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<input type="checkbox"/> Payment Rec'd	Y N
<input type="checkbox"/> Response sent	Y N
<input type="checkbox"/> Source	
<input type="checkbox"/> Data Entered	Y N
<input type="checkbox"/> USDA Form	Y N
<input type="checkbox"/> If YA Area	
<input type="checkbox"/> T-shirt Size	

2008 Camper Application

Camper Information

Campers Name _____
 Age _____
 Address _____
 Address _____

Camp Attending

Date of Birth _____ Male Female
 Grade _____
 Phone () _____
 City _____ State _____ Zip Code _____
 Previous camp experience _____

Parent Guardian Information (With whom does the camper reside)

Name _____
 Address _____
 Name _____
 Address _____

Mother _____ Father _____ Other _____
 Phone _____
 Relationship to Camper _____
 Phone _____
 Relationship to Camper _____

Whom or what source referred you to Crossroads for Youth

Name _____ Reason _____

Emergency Information

Name _____ Phone () - _____ Relationship to Camper _____
 Name _____ Phone () - _____ Relationship to Camper _____

Name of person (s) camper may be released to:

1. Name _____ 2. Name _____
 3. Name _____ 4. Name _____

I have a friend who may be interested in camp information.

Name _____ Age of camper _____
 Address _____
 City _____ State _____ Zip Code _____

PERMISSION TO TREAT

I hereby give permission to the medical personnel selected by the camp director to provide routine health care; to administer medications; to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

X

Signed _____

Date _____

OVER-THE-COUNTER MEDICATIONS

I (parent) hereby give permission for The Adventure Center Summer Camp program to administer the following over-the-counter medications if the nurse deems it necessary. Dosages will be administered according to directions on the bottle unless a physician directs otherwise.

Headache	Tylenol
Upset Stomach	Pepto Bismol
Diarrhea	Immodium AD
Menstrual cramps	Ibuprophen
Poison Ivy	Calamine Lotion or CortAid

X

Signed _____

Date _____

ACTIVITY AND PHOTOGRAPHIC/MEDIA RELEASE AUTHORIZATION
THE ADVENTURE CENTER at CROSSROADS FOR YOUTH for Summer Camp Camper

I hereby authorize the Executive Director of Crossroads for Youth and/or designee the permission to allow my child to engage in the following activities in relation to Summer Camp. *(Please check those that your child may engage in.)*

To ride in an automobile operated by a licensed driver. _____

I understand that parts of the Adventure Center's program may be physically/emotionally demanding. I understand that my child maybe participating in initiatives, new games or low ropes where the activities are only two to three feet off the ground. I also understand that if the high ropes or climbing tower activity is part of my child's programming, that walking on cables, logs, ladders, walls and beams: at times, twenty to forty feet above the ground will occur. Reasonable precautions will be taken to protect the applicant. Due to the nature of the activities though, bumps, cuts, scrapes or bruises may result. I understand that the level of participation in Adventure Center activity is at all times completely voluntary and up to the individual's choice. Also, I recognize the inherent risk of injury in Adventure Center activities and understand that each participant must assume the risk of injury that could result from any of the activities. I release Adventure Center at Crossroads for Youth, and its staff members, principals and board from all liability for any injury to me from participation in Adventure Center activities.

DATE _____

Participant's signature **X** _____

Printed Name _____

Parent/Guardian Signature (if participant is under 18) **X** _____

I grant to Adventure Center the right to use, reproduce, assign, and/or distribute photographs, films, videotapes and sound recordings of myself, for use in materials they may create. I understand that good faith efforts will be made to contact me and to obtain final approval of any materials proposed for such use.

DATE _____

Signature of Participant or Guardian **X** _____

SUMMER CAMP PROPERTY WAIVER

We, the undersigned camper and parent/guardian, hereby waive any liability and responsibility against the Adventure Center resulting from the loss of or damage to personal clothing and property while affiliated with Crossroads for Youth relative to this waiver, the following points are acknowledged:

1. Theft and losses of personal clothing and property can occur, despite the best efforts to prevent them.
2. The Adventure Center staff are unable to assume responsibility for the protection of personal property and clothing of each camper and, therefore, each camper must assume that responsibility.
3. Campers must not have expensive items of clothing, jewelry or any kind of personal property at camp, as each item can become an object of theft.
4. When a camper leaves the Adventure Center, all items of clothing and personal property must be removed immediately. The Adventure Center cannot store items.

The Adventure Center Administration and staff will make every reasonable effort and provision to safeguard each camper's personal property.

Print Camper Name

Date

X

Signature of Participant or Guardian

Date