

IN THE ZONE SUMMER CAMP 2009 JULY 5 - 9

CAMP IS FOR ANY YOUTH WHO HAS COMPLETED
6TH GRADE THROUGH THOSE WHO HAVE COMPLETED 12TH GRADE.

*BE SURE TO INVITE YOUR FRIENDS TO JOIN US FOR A WEEK PACKED
FULL OF FUN ACTIVITIES WHICH INCLUDE GREAT WORSHIP, BIBLE STUDIES,
SWIMMING, THE ZIP LINE, VOLLEYBALL, BASKETBALL, SOFTBALL,
THE CHALLENGE COURSE, CANTEEN, AND MORE!*

LOCATION

RIVERBEND RETREAT CENTER, GLEN ROSE, TEXAS
WWW.RIVERBENDRETREAT.ORG

COST

YOUR COST FOR CAMP IS ONLY \$250, WHICH INCLUDES 3 T-SHIRTS, MEALS,
AND BUS TRANSPORTATION. IF YOU RETURN YOUR *COMPLETED* REGISTRATION
FORMS AND PAY YOUR \$50 DEPOSIT BY WEDNESDAY, JUNE 3, YOU WILL RECEIVE
\$125.00 OFF THE COST OF CAMP, SO YOUR COST WILL ONLY BE \$125.00. A
PAYMENT PLAN IS AVAILABLE, WITH A DEPOSIT OF \$50 AND A FINAL PAYMENT DUE
NO LATER THAN SUNDAY, JUNE 28TH.

REGISTRATION

CAMP REGISTRATION BEGINS ON APRIL 5. REGISTRATION PACKETS CAN BE
DOWNLOADED AND PRINTED OFF FROM THE CHURCH WEBSITE AT
WWW.CROSSROADSCHRISTIAN.NET. ALL REGISTRATION FORMS MUST BE COMPLETE
WITH ALL REQUESTED INFORMATION & ACCOMPANY DEPOSIT IN ORDER FOR
REGISTRATION TO BE ACCEPTED.

REGISTRATION FORMS WILL BE ACCEPTED ON SUNDAY MORNINGS AND WEDNESDAY
NIGHTS AT ANY WELCOME CENTER OR IN THE CHURCH OFFICE MONDAY - FRIDAY
8:30 - 5:00 PM.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT THE
YOUTH MINISTRY DEPARTMENT AT 817.557.2277
OR EMAIL MICHELLE.LONG@CROSSROADSCHRISTIAN.NET

Campers' Last Name: _____, First Name: _____ Church: <u>Crossroads Christian Church</u> Camp Name: <u>In The Zone -- FBCFW</u>

Camper Registration/Consent and Release & Medication Instruction/Dosage Chart

(under 18 years of age)

I promise to obey the rules and regulations of Riverbend and will cooperate with the leaders and campers

Check if you do NOT want to be added to Riverbend's newsletter mail-outs.

I am attending with Crossroads Christian Church, City Grand Prairie Cabin #: _____

Camper's Name _____

Address _____ City _____ ST _____ Zip _____

Birthdate ___/___/___ Grade Completed _____ Gender: Male Female

Parent's/Legal Guardian's Name: _____

Home Phone (____) _____ Work Phone (____) _____ Email _____

Dr.'s Name: _____ Ph #: _____

Please do not send your child/youth to camp if they have a fever or illness. The whole camp could be in danger of contracting the illness. **If your child has any significant health issues or newly developed concerns after turning in this form please bring a IMMUNIZATIONS: DATES ARE REQUIRED**

Polio(Date)_____ DPT(Date)_____ Measles(Date)_____ Mumps(Date)_____ Rubella(Date)_____ Tetanus (Date)_____

Health History-List any recent illnesses, injuries and/or hospitalizations relevant to a physician in case of an emergency (attach extra sheet if necessary): _____

Age _____ Height _____ Weight _____ Allergies: _____

If your child has food allergies or special nutritional needs, please complete Appendix 19 and fax to 254.897.3960, then contact the Food Service Director (Zak Bass, 888.269.2363) at least two weeks prior to camp dates.

*All medications must be given to the Camp Health Officer. Place them in a large zip lock bag with your child's name and church name. Prescriptions must be in the original container with the camper's name and the current dosage. No medications will be given unless they are in original containers per Texas Department of State Health Services. If your child/youth requires an asthma inhaler or antidote for insect bite or allergies (prescribed by doctor) have them bring at least two (2) to camp. The medication must be registered with Camp Health Officer. One (1) will be kept and closely guarded by camper and one (1) given to the Camp Health Officer. If the need arises, I give my permission for my child/youth to be inspected for head lice/eggs. I understand any such check would be conducted sensitively. I understand Riverbend's Notice of Privacy Practices uses and disclose health information about my child/youth to the group leader, director, his designee, the child's sponsor and medical staff, when in its sole discretion, believes such communication to be in the best interest of my child for treatment, to obtain payment for treatment, administrative purposes and to evaluate the quality of care that he/she receives. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes.

I give my permission for the Camp Health Officer to give the over-the-counter medications I have circled in accordance with standard label directions: <u>Tylenol</u> <u>Ibuprofen</u> <u>Antihistamine</u> <u>Decongestant</u> <u>Cough Medicine</u> <u>Anti-Nausea</u> <u>Anti-Diarrhea</u>

I hereby authorize the Riverbend Retreat Center staff, Camp Health Officer or Group Leadership to make emergency medical decisions for my child/youth. I understand that my insurance coverage will be my primary coverage.

Insurance in Name of: _____ Company _____

Insurance Policy # _____ Phone # _____

Address _____ City _____ ST _____ Zip _____

If parent cannot be reached in an emergency, please contact:

Name _____ Phone # _____ Relationship _____

Name _____ Phone # _____ Relationship _____

Continued on back

Name of Medication	Dosage	Frequency/Time(s)	Comments

All medications should be listed whether Over the Counter or Prescriptions. If your child/youth takes it with food or after lunch or needs other special instructions, please note. If your child/youth has difficulty taking medication, please attach a note and tell the Health Care Provider the best way to get the child/youth to take the medication. Attach separate sheet if additional space is needed.

I, the undersigned parent or guardian, hereby consent to my child/youth, _____ participating in Summer Camp at Riverbend Retreat Center, an event sponsored by First Baptist Church of Fort Worth on July 5-9 2009. I certify that my child/youth is able to participate in all activities including but not limited to: Swimming pool activities including slides and diving board, waterfront activities including blobbing, iceberg, space mountain, water zip line, aqua swings and We Willie slide, archery, challenge (ropes) course, zip line, fishing, hiking, paintball, all field sports including, but not limited to softball, baseball, soccer and volleyball.

If there are any activities I do not want my child to be involved in, I have listed them here: _____.

I understand that medical care is provided by the group my child/youth is attending with and not by Riverbend Retreat Center.

I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISKS WHICH MAY BE ENCOUNTERED ON SAID ACTIVITY, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO. I do hereby indemnify and hold harmless Tarrant Baptist Association and Riverbend Retreat Center, and their officers, directors, agents, employees, volunteers and representatives (the "Indemnified Parties") from and against any and all liability, damages, actions, cause of action, claims, losses and/or expenses, including but not limited to attorneys fees, court costs and expenses, arising in connection with or based on injury to or death of any persons or property, including the loss of use thereof, caused in whole or in part by any member of the Group or the Group Leadership, regardless of whether or not caused in whole or in part by the negligence of the indemnified parties, or any one or more of them. However, this indemnification shall not apply to willful misconduct committed by the Indemnified Parties. I understand that part of the camping experience involves activities and group living arrangements and interactions that may be new to my child, and that they come with certain risks and uncertainties beyond what my child may be used to dealing with at home. I am aware of these risks, and I am assuming them on behalf of my child. I realize that no environment is risk free, and so I have instructed my child on the importance of abiding by the camp's rules, and my child and I both agree that he or she is familiar with these rules and will obey them.

I further give permission and consent to Riverbend Retreat Center for any photographs, videotapes and interviews to be taken during the camping session to be published and used to illustrate, report, promote and advertise the camp including on Internet Web Sites promoting or reporting on the camp. I hereby assign full copyright of these photographs to Riverbend Retreat Center with the reproduction either wholly or in part. I agree that they can be used separately or together, either wholly or in part, in any way and in any medium. Provided my name is not mentioned in connection with any other statement or wording which may be attributed to me personally, I undertake not to prosecute or to institute proceedings, claims or demands against Riverbend Retreat Center or any of their employees related to any actions of Riverbend Retreat Center taken in accordance with this paragraph.

I agree that venue for any dispute or cause of action arising between parties, whether out of this agreement or otherwise, can only be brought in a court of competent jurisdiction located in Somervell County, Texas, and such dispute or cause of action shall be governed by and construed in accordance with the laws of the State of Texas, exclusive of any provisions relating to conflict of laws. I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of Texas and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement, which I have read and have understood.

Signature of parent or legal guardian: _____ Date: _____

Camper's Signature _____ Date: _____

FOOD ALLERGY & SPECIAL DIETARY NEED

Please Use Separate Page for Each Person

Fax Completed Form to 254.897.3960 Two Weeks Prior to Arrival

Name of Camp: In the Zone Camp -- FBCFW Dates: July 5-9

Camper Name: _____ Age: _____

Church: Crossroads Christian Church

Parents Name: _____ Phone #: _____

Is parent attending camp with child? _____,

If not, please list name of adult sponsor _____

List allergies or explain special dietary needs:

Is camper aware of his/her allergies? _____

Is camper able to monitor his/her own food requirements? _____

Is child bringing some of his/her own food? _____ if so please list below:

A special place is designated in the kitchen for camper to keep his/her own food.

Riverbend understands about cross contamination and will make every effort to prevent any problems. We will strive to work with child and parents to make their week a great dining experience. Please feel free to call Zak Bass, Food Service Director, to discuss any needs or questions you may have. He can be reached at 888.269.2363 ext. 17 or zak@riverbendretreat.org.

Crossroads Christian Church
6450 South Highway 360 • Grand Prairie, TX 75052 • 817.557.2277

**RELEASE, DISCHARGE, WAIVER
AND HOLD HARMLESS AGREEMENT**

Children's Names: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Work Phone: _____ Email: _____

I do hereby release, acquit, hold harmless, and forever discharge Crossroads Christian Church, its agents, servants, sponsors, employees, and all persons natural or corporate in privity with them, from any and all claims or causes of action, including but not limited to actions, suits and/or claims for bodily injuries, death or property damage, while participating in any activity, including travel to and from any church activities. This agreement also applies to any and all activities on or off church property including, but not limited to the use of racquetball courts, gymnasium and baseball fields.

In the case of injury or sickness, I hereby authorize notification of a physician and give permission to said physician or designated medical professionals to administer emergency medical assistance if I cannot be reached. The undersigned agrees to assume liability for any and all costs and expenses incurred including medical and dental costs in the event an injury or claim arises. The undersigned further represents by the signing of this agreement that the subject participant has adequate health, disability and life insurance and further acknowledges that Crossroads Christian Church does not provide health, disability or life insurance for the subject participant.

The undersigned further agrees that should the need arise for any transportation, lodging and/or meals for participant, because of some unforeseen event, including but not limited to, the breakdown of church, employee or sponsor vehicles, chartered vehicles, or if transportation becomes necessary for medical emergencies, the undersigned shall be responsible for such costs.

If for any reason legal action is taken against Crossroads Christian Church, by the undersigned participant, parents, or guardian, the undersigned agrees to assume any and all legal costs and expenses incurred by Crossroads Christian Church in the event that it successfully defends such claim, action or lawsuit.

I assume full responsibility for any damage to property and/or equipment owned or leased by Crossroads Christian Church during any of the aforementioned activities and understand I will be responsible for replacement of same.

Photos or video taken of my child(ren) during any event may be used to promote and/or report on the event in any Crossroads' advertising, publications or media.

Health Insurance Company Participant* Date

Policy Number Father's Signature Date

Emergency Phone Numbers Mother's Signature Date

() _____
() _____
Legal Guardian Date

* If participant is under the age of eighteen (18) years of age, this Release must be signed by mother, father or legal guardian.

T Shirt size (all adult sizes) S M L XL XXL XXXL

Sports: (circle the ones your interested in) Volleyball Basketball Softball