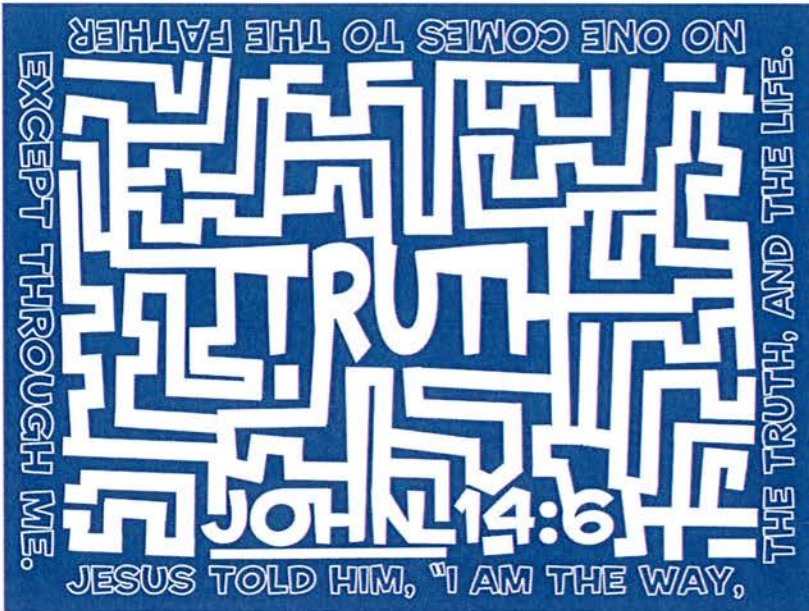




WATERLOO ROAD
PRETEEN MINISTRY



**5th &
6th
Grade**

Preteen Camp

July 29th—August 2nd

- COST: \$200
- \$60 Deposit to Reserve Spot
- Limited number of scholarships available (Must pay the deposit)
- Contact emily@waterlooroad.org for information

Child's Name: _____

2018-19 Grade: _____ **DOB:** _____ **T-Shirt Size:** _____

Youth -L, Adult S-2X

Address: _____ **City/Zip:** _____

Parent's Names: _____

Phone Number(s): _____

Email: _____

Paid: _____ **Type:** _____

PACKING LIST 2019

Thank you for allowing your child to attend Preteen Camp. We count it a privilege to host your church and lead your child through great Bible study, camp activities, hands-on mission experiences, and preteen friendly worship. Here are a few items you might need to know while preparing for camp.

- Write your child's name in all clothing you are hoping to have come back home.
- We operate camp on a cashless system. Wristbands are used as concessions cards. An extra wristband can be purchased through your church to be given out the first day of camp. Make checks out to WRBC (can be same check as picture money). ****Please do not send cash with your child.**** We highly encourage campers to donate any left over money to missions at the end of the week
- Closed toe shoes are a must at camp. All activities require them.
- Closed toe Water shoes or closed toe shoes for the water are required for waterfront activities.
- You might consider prepackaging outfits in gallon size Ziploc bags if your child needs help staying organized!
- **PLEASE RESPECT THE CLOTHING GUIDELINES, INCLUDING NO YOGA PANTS/LEGGINGS. IF CLOTHING IS BROUGHT THAT DOES NOT MEET THE GUIDELINES, YOU WILL NOT BE ALLOWED TO WEAR IT AT CAMP.**

***All items should be packed—no items will be allowed on the vans—including pillows, backpacks, etc.

***Water bottles are allowed on the vans.

WHAT TO PACK

Clothing (8-9 Changes of Clothes)

Bring extras because some days you will get very wet!

- Shorts (**3" inseam or longer**) no writing on the back!
- Two Swimsuits (one piece or tankini for girls)
- T-shirts (no sleeveless/tank tops)
- Underwear & socks
- Pajamas
- Tennis shoes (2 pair)
- Closed toe Water shoes (a must for the creek)
- Sandals/Flip flops for the shower

Cabin Equipment

- Bedding
- Pillow
- Bath Towels (at least 2)
- Beach towel
- Wash cloths

Personal Items

- Soap
- Toothbrush & paste
- Shampoo
- Brush/comb
- Chapstick (SPF-45)
- Sunscreen (SPF-45)
- Insect repellent with Deet
- Bible
- Dirty clothes bag (not a trash bag!)

Optional

- Book or journal
- Camera
- Flashlight or headlamp
- Sunglasses
- Rain gear
- Baseball cap or hat
- Water bottle

WHAT NOT TO PACK

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

CrossTimbers 2019 Camper Release and Waiver of Claims Form (1 of 2)

Please fully COMPLETE this form. It is two pages, front and back (or adjoining page)

Name: (Last)

Church Name: _____

Camper Name: _____ Date of Birth: _____

Gender: _____ Age: _____ Grade Completed: _____ Shirt Size: _____ (Youth S-L, Adult S-XXXL)

Address: _____ Phone: (_____) _____

City: _____ State: _____ Zip: _____

In Emergency Notify: _____ Relationship: _____

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

Secondary Emergency Contact: _____ Phone: (_____) _____

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

2. Does camper presently take any medications regularly? **Yes No** (Please circle one.)

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

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

4. Date of last tetanus immunization: _____

5. 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: _____

6. Does your insurance company require notification prior to emergency health care at a hospital?

If yes, Phone Number: (_____) _____

7. Will parent or guardian of the Camper attend camp during the same period of time as the Camper? **Yes No** (Please circle one.)

If yes, name of parent/guardian _____

(First)

Church:

Please continue to the back or adjoining page. All forms MUST be fully completed.

Cross Timbers 2019 Camper Release and Waiver of Claims Form (2 of 2)

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, 2019. CrossTimbers Children's Missions Adventure Camp 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, 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 BGCO 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 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 understand that my child's image may be included in a video or in photographs that may be made during camp. I understand that a promotional or highlight video may be available for sale during and after 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 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.

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.

Waterloo Road Baptist Church Edmond OK.

MEDICAL/LIABILITY FORM

Effective June 2019 – August 2020

Please provide photocopy of insurance card – front & back
Please update information if insurance changes

(Please Type or Print)

CHILD INFORMATION

Child's Last Name:	First:						
Birth date: / /	Age:	2019-2020 Grade:					
Parent/Guardian Email:	Child's T-shirt Size (Circle One):						
	Youth M	Youth L	Adult S	Adult M	Adult L	Adult XL	Adult 2X
Address:	City:	State:	ZIP Code:				
Parent/Guardian Name:	Persons with Permission to Pick Up Child:						
Home phone Number: (405)	Cell Phone Number: (405)	Work Phone Number: (405)					

INSURANCE INFORMATION

Name of Policy Holder:					
Health Insurance Company:					
Policy or Group Number:				Phone Number:	
Is Precertification required?	Yes	No	Phone Number:		

STUDENT MEDICAL HISTORY

Primary Physician:	Phone no.: ()
Please list all current medication:	
Please list any food or medication allergies:	
Date of last tetanus shot:	
Physical Restrictions:	
Dietary Restrictions:	

IN CASE OF EMERGENCY

Name of local friend or relative (not living at same address):	Relationship to student:	Home phone no.:	Cell phone no.:
1.		()	()
2.		()	()

Please complete page 2

Waterloo Road Baptist Church Edmond, Ok

MEDICAL/LIABILITY FORM

Effective June 2019 – August 2020

Please provide photocopy of insurance card – front & back
Please update information if insurance changes

(Please Type or Print)

RELEASE INFORMATION

My child, _____, may be attending various events with Waterloo Road Baptist Church, Edmond, Oklahoma, during the 2019-2020 years. I may not be attending events with my child. In the event that my child should need emergency medical attention, Waterloo Road Baptist Church and/or any one of its agents or employees is hereby authorized to provide such emergency medical care, including without limitation; medical, dental, surgical care or hospitalization, to my child as recommended or suggested by a physician, nurse, surgeon, or other healthcare professional.

If such emergency care is provided, I understand that my child's health insurance and healthcare information will be provided to the healthcare professional and healthcare institution providing care for my student. I further understand that any expense not covered by my child's medical insurance shall be my responsibility. I understand that Waterloo Road Baptist Church will not be obligated to pay either the healthcare professional or me for any medical expenses incurred on behalf of my child.

There are instances when third party contractors may be used to operate and supervise various events and activities. In those instances where third party contractors are used, Waterloo Road Baptist Church, Edmond, Oklahoma, is not responsible for the action of these third party contractors. Waterloo Road Baptist Church is also not liable for the actions or activities of participants or sponsors participating in events or activities operated by third party contractors.

In consideration of my child being allowed to attend activities with or at Waterloo Road Baptist Church, Edmond, Oklahoma, I, on behalf of my child, hereby waive any and all causes of action, rights of claims or suits which I or my child may have against Waterloo Road Baptist Church Edmond, Oklahoma, its agents, contractors or employees as a result of injury to my child or arising from the decision of Waterloo Road Baptist Church Edmond, Oklahoma, or its agents, contractors or employees to consent for provision of emergency medical care to my child.

I understand that my child may be included in video highlights during the course of the year and that pictures may be posted on our City Kids Ministry website.

I give authority and permission to Waterloo Road Baptist Church, Edmond, Oklahoma, staff and its agents to inspect my child's belongings while on activities, retreats or camps for the safety of my child, other children, staff, and agents of Waterloo Road Baptist Church and all other participants.

Parent/Guardian signature

Date

Medication Authorization

Camper Last Name: _____

Camper First Name: _____

For the safety of each camper, medication will be held by Ms. Emily in a locked box. 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 or triple antibiotic ointment) for minor injuries;
- Dispense prescription or other over-the-counter medication designated by and produced by the parent/legal guardian or family physician.

I understand that CrossTimbers staff 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.

Signature of Parent or Legal Guardian

Today's Date

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 effect requiring immediate medical attention: _____

Name of Medication: _____

Reason for Medication: _____

Dosage & Time to administer: _____

Side effects to report to parents: _____

Side effect requiring immediate medical attention: _____

Name of Medication: _____

Reason for Medication: _____

Dosage & Time to administer: _____

Side effects to report to parents: _____

Side effect requiring immediate medical attention: _____

Name of Medication: _____

Reason for Medication: _____

Dosage & Time to administer: _____

Side effects to report to parents: _____

Side effect requiring immediate medical attention: _____