



The Episcopal Diocese
of Spokane

Camp Cross Registration Form

Instructions:

Please complete each section of this packet in its entirety. **Please include your payment when you submit this form. Your registration will not be accepted without completion of this packet and payment by check or credit card.**

**If you are volunteering, including as a counselor, there is a different registration packet for volunteers that you will need to complete for the session you will be volunteering at.*

Camper name:

First _____ Middle _____ Last _____

Phone _____

Mailing address:

Street _____

City _____ State _____ Zip _____

Local congregation (if applicable) _____

E-mail _____

Parent's e-mail (if applicable) _____

Birth date ____/____/____ Age ____ Entering grade _____ Gender _____

Sessions attending

Please initial each session the person being registered is attending this summer. A separate registration packet is required for each camper.

For descriptions, dates, and prices of sessions, please visit www.CampCross.org.

_____	LIT*
_____	Mini Camp (Entering grades 2-3)
_____	Jr. High (Entering grades 6-8)
_____	Mid High (Entering grades 10-11)
_____	Intermediate (Entering grades 4-5)
_____	Sr. High (Entering grades 11, 12, and 2012 graduates)
_____	Open House

**LIT registrants please provide a biographical sketch and explain why you want to be a counselor.*





Ministry Covenant:

All participants (adults and youth) agree to abide by the standards of Camp Cross, Youth Ministries and the Episcopal Diocese of Spokane for community living defined as follows:

- ✦ Be on time and ready to actively participate in all scheduled activities.
- ✦ Respect others and yourself through appropriate actions and language (treat others with respect and dignity).
- ✦ Be respectful of other's belongings and personal space.
- ✦ Wear appropriate clothing for all scheduled activities.
- ✦ No illegal use of drugs (prescription or non-prescription), tobacco products, alcohol or fireworks.
- ✦ No weapons of any sort are allowed.
- ✦ Do not engage in inappropriate sexual behavior.
- ✦ Always check in, and take a buddy when applicable.
- ✦ Cell phones, iPods and any other personal electronic devices are not permitted at any activity.
- ✦ Be encouraging and take opportunities to lift each other up.

Media Release:

By signing below, I give my permission for photographs and/or video footage of myself and/or my child to be used by the Episcopal Diocese of Spokane for promotional purposes (brochures, diocesan websites, videos, presentations, etc.). I acknowledge that although the Episcopal Diocese of Spokane doesn't authorize subsequent use of the pictures by others, it can't guarantee that further dissemination will not occur.

Camper Name _____

Parent/ Guardian Signature _____ Date _____





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CAMP CROSS YOUTH RELEASE OF LIABILITY

Please Read Carefully-This is a Release of Liability

Although precautions are taken to provide proper organization, instruction, and equipment for your child's participation in our programs, there can be no guarantee of absolute safety against injury and unforeseeable accident. There are elements of risk in any adventure, sport, or program involving physical exertion and risk taking, or associated with the outdoors (referred to herein as "activity"), and the use of any equipment for the activity. I, on behalf of myself, my child, and any other parent of the child, understand that my child may be involved in activities including but not limited to sailing, water-skiing, tubing, canoeing, kayaking, swimming, team building initiatives, boating, low ropes course, hiking, orienteering, camp-outs and/or other physical activities. Some of these activities are rugged adventure recreational activities. I acknowledge that my child may decline to participate in any activity. Any participation will be voluntary.

ACKNOWLEDGMENT OF RISKS: I recognize that there is inherent danger in any activity which involves physical exertion or risk taking; that natural hazards do exist; that although the program may not be strenuous, injuries or medical complications may occur; that certain foreseeable and unforeseeable events unique to each individual activity can contribute to the unpredictability of the activity; that balance and physical coordination may affect the occurrence of accidents or falls; and that I should ask about other potential hazards and recommended precautions and procedures.

EXPRESS ASSUMPTION OF RISK AND RESPONSIBILITY: In recognition of the inherent risks of the activity which my child will be engaged in, I confirm that my child is physically and mentally capable of participation in the activity and/or using equipment. I understand that my child will be participating willingly and voluntarily and I assume full responsibility for personal injuries, accidents or illnesses, including death. I also assume responsibility for damage to or loss of personal property as the result of any accident that may occur.

On behalf of myself, my child, and any other parent or guardian of the child, I assume the risk(s) of personal injuries, accidents, and/or illnesses, including, but not limited to, sprains, torn muscles and/or ligaments; fractured or broken bones; eye damage; cuts, wounds, scrapes, abrasions, and/or contusions; dehydration, head, neck, and/or spinal injuries; animal or insect bite or attack; shock, paralysis, and/or death.

TERMINATION OF ACTIVITY: I recognize that you, as provider of services, may find it necessary to terminate any activity due to forces of nature, medical necessities, or other problems; and/or to terminate the participation of any person you judge to be incapable of meeting the rigors or requirements of participating in the activity. I accept your right to take such actions for the safety of my child and/or other participants. I acknowledge that no guarantees have been made with respect to achieving objectives.

AUTHORIZATION: I hereby authorize any medical treatment deemed necessary in the event of any injury to my child while participating in the activity. I will have appropriate insurance or, in its absence, I agree to pay all costs of rescue and/or medical services as may be incurred on behalf of my child.

RELEASE: In consideration of services or property provided, I, for myself, for my child, and for any other parent or guardian of the child, do hereby release the Episcopal Diocese of Spokane, Camp Cross and Camp Cross Staff Members from all liability with respect to my child and I waive any claim for damage arising from any cause whatsoever, except for any claims which are the result of gross negligence of the party or parties released herein. I authorize the Episcopal Diocese of Spokane, Camp Cross and Camp Cross Staff Members to take and use any photographs, slides and videos of my camper for promotional purposes, brochures, flyers, website and the internet.

Camper Name _____

Parent/ Guardian Name (Please Print) _____

Parent/Guardian Signature _____ Date _____





MEDICAL FORM (required for *each* session)

Accident and illness coverage is the responsibility of the parent/guardian or participant. The following information is needed for participation of all persons attending Camp Cross.

An up-to-date copy of this form must be presented for EACH session a participant attends.

It is the responsibility of the registered participant and/or their parent/ legal guardian to provide Camp Cross with any changes in medical history or medication.

PARTICIPANT INFORMATION

Name		Age	Date of Birth	Male	Female
Day / Business Phone		Evening Phone			
Home Address	City		State	Zip	

EMERGENCY CONTACT: In an emergency please notify the following person.

Name	Relationship to Participant	Phone			
Address	City		State	Zip	

MEDICAL INSURANCE INFORMATION

Medical Insurance Carrier _____ Group No. _____
Policy No. _____ Membership No. _____





MEDICAL HISTORY

Physician's Name				Phone			
Check if you have or have had any of the following conditions.							
Anemia		Diabetes		Heart Trouble		Kidney Trouble	
Dyslexia		Seizures		Sleepwalking		Fainting	
Allergies? (Please Specify)			Dietary Requirements (include food restrictions, vegetarian diet, etc...)? (Please Specify)				

IMMUNIZATIONS

Date of Tetanus Toxoid	
List of Past Immunizations (Please Include the Dates)	

Additional Comments: Please add additional instructions or information as you see fit. Please include any health and behavioral conditions that could limit activities and participation in Camp Programming.

_____ No Limitations

_____ Limitations. Please describe.

MEDICAL AUTHORIZATION: This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted by me. I give permission for the nurse to administer Tylenol, Ibuprofen or Benadryl as well as routine medical care as he/she sees fit.

In the event I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by the director to hospitalize, secure proper treatment for, and to order injection anesthesia or surgery for myself or above named camper. Your emergency contact person will be notified in the event of any medical care given that is not noted on this form.

Parent/ Guardian Signature _____ Date _____





Transportation Permission Form

- Mini Camp Mid High Camp Intermediate Camp
 Junior High Camp Senior High Camp

Note: Check-ins for all youth sessions take place at St. Luke’s in Coeur d’Alene. All campers will ride the bus from St. Luke’s to Loff’s Bay on the first day of each session. Campers may be picked up at Loff’s Bay on the last day of the session (*Please refer to our Website at <http://www.campcross.org/pick-up-drop-off/> for pick up times at Camp Cross*). Campers may also be picked up at St. Luke’s unless bus arrangements have been made for another stop. **DROP OFF AND PICK UP LOCATION MUST BE INDICATED ON THIS FORM.**

Traveling From:

- Grace Church, Ellensburg -- \$60
- St. Martin’s, Moses Lake -- \$50
- Zip’s Parking lot, Ritzville -- \$45
- St. John’s Cathedral, Spokane --\$40
- St. Luke’s Episcopal Church, Coeur d’Alene

Round Trip / One Way:

Reduce fee by half for one-way trips.
 Travel is on a first come, first serve basis.
 If seating fills up, priority will be given to round trip passengers.

Drop Off Times: Going to Camp Cross

- 9:30 AM-Leaves Grace Church, Ellensburg
- 11:00 AM-St. Martin’s, Moses Lake
- 12:00 Noon-Zip’s parking lot, Ritzville
- 1:30 PM-St. John’s Cathedral, Spokane
- 2:30 PM-St. Luke’s, Coeur d’Alene

Pick Up Times: Last Day of Camp

- 3:00 PM-St. Luke’s, Coeur d’Alene
- 4:00 PM–St. John’s, Spokane
- 5:30 PM-Zip’s Parking lot, Ritzville
- 6:30 PM-St. Martin’s, Moses Lake
- 8:00PM-Grace Church, Ellensburg
- Other (please specify)_____

Participant’s Name: _____

I, _____ the parent/legal guardian of the above named child give him/her permission to ride any mode of transportation as deemed necessary for program or emergency situations under the supervision of Diocesan/ Camp Cross Staff and adult chaperones. These may include, but are not limited to, the Diocesan van, Pontoon boat and chartered bus from an approved vendor. I hereby release the Episcopal Diocese of Spokane, Staff and adult chaperones from responsibility and liability for any injury or illness that my child may sustain during the trip. In the event of an emergency, I hereby authorize the designated chaperones to authorize treatment as deemed necessary.

- St. Luke’s Episcopal Church, 501 E. Wallace Ave., Coeur d’Alene, ID 83814
- St. John’s Cathedral, 127 E 12th Ave., Spokane, WA 99202
- Zip’s Parking Lot, Ritzville, 1503 S Smittys Blvd., WA 99169
- St. Martin’s Episcopal Church, 416 East Nelson Rd., Moses Lake, WA 98837
- Grace Church, 1201 North B St., Ellensburg, WA, 98926

Parent/ Guardian Signature _____ Date _____





Are you bringing a friend?

Discounts are available for up to three friends for all youth camps. Friends must be attending the same session, and be first-time campers. Friends may only be listed by one person to receive a discount. Receive 10% off for one friend, 15% for two, and 20% for three or more off the total of your registration. Discounts apply to camper registration only and do not include bus fees.

Friend's name(s):

- 1. _____
- 2. _____
- 3. _____

Camperships

Please contact your local congregation to inquire about financial assistance. If you need financial assistance for yourself or your child but do not have a congregational affiliation, please contact Camp Cross at 509-624-3191 or campcross@spokanediocese.org so that we may put you in contact with someone that can assist you.

Payment info

You may choose to pay the full amount now or make payments. Payments may be divided into three separate payments of equal value (1/3, 1/3, 1/3). The first payment is due with registration. The second payment is due seven (7) days prior to the camp session. The final payment is due by October 31, 2012. If you are receiving a campership, please denote who is providing the campership and for how much.

I am paying by...

- Check (specify payment enclosed) \$ _____
- Credit Card:
 - Card Type (Visa or MasterCard) _____
 - Name exactly as it appears on card _____
 - Credit card number _____
 - Expiration date _____
 - Total amount to charge \$ _____
 - Signature _____
- Campership:
 - From _____
 - Amount \$ _____
 - Phone number of campership provider _____
- Other (please specify) _____





How did you hear about us?

- Previous camper
- Friend or family
- Newspaper ad
- Congregation or Church
- Camp Cross website
- Other (please specify) _____

By signing this form, I acknowledge that I am that 18 years of age or older, and the legal guardian or parent if registering for a child.

Payment in full is required to complete registration. Payments are due 7 days prior to beginning of session unless other arrangements are made with Camp Cross administrative staff.

I have read and agree to... (all boxes required to complete registration)

- Registration Form (pg. 1, 7)
- Ministry Covenant agreement (pg. 2)
- Youth liability release (pg. 3)
- Medical form (pg. 4)
- Transportation permission (pg. 6)
- Payment (pg.7)

Camper Name _____

Parent/ Guardian printed name _____

Parent/ Guardian Signature _____

Date _____

