

Dear Parent/Guardian,

Emmanuel Baptist Church is excited that your child is interested in attending Kid's Camp at Crosstimbers Camp near Grand Lake, Oklahoma. Here is some important information and key dates to be aware of.

Camp Dates: Tuesday July 19 – Friday July 22, 2022

Location: Crosstimbers Camp near Grand Lakes, Oklahoma (northeast OK)

Grades: 3 – 6 (completed)

Cost/attendee: \$100, which includes: Camp T-shirt, \$10 Concession Card, Meals, Lodging, and Transportation to and from camp (parent drop off and pick up at Emmanuel Baptist Church).

Payment Options: You can pay online at ebcwc.org/kids, through the church offering, or by mailing it in to the church office. ***Please make all checks payable to Emmanuel Baptist Church and write Kid's Camp on the check memo.*** The payment deadlines below are necessary to insure we know who will be attending camp. You do not have to wait for the deadline to pay for camp nor do you have to divide up the payment for camp. ***All payments are non-refundable after Sunday March 27, 2022.***

Scholarships: We do offer scholarships to families who may need assistance in covering the cost of camp. These scholarships are collected through gifts given by church members. If a scholarship is being requested, please return the scholarship form with the registration forms.

Deadlines to be aware of: *(these deadlines are set up to benefit all parties involved)*

Registration Forms and First Payment: Sunday February 13

Final Payment: Sunday March 13

Attached, you will also find a Packing List and Dress Code for your reference.

If you have any further questions about kid's camp, please contact Pastor Philip at the church office, 417.673.2645.

Sincerely,

EBC Kid's Ministry Leadership

PARENT INFORMATION

Thank you for allowing your child to attend CrossTimbers Children's Mission Adventure Camp. We count it a privilege to host your church and lead your child through great Bible study, camp activities, hands-on missions' experiences and kid-friendly worship. Here are a few items you might need to know while preparing for camp.

- **Write your child's name in all clothing.**
- **We operate camp on a cashless system. Wristbands are used as concession cards and to purchase items in the camp store. Extra wristbands can be purchased through your church. Please give any extra spending money to your church representative to purchase additional wristbands.**

Please do not send cash with your child

WHAT TO PACK

CLOTHING (8 sets of clothes)	PERSONAL ITEMS	OPTIONAL
-Shorts (remember modesty)	-Soap	-Book or Journal
-Swimsuit (One-piece for girls)	-Toothbrush & Toothpaste	-Camera
-T-shirts	-Shampoo	-Flashlight or headlamp
-Underwear & Socks	-Brush/Comb	-Sunglasses
-Pajamas	-Chapstick SPF-45	-Rain Gear
-Tennis Shoes	-Sunscreen SPF-45	-Baseball Cap or Hat
-Water Shoes	-Insect Repellent with Deet	
-Sandals (<i>for cabin and pool only</i>)	-Bible	
CABIN EQUIPMENT	-Bag for Dirty Clothes	
-Bedding & Pillow		
-Bath Towels and Washcloths		
-Beach Towel		

WHAT NOT TO PACK

- | | | |
|------------------------------|---------------------|-------------------|
| -Electronics or Games | -Cell phones | -Fireworks |
| -Knives or Guns | | |

CROSTIMBERS CHILDREN'S MISSIONS ADVENTURE CAMP

DRESS CODE

All apparel judgements will be left to the discretion of the CrossTimbers Staff (CTS). If CTS determines a camper or campers should change their clothing to fall in line with camp requirements, then said camper or campers are required to do so.



ACCEPTABLE



UNACCEPTABLE



Tights may be worn under a garment that meets the dress code. Tights/sliders do not extend the length of garments worn over them (short/skirts/dresses). **Tights are not pants.** No tight fitting or revealing clothing. This includes leggings or similar attire, which cannot be worn as pants.



Emmanuel Baptist Church
Camp Scholarship Form

Name:

Address:

Phone:

Camp Requesting Scholarship For:

Children's Camp at Crosstimbers July 22-25

CrossTimbers 2022 Camper Release & Waiver of Claims Form

Date of Birth: ____/____/____ MM/DD/YYYY Gender: **Male / Female** *Circle one* Grade **Completed:** 3, 4, 5, 6 *Circle one*

Shirt Size: YS, YM, YL, AS, AM, AL, AXL, 2XL, 3XL, 4XL, 5XL *Circle one*

Address: _____ Phone: (____) _____

City: _____ State: _____ Zip: _____

In Emergency Notify: _____ Relationship: _____

Home Phone: (____) _____ Cell or Work Phone: (____) _____

Secondary Emergency Contact: _____ Phone: (____) _____

Does camper have ANY known allergies? (i.e. food, medication, etc.) **YES / NO** *Circle one* Please specify _____

1. Does camper presently take any medications regularly? **YES / NO** *Circle one* (use the back of this form if necessary)

If yes, what medications? _____ For what reason? _____

2. Please List any other medical condition(s) that would be helpful to know: _____

3. Date of last tetanus immunization: _____

4. The above named individual has current medical insurance coverage through:

Insurance Company: _____ Name on Insurance Policy: _____

Insurance Company Phone Number: _____ Policy Number: _____

Mailing Address for Medical Claims (see back of insurance card): _____

City: _____ State: _____ Zip: _____

5. Does your insurance company require notification prior to emergency health care at a hospital? If yes, Phone Number: (____) _____

6. Will parent or guardian of the Camper attend camp during the same period of time as the Camper? **YES / NO** *Circle one*

If yes, name of parent/guardian _____

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 Cross Timbers during the summer session, 2022. CrossTimbers Children's Missions Adventure Camp is managed and operated by the Baptist General Convention of Oklahoma ("OKLAHOMA BAPTISTS"). In the event that my child should need emergency medical care or attention, the Host Church leadership, the OKLAHOMA BAPTISTS 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, I understand that my health insurance information will be given to the health care professional and that any expenses not covered by my insurance shall be my responsibility. I understand that the Host Church or the OKLAHOMA BAPTISTS will not be obligated to pay either the health care professional or me for any medical expenses incurred.

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 OKLAHOMA BAPTISTS is responsible for the action of these third party contractors. I further agree that neither the Host Church nor the OKLAHOMA BAPTISTS 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 OKLAHOMA BAPTISTS, 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 OKLAHOMA BAPTISTS, 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 OKLAHOMA BAPTISTS, or any of their agents or employees to consent to the provision of emergency medical care to my child.

I understand that my child's image may be included in a video or in photographs that may be made during camp. I consent that my child's image may appear on videos, promotional resources, camp endorsed web sites, etc.

I give authority and permission to the Host Church, the OKLAHOMA BAPTISTS, 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.

Parent 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.

NAME: (Last)

(First)

CHURCH:

Church Name: _____

Campers Last Name: _____ First Name: _____

Age: _____ Grade: _____

Medication Authorization

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 church 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 & Time to administer: _____

Side effects to report to parents: _____

Side effects that require immediate medical attention:

Name of Medication: _____
Reason for Medication: _____

Dosage & Time to administer: _____

Side effects to report to parents: _____

Side effects that require immediate medical attention:

Name of Medication: _____
Reason for Medication: _____

Dosage & Time to administer: _____

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Side effects that require immediate medical attention:
