

Camper's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Male  Female Birthdate \_\_\_\_\\_\_\_\_\\_\_\_\_ Age at camp time \_\_\_\_\_ Grade Completed \_\_\_\_\_

CASH \$ \_\_\_\_\_ CHECK # \_\_\_\_\_ \$ \_\_\_\_\_ CHURCH SPONSOR \$ \_\_\_\_\_ OTHER \$ \_\_\_\_\_

# CAMPER FORMS 2024

## Return by : May 15, 2024

Complete and mail this form to the address below:

Crossroads SummerCamp  
c/o Izzy Barbarow, Registrar  
2797 Staunton Tpke.  
Parkersburg, WV 26104

Limited in person camper capacity (56)

The camping program will follow the WV, CDC and ACA recommendations for camps.

Camp is under construction and will have a shower schedule to accommodate the children's needs.

### Theme: The Book of James

Please (✓) the camp you or your child will attend:

Elementary (Grade 2-5 Completed) 6/21-6/23/2024  
-Friday, 6:00pm Registration / Fellowship & Campfire  
-Sunday , Dismissal 6:00PM

\$75 includes Tshirt

Middle/High School (Grade 6-12 Completed)  
6/16-21/2024

- Sunday, 6:00pm Registration/ Fellowship & Campfire  
- Friday , Dismissal Noon

\$125 includes Tshirt

Full days of Fellowship & Learning ( Meals will be provided and snacks throughout the day.)

T-shirt size: CIRCLE ONE.  
YM YL AS AM AL AX  
AXX AXXX AXXXX



Camper's Address \_\_\_\_\_

Medical Insurance Provider/ Policy# (Include a copy of the insurance card.)

\_\_\_\_\_ # \_\_\_\_\_

Policyholders Name \_\_\_\_\_

Physician Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Primary Contact #: \_\_\_\_\_  home  cell

Secondary Phone#: \_\_\_\_\_  home  cell

Email Address: \_\_\_\_\_

Church Name \_\_\_\_\_

Pastor Name \_\_\_\_\_

Permission to photograph camper for pictures that may be used on web page and/ or social media. Please  one.

Yes, my camper can participate in photos.

No, my camper can't participate in photos.

Please check  if YES.

Can your child participate in archery? (Not always offered.)

Can your child be transported to other locations for activities by license driver(s) in church vans or personal vehicles?

Please advise at registration any times your child may need to leave during camp time ( dr. appointments, sport practices). We prefer they remain on campus for the . We need to know date, time and responsible person.

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### HEALTH HISTORY:

- Diabetes  Hypertension  ADD/ADHD  Asthma  Ear Infection  Epilepsy  Bleeding Disorder  Menstrual  
 Hay Fever  Physical Limitation  Eating Restrictions/Special Diet  Autism  Recurring Illness  Sleep issue  
 Glasses or contacts  Recent injury  Special Needs  Heart disease  No known allergies  Bed Wetting  
 Stomach issues  Anxiety /Depression  Chronic Illnesses  Passed out during exercise  Skin conditions  
 Headaches  Anger issues

If you marked any of the above please give additional information: ( Attach additional information on separate paper.)

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

### ALLERGIES:

- Food Allergies \_\_\_\_\_  Drug Allergies \_\_\_\_\_  
 Environmental Allergies \_\_\_\_\_  Other \_\_\_\_\_

Please use this area to "Explain" anything you feel would benefit In caring for you or your child during the camp experience.

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

**-Please bring a 3x5 index card with your child's name on it , list Name of medication and dosage. Medication must be in original packaging for safety. This information is only shared on a "need to know" basis. Please Sign is to advise all information provided is accurately give to the best of your ability.**

Parent/Guardian/Camper over 18. Signature x \_\_\_\_\_ Date \_\_\_\_\_

**Please check  any of the following items that your child can be given or take while at camp. Draw a line through any items the *camper can not* take. These non-prescription medications will be available on an "as needed basis" to manage illness or injury.**

- Acetaminophen(Tylenol).  Ibuprophen (Advil , Motrin).  Diphenhydramine (Benadryl)  
 Generic Cough Drops  Chloraseptic Throat Spray  Calamine Lotion  Deoderant  
 Aloe  Antibiotic Creams  Sunscreen  Toothpaste  Baking Soda

# What to Pack

## Clothing

- 6-7 Shirts or T-Shirts (*No spaghetti strap tops.*)
- 4+ pairs of Short pants
- 1-2 pairs of Long Pants or Jeans
- Rain Coat or Poncho
- Jacket or Sweatshirt/ Hoodie
- 2 Pairs Shoes or Sneakers
- Underwear/Socks

## Bedding

- Sleeping Bag and/or Sheets/ Blanket twin beds
- Pillow(s)

**\*\*Fitted twin sheet are available to cover mattress if needed\*\***

**Please wear old clothes and shoes because of the camp being under construction the mud factor is higher.**

## Toiletries

- Washcloth
- 3 Towels
- Soap
- Shampoo
- Toothbrush and Toothpaste
- Deodorant
- Comb and/or Brush
- Sun Screen

## Equipment

- Flashlight w/ new batteries
- Insect Repellent
- Bible (If you do not have one the camp has some.)

## NOTE:

Cell Phones Will Have Limited Usage\*

Put your NAME on everything and leave valuables at home.

The camp is not responsible for the LOSS of VALUABLE!!!

Three meals & snacks are provided at Camp!!!