



Camper Forms And Information

- ⇒ Camp Schedule
- ⇒ Health Form
- ⇒ Medication Authorization
- ⇒ Packing list
- ⇒ Emergency Contact Information



Schedule

Day 1:

10:30 Gate opens
 11:00 Arrive / Registration
 11:30 – 12:30 Lunch
 12:30 – 1:30 Move in to cabins
 1:30 – 3:00 Boys - Swim (Test) / Girls - Missions
 3:00 – 3:30 Canteen
 3:30 – 5:00 Girls - Swim (Test) / Boys - Missions
 5:30 Flagpole
 5:45 Supper
 6:45 Tribal Chaos
 7:30 Canteen / Store
 8:30 Chapel
 9:30 Tribal Time
 10:00 Church or Cabin Devotions

Day 2 & 3:

7:30 Rise and Shine!
 8:00 Flagpole
 8:15 – 9:00 Breakfast
 9:00 – 9:30 Bible Study
 9:30 – 12:00 Camp Activities
 Noon – 1:00 Lunch
 1:00 – 1:30 Break
 1:30 – 3:00 Boys-Swim / Girls–Missions
 3:00 – 3:30 Canteen
 3:30 – 5:00 Girls-Swim / Boys–Missions
 5:30 Flagpole
 5:45 Supper
 6:45 Tribal Chaos
 7:30 Canteen / Store
 8:30 Chapel
 9:30 Tribal Time
 10:00 Church or Cabin Devotions

Day 4:

7:30 Rise and Shine
 8:00 Flagpole
 8:15 – 9:00 Breakfast
 9:00 – 9:30 Bible Study
 9:30 – 12:00 Camp Activities
 Noon – 1:00 Lunch
 1:00 – 2:20 Boys-Swim / Girls–Missions
 2:30 – 3:00 Canteen
 3:00 – 4:30 Girls-Swim / Boys-Missions
 4:30 – 5:15 Load Up & Clean Cabin
 5:15 – 5:45 Flagpole & Closing Ceremony
 5:45 Supper
 6:30 Leave camp



CAMPER HEALTH & RELEASE FORM

Church Name: _____ Shirt Size: _____ (Youth S—L, Adult S—XXXL)

Name Of Camper: _____ Birth Date: _____ Gender: _____ Age: _____ Grade: _____
Last First Middle Initial Just Completed

Name of Parent/Guardian: _____ Contact Phone: () _____
Area Number

Home Address: _____ Home Phone: () _____
Street & Number City State/Zip Code Area Number

Name on the Insurance Policy: _____

Insurance Company: _____ Telephone: () _____
Area Number

Address: _____
Street & Number City State Zip

Group Number Certificate/Policy Number Effective Date

Primary Care Physician: _____ Telephone: () _____
Area Number

List two other persons who would know where parents or a responsible party could be reached in case of emergency:

1. Name: _____ Telephone: () _____
Area Number

2. Name: _____ Telephone: () _____
Area Number

HEALTH HISTORY

Check "Yes" or "No" if your child has experienced any of the following. If "Yes", give approximate date, or most recent date.

	Yes	No	Date		Yes	No	Date		Yes	No	Date
Ear Infection	<input type="checkbox"/>	<input type="checkbox"/>	_____	ALLERGIES	<input type="checkbox"/>	<input type="checkbox"/>	_____	DISEASES	<input type="checkbox"/>	<input type="checkbox"/>	_____
Rheumatic Fever	<input type="checkbox"/>	<input type="checkbox"/>	_____	Hay Fever	<input type="checkbox"/>	<input type="checkbox"/>	_____	Chicken Pox	<input type="checkbox"/>	<input type="checkbox"/>	_____
Convulsions	<input type="checkbox"/>	<input type="checkbox"/>	_____	Poison Ivy, etc	<input type="checkbox"/>	<input type="checkbox"/>	_____	Measles	<input type="checkbox"/>	<input type="checkbox"/>	_____
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	_____	Insect Stings	<input type="checkbox"/>	<input type="checkbox"/>	_____	German measles	<input type="checkbox"/>	<input type="checkbox"/>	_____
Irregular Behavior	<input type="checkbox"/>	<input type="checkbox"/>	_____	Penicillin	<input type="checkbox"/>	<input type="checkbox"/>	_____	Mumps	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tetanus	<input type="checkbox"/>	<input type="checkbox"/>	_____	Other Drugs	<input type="checkbox"/>	<input type="checkbox"/>	_____	Asthma	<input type="checkbox"/>	<input type="checkbox"/>	_____

Other diseases or details of above _____

Chronic or recurring illness _____

Recent operations or serious injuries (include dates) _____

IMPORTANT: Please notify the camp if this camper is exposed to any communicable disease during the three weeks prior to camp attendance.

RECOMMENDATIONS AND RESTRICTIONS WHILE IN CAMP

Only medicines approved by the guardian will be given at camp. MEDICATIONS BROUGHT TO CAMP MUST BE IN THE ORIGINAL CONTAINER WITH INSTRUCTIONS ATTACHED. MEDICINES WILL BE GIVEN TO THE CAMP HEALTH CARE PROVIDER AT REGISTRATION.

ACTIVITIES & PARENTAL CONSENT

Check any activities to be restricted. Please notify both the camp and your church leadership of such exemptions so that proper action may be taken:

- Hiking Swimming Boating Riflery Climbing Running Water games



PLEASE NOTE: All boating instructions will be under the supervision of competent and qualified lifeguards. A camper does not go on the water until he/she has been instructed both in boating and water safety, and he/she must wear a life jacket. Participation in waterfront activities will be on the basis of swimming ability. Each child will be given an opportunity to demonstrate swimming abilities upon arrival at camp. Competent trained instructors will lead other activities. A camper's safety is always the main concern of our staff.

PARENT'S AUTHORIZATION

This health history is correct as far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above. I authorize the release of medical information to the health plan indicated for information requested by the health plan to determine the payment of medical benefits.

Signature of responsible party or custodial parent _____ Date _____

***Photography Release: I understand that promotional photographs or videos may be taken during the camp. Permission is granted for photography or video to be used by the BGCO for promotional purposes only.*

Signature of responsible party or custodial parent _____ Date _____

I understand that it is the responsibility of my child's Host Church to obtain insurance permission for treatment or to limit my child's recreational activities because of a stated medical condition.

My child, _____ will be attending CrossTimbers during the summer session. CrossTimbers is managed and operated by the Baptist General Convention of Oklahoma ("BGCO"). In the event that my child should need emergency medical care or attention, the Host Church leadership, the BGCO or any of their agents or employees is hereby authorized to consent to the provision of such emergency medical care, including without limitation, medical, dental, surgical care or hospitalization, to my child as is recommended or suggested by a physician, nurse, surgeon or other health care professional.

If such emergency care is provided to my child, I understand that my child's health insurance information will be given to the health care professional and that any expenses not covered by my child's insurance shall be my responsibility. I understand that the Host Church or the BGCO will not be obligated to pay either the health care professional or me for any medical expenses incurred on behalf of my child.

There are instances when third party contractors are used to operate and supervise various events and activities. In those instances where third party contractors are used, I agree that neither the Host Church nor the BGCO is responsible for the action of these third party contractors. I further agree that neither the Host Church nor the BGCO is liable for the actions or activities of participants or sponsors participating in events or activities operated by third party contractors.

I understand that the risk of injury from any recreational activity is significant, including, but not limited to, the potential for permanent paralysis and death. While particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist. I knowingly and freely assume all risks, both known and unknown, even if arising from negligence, and assume full responsibility for my child's participation in or observation of such recreational activity.

Furthermore, in consideration of my child being allowed to attend CrossTimbers, I, on behalf of myself and my child, hereby waive, and I hereby agree to indemnify and hold harmless the Host Church, the BGCO, their agents or employees, against any and all causes of action, rights, claims or suits which I or my child may have against the Host Church, the BGCO, or their agents or employees as a result of injury to my child, including, but not limited to: (1) injuries arising from my child's participation in or observation of recreational activities at CrossTimbers, and (2) injuries arising from the decision of the leadership of the Host Church, the BGCO, or any of their agents or employees to consent to the provision of emergency medical care to my child.

I give authority and permission to the Host Church, the BGCO, and any of their staff or agents to inspect my child's belongings while at CrossTimbers.

I understand that CrossTimbers is a place where many students seek counsel and advice from adult leaders, staff, counselors and others. I hereby consent to my child receiving spiritual and emotional counsel during their week of camp.

I have received satisfactory answers to all my questions about all camp information.

Parents Name (Print) _____

Signature: _____ Relationship to child: _____ Date: _____

All students attending CrossTimbers must have a parent or guardian complete and sign this release form. This form must be turned in to the CrossTimbers staff during registration on the first day of camp.



Church: _____

Cabin: _____

To be filled out at camp

_____ Campers Last Name

_____ Campers First Name

Age: _____

Grade: _____

Medication Authorization

For the safety of each camper, some medication will be held at the camp First Aid Station and administered by camp approved, certified medical personnel who are on duty 24 hours a day.

Please send only medications that are absolutely necessary.

Medications must be in the original container, in a zip-lock bag, accompanied by this form.

I, the parent/legal guardian of the camper named on this form give my permission for the church sponsors to:

- Dispense Acetaminophen (Tylenol) or Ibuprofen (Advil) to camper for headache, fever or minor pain;
- Dispense Benadryl or generic equivalent to camper for allergic reactions;
- Dispense Tums, Kaopectate or Pepto Bismol for upset stomach;
- Dispense antibiotic ointment(such as Hydrocortisone Cream) for minor injuries;
- Dispense prescription or other over-the-counter medication designated by and produced by the parent/guardian or family physician.

I understand that CrossTimbers staff, camp nurse, or church sponsors shall not be liable to the student, parent, or guardian of the child for civil damages for any personal injuries to the student, which result from acts or omissions in administering any medication while at camp.

Today's Date: _____

Signature of Parent or Legal Guardian

Printed Name of Parent or Legal Guardian

Emergency Day Phone/Night Phone

Name of medication: _____

Reason for medication: _____

Dosage and time to administer: _____

Side effects to report to parents: _____

Side effect requiring immediate medical attention: _____

Name of medication: _____

Reason for medication: _____

Dosage and time to administer: _____

Side effects to report to parents: _____

Side effect requiring immediate medical attention: _____

Name of medication: _____

Reason for medication: _____

Dosage and time to administer: _____

Side effects to report to parents: _____

Side effect requiring immediate medical attention: _____

CROSS-TIMBERS

CHILDREN'S MISSION ADVENTURE CAMP



What Should I Pack?

CLOTHING (For 4 Days!)

- jeans
- shorts (remember modesty)
- swimsuit (one piece for girls)
- T- shirts
- underwear & socks
- pajamas
- old tennis shoes
- sandals
- rain gear
- baseball cap or hat

CABIN EQUIPMENT

- bedding
- pillow
- bath towels
- beach towel
- wash cloths

PERSONAL ITEMS

- soap
- toothbrush & paste
- shampoo
- brush/ comb
- chap stick SPF-45
- sunscreen SPF-45
- insect repellent with Deet
- Bible
- Trash bag for dirty clothes

OPTIONAL

- book or journal
- camera
- flashlight or headlamp
- sunglasses

What NOT to Bring!!

- IPOD or MP3 players
- Any personal digital gaming systems
- Cell phones
- Fireworks
- Knives or guns





EMERGENCY CONTACT INFORMATION

CrossTimbers Baptist Camp
Ryan Bauer, Operations Manager

918-423-0031
918-916-4741

Mark Jones, Children's Ministry Specialist

Cell
Home
Office

405-990-2865
405-392-2900
405-942-3000 ext. 4633

Trey Byrns, Children's Ministry Associate

405-942-3000 ext. 4662

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405-942-3800

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