

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

		Subtotal	\$ _____
Early Bird Discount	Registrations postmarked by May 15th or earlier receive \$10 discount per week excluding Family Camp	# of Weeks _____ x \$10	\$ _____
WMUV Discount	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	# of Weeks _____ x \$30	\$ _____
Scholarship	Type/Name _____	Scholarship Amount	\$ _____
		Total Discount	\$ _____

\$ _____ - \$ _____ = \$ _____
 Subtotal Total Discount Final Total

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://crossroadsgcc.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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