camp week to sign up.

\*\* Campers must be 12 years old by their camp week to sign up for Backpacking or Beauty/Poise/Fitness

**Week 1 - Girls \$260** June 18-23       **Week 2 - CoEd \$260** June 25-30       **Week 3 - CoEd \$260** July 2-7       **Week 4- Girls \$260** July 9-14

<input type="checkbox"/> Mountaineering I	<input type="checkbox"/> Mountaineering I	<input type="checkbox"/> Mountaineering I	<input type="checkbox"/> Mountaineering I
<input type="checkbox"/> Mountaineering II	<input type="checkbox"/> Mountaineering II	<input type="checkbox"/> Mountaineering II	<input type="checkbox"/> Mountaineering II
<input type="checkbox"/> Culinary I	<input type="checkbox"/> Culinary I	<input type="checkbox"/> Sports	<input type="checkbox"/> Culinary I
<input type="checkbox"/> Culinary II	<input type="checkbox"/> Culinary II	<input type="checkbox"/> Creative Ministries	<input type="checkbox"/> Beauty/Poise/Fitness
<input type="checkbox"/> Creative Ministries	<input type="checkbox"/> Sports	<input type="checkbox"/> Fishing	<input type="checkbox"/> HorsePower
<input type="checkbox"/> Archery I	<input type="checkbox"/> Archery I		
	<input type="checkbox"/> Archery II		

**Week 5 - CoEd \$260** July 16-21       **Week 6 - Girls \$260** July 23-28       **Week 7 - CoEd \$260** July 30 - Aug 4

<input type="checkbox"/> Mountaineering I	<input type="checkbox"/> Mountaineering I	<input type="checkbox"/> Mountaineering I
<input type="checkbox"/> Mountaineering II	<input type="checkbox"/> Mountaineering II	<input type="checkbox"/> Mountaineering II
<input type="checkbox"/> Backpacking	<input type="checkbox"/> Culinary I	<input type="checkbox"/> Culinary I
<input type="checkbox"/> Creative Ministries	<input type="checkbox"/> Culinary II	<input type="checkbox"/> Fishing
<input type="checkbox"/> HorsePower	<input type="checkbox"/> Creative Ministries	<input type="checkbox"/> Archery I
<input type="checkbox"/> Archery I	<input type="checkbox"/> Archery I	<input type="checkbox"/> Archery II

## Cost & Payment

Week	Description	Cost	Total
June 18-23	Week 1 - Girls	\$260	\$ _____
June 25-30	Week 2 - CoEd	\$260	\$ _____
July 2-7	Week 3 - CoEd	\$260	\$ _____
July 9-14	Week 4 - Girls	\$260	\$ _____
July 16-21	Week 5 - CoEd	\$260	\$ _____
July 23-28	Week 6 - Girls	\$260	\$ _____
July 30 - Aug 4	Week 7 - CoEd	\$260	\$ _____

Your camp fee includes a Summer Camp T-Shirt and a \$25 non-refundable registration fee that is applied towards your total cost

		<b>Subtotal</b>	\$ _____
<b>Early Bird Discount</b>	Registrations postmarked by May 15th or earlier receive \$10 discount per week <b>excluding Family Camp</b>	<b># of Weeks</b> _____ x \$10	\$ _____
<b>WMUV Discount</b>	Campers who belong to a church that supports the WMUV through the BGAV & the Alma Hunt Offering will receive a \$30 discount per week—excluding Family Camp. Please call 434.277.8465 if you are unsure	<b># of Weeks</b> _____ x \$30	\$ _____
<b>Scholarship</b>	Type/Name _____	<b>Scholarship Amount</b>	\$ _____
		<b>Total Discount</b>	\$ _____

$$\begin{array}{r}
 \$ \text{ _____} \\
 \text{Subtotal}
 \end{array}
 -
 \begin{array}{r}
 \$ \text{ _____} \\
 \text{Total Discount}
 \end{array}
 =
 \begin{array}{r}
 \$ \text{ _____} \\
 \text{Final Total}
 \end{array}$$

Registration cannot be processed until full payment is received. Please select one of three payment options below:

\_\_\_\_\_ Check Enclosed (payable to CrossRoads)    Check # \_\_\_\_\_

\_\_\_\_\_ Charge my credit card    Circle one: Visa    MasterCard    Discover \_\_\_\_\_

Card # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_    Expiration Date \_\_\_\_\_

CWS # \_\_\_\_\_

Cardholder's Billing Address \_\_\_\_\_

\$ Amount to be charged \_\_\_\_\_    Cardholder's Signature \_\_\_\_\_

\_\_\_\_\_ My church will be sending a check. Church contact person \_\_\_\_\_    Phone \_\_\_\_\_

## Parent/Guardian Signature

### Secondary Insurance Coverage

Dental expense limit \$500.00	Accidental Death, \$2,500.00	Paralysis, Up to a maximum \$25,000.00
Each sickness, up to a maximum \$1,000.00	Dismemberment, Up to a maximum \$5,000.00	(loss within 90 days of injury, continued 180 days with a prognosis of permanency)
Each accident, up to maximum \$5,000.00	Up to a maximum \$5,000.00	
Physical therapy, up to a maximum \$500.00	(loss within 365 days of injury)	

#### Parents or Guardians: Please read carefully and sign below:

\*\*I have read and understand CrossRoads' financial policy stating there is a non-refundable \$25.00 registration processing fee. All cancellations must be received in writing by CrossRoads three weeks prior to your scheduled camp week for a partial refund. After this time, no refunds will be given except in the case of severe illness or death in the immediate family. In the event of illness, a doctor's statement is required. Names of campers may be substituted, but notification of the change must be received before opening day. Should you need to change dates for your camper for any reason after reservations have been confirmed, there will be a \$20 charge per person, per change.

\*\*I understand that upon confirmation of registration, I need to complete a health form. I am aware that my child will not be allowed to stay if they arrive at camp without having or having previously submitted a completed 2012 health form signed by the parent or guardian.

\*\*I understand and agree that Woman's Missionary Union of Virginia (WMUV) shall not be liable for any costs, expenses or damages arising out of any sickness and/or injuries sustained by my child beyond the limits of insurance coverage provided by WMUV for campers. I have reviewed the information above regarding such insurance coverage and am aware of the terms and limits of such coverage. I agree to hold the WMUV harmless for any cost, expenses, or damages beyond such insurance coverage for any sickness or injury involving my child. I further authorize the director to use his/her discretion for medical services as a result of any illness or injury to my child while at camp.

\*\*I further authorize my child to be able to take out-of-camp trips, which he/she has requested to participate in with respect to the camp program, while at CrossRoads. I further authorize my child's picture or video of my child may be used in publications of CrossRoads, WMU, or WMUV.

Parent's or Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_



## Get Ready for Express Check-In!

Go to <http://crossroadsgccc.com/summercamp/forms> to print the Check-In Packet. All forms that are required for Express Check-In are part of the Check-In Packet.

#### Express Check-In Requirements

- |                                      |                                    |
|--------------------------------------|------------------------------------|
| 1) Completed Registration Form       | 4) Completed Health Form           |
| 2) Signed Release Waiver             | 5) Payment for week attending camp |
| 3) Copy of both sides of health card | 6) Camp store deposit              |

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<b>CrossRoads Summer Camp</b>	<b>2247 Little Piney Rd., Lowesville, VA 22967</b>	<b>2012 Camper Health Form</b>
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**Directions:** Please fill out this form completely for your camper, sign, and send it to camp with your child. Please do not fill out this information until the week before the camper is coming as it needs to be as up to date as possible. The camper will turn this form in during check-in, so it should not be packed in their suitcase. **Attach a photocopy of the camper's medical insurance card to this form.**

Camper Last Name	First Name	Age	Weight
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<b>Medical History</b>	<b>Directions:</b> Put a check in the box next to any condition that the camper has experienced in the past. Explain any as necessary on a separate sheet of paper.			
	<input type="checkbox"/> Asthma	<input type="checkbox"/> Fainting spells	<input type="checkbox"/> Measles	<input type="checkbox"/> Sinusitis
	<input type="checkbox"/> Bed wetting	<input type="checkbox"/> Frequent upset stomach	<input type="checkbox"/> Poor appetite	<input type="checkbox"/> Sleep walking
	<input type="checkbox"/> Bronchitis	<input type="checkbox"/> Heart trouble	<input type="checkbox"/> Respiratory problems	<input type="checkbox"/> Sore throat
	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Kidney trouble	<input type="checkbox"/> Severe headaches	<input type="checkbox"/> Surgery
	<input type="checkbox"/> Other health problems (Explain on a separate sheet of paper)			

<b>Camper Information</b>	<b>Directions:</b> Place a check in the appropriate column. Provide an explanation in the space provided or on an additional sheet if needed.			
	Question	Yes	No	Explanation
	Has the camper been exposed to any communicable disease during the past two weeks?			
	Has there been any traumatic experience in your child's life during the past few months of which we need to be aware?			
	Should the camper's activity be restricted in any way?			
	Does your camper have any allergies? (Circle all that apply in the explanation section.)			Bee/wasp stings    Poison Ivy/Oak    Explain Foods    Medications    Other
	Does the camper have any other medical, physical, emotional, or health conditions of which we should be aware?			
	Have you examined your child's head for head lice in the week prior to camp?			
Has the camper had a recent tetanus inoculation?			Provide Date	

<b>Medications</b>	<b>Please read carefully:</b> In an effort to provide the best possible care for our campers, we staff our nurse's station with licensed nurses or EMTs. The following is a list of approved over-the-counter medications our personnel have doctor's orders to give for the most common ailments at camp. Please review the list:					
	Benadryl elixir/tablets	Chloroseptic spray	Hydrocortisone spray	Kaopectate	Maalox	Neosporin ointment
	Calamine lotion	Dimetapp elixir	Ibuprofen	Tylenol syrup/tablets	Milk of Magnesia	Pepto Bismol
	<b>**It is not necessary to send any of the above medications to camp.**</b>					
	I give my permission for the designated CrossRoads camp nurse to administer the above medications: _____ yes    _____ yes, with exception (see below*)    _____ no					
	*If there are any medications that the camper should not have, clearly cross them out in the above list.					
Will the camper have any prescription medications (or over-the-counter medications not on the above list) with them? _____ yes    _____ no    If yes, please list each below (attach additional sheet if necessary):						
_____ Medication		_____ Dose		_____ Time		
_____ Medication		_____ Dose		_____ Time		
_____ Medication		_____ Dose		_____ Time		
<b>All medications must be kept in the nurse's station and be administered by the nurse.</b> They must be in their original bottle, labeled with the camper's name and dosage. Place all medicines in a Ziplock bag with the camper's name clearly written on the bag. The camper will turn medications in during check-in, so they should not be packed in their suitcase.						

<b>Parent Permission</b>	*All of the above information is correct and complete to the best of my knowledge.	
	*If the camper is covered by medical insurance, <b>I have attached a photocopy of the insurance card to this form OR the camper will be bringing it to camp to be copied and returned upon arrival.</b>	
*If a situation arises while my child is at camp which, in the opinion of the director or director's designee, is a medical emergency, and I cannot be contacted within a reasonable time period as determined by the director, I authorize the director to do whatever he/she believes to be in the best interest of my child with respect to medical care, including the selection of a physician and/or a hospital or other medical facility for my child's care. In addition, I hereby give the physician, hospital, or other medical facility, as selected by the director, the necessary authorization and permission to treat and/or hospitalize my child and to order any necessary injections, anesthesia or surgery.		
Parent's Signature	Date	



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### CrossRoads Camp Activities Release Waiver

This form must be signed and received before attending or brought to camp by every camper

Name of Camper \_\_\_\_\_ Dates at CrossRoads \_\_\_\_\_

I, \_\_\_\_\_, certify that I am the parent and/or legal guardian of \_\_\_\_\_, who will be participating in one of the following tracks/activities:

- Mountaineering
- Backpacking
- Archery
- Sports
- Fishing
- Horsepower (see below)
- Beauty/Poise/Fitness
- Culinary
- Creative Ministries

I understand that there are inherent risks associated with these "activities" and hereby release and discharge CrossRoads and the Woman's Missionary Union of Virginia ("WMUV") from any and all liabilities that may be incurred as a result the Camper's participation in these activities.

\_\_\_\_\_  
Signature of Parent/ Legal Guardian

\_\_\_\_\_  
Date

### Equestrian Assumption of Risk/Release and Waiver of Liability

(Please complete the following section if the camper will be participating in the Horsepower program)

- I. I/we the parent(s) or guardian(s) of \_\_\_\_\_, hereby request that my/our child/ward be permitted to receive instructions in horse assisted leadership training at CrossRoads Camp and Conference Center ("CrossRoads") in Lowesville, Virginia.
- II. I/we recognize the following:
  - A. That horseback riding is an athletic event which poses potentially serious risks of injuries and, under certain circumstances, could cause death;
  - B. That my/our child/ward could be injured as the result of the child's negligence, the negligence of others or, through no fault of the child or others, purely because of the nature of horseback riding; and
  - C. I/we acknowledge notice pursuant to the Equine Activity Liability Act (Code Virginia, 1950 as amended, Sections 3.1-796.130-133) of the risks inherent in equine activity, including (i) the propensity of an equine to behave in dangerous ways which may result in injury to the participant, (ii) the inability to predict an equine's reaction to sound, movements, objects, persons, or animals; and (iii) hazards of surface or subsurface conditions.
  - D. I/we expressly assume the risks of injury from the risks enumerated in the preceding section II.C.
- III. With the knowledge of the foregoing and as in inducement for the provision of instruction in horseback riding, I/we hereby waive and release (give up) any and all rights that I/we or my/our heirs may have to make a claim arising from any damages, injury or death which my/our child/ward might sustain as a result of horseback riding. I/we further agree to indemnify (hold harmless) all persons and entities named or described in Paragraph IV from any and all claims which I/we might make or which might be made by my child/ward or on my child/wards's behalf by others.
- IV. The following named or described persons and entities shall be beneficiaries of this release and the holders of the rights herein created:
  - A. CrossRoads, the Woman's Missionary Union of Virginia ("WMUV"), its directors, counselors, volunteers and employees.
  - B. Any person, organization or company that provides horses, instruction, or equipment.
- V. By signing this release and waiver, I/we understand that the following rights are being given up (waived or released): Any right I/we may have to sue or make any claim which I/we might have or which might subsequently arise or occur against the persons and entities described in Paragraph IV for any damages, injuries or death which my/our child/ward might sustain while horseback riding.
- VI. I/we further understand that by signing this release and waiver, I/we are agreeing to indemnify (hold harmless) the persons and entities described in paragraph IV from any claim which might be brought against said persons or entities by my child/ward or on my child/ward's behalf by others.
- VII. It is my/our intent to give up these rights and to hold harmless these persons and entities, and I/we do so knowingly and voluntarily.
- VIII. In further consideration of the aforesaid, I/we expressly agree that if any of the provisions or terms of this Assumption of Risk/Release and Waiver of Liability are held by any court to be invalid or unenforceable, all other terms and provisions hereof shall nevertheless continue in full force and effect.

Signature of Parent(s) or Guardian(s) \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Date \_\_\_\_\_