



**2024 Children's and Youth  
Application  
(Please Print)  
Page 1/7**

**Camp Information:**

Camp Dates

**Youth Camp: July 22th - 26th (Completed 7th - 12th Grade)**

**Children's Day Camp: July 27th (Completed K-2nd)**

**Children's Camp: July 28th - July 31st (Completed 3rd - 6th Grade)**

Youth Camp: **EARLY BIRD JULY 1st** \$135.00 per camper  
After: \$145.00 per camper

Children's Day Camp: \$35.00 per camper

Children's Camp: **EARLY BIRD JULY 1st:** \$10.00 per camper  
After: \$120.00 per camper

Location: Camp Cedar Crest 11002 Rt ZZ Mexico, MO 65265

**Registrations for YOUTH and CHILDRENS CAMP begin @ 3:00  
DAY CAMP: Registration @ 9:00 Pickup @ 6:00**

**Please send Payment with application  
Please make checks payable to Crossroads Baptist Association send to:  
Crossroads Baptist Association Camp  
PO Box 357  
Moberly, Missouri 65270**

**Application MUST be in by July 8th to be guaranteed a t-shirt**

**Camp Staff**

Camp Administrator	Youth Camp Directors
Katie Riley	Michael Hunt & Jacob Moseley
660-414-7376	660-651-3032 573-819-9605

For more information or questions please contact  
any of the above or email  
**[crossroadsbaptistcamps@gmail.com](mailto:crossroadsbaptistcamps@gmail.com)**

**Children's and Youth Application**  
**(Please Print)**  
**Page 2/7**

Which camp will you be attending (Please Check ONE)

- Youth Camp: July 22th - 26th (Completed 7th - 12th Grade)**
- Children's Day Camp: July 27th (Completed K-2nd)**
- Children's Camp: July 28th - July 31st (Completed 3rd - 6th Grade)**

**Camper Information:**

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

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_ Grade Completed \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Church Group \_\_\_\_\_

**T-Shirt Size** (Please Circle One)

Child: S (6/8) M (10/12) L (14/16) Adult: AS AM AL XL 2X 3X Other \_\_\_\_\_

**Parent/Guardian Info:**

Parent/Guardian Name(s) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

**Children's and Youth Application, Page  
(Please Print)  
Page 3/7**

**Emergency Information:**

In Case of an Emergency Contact \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Secondary Contact \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**Health Information:**

**I give Crossroads Baptist Association permission to administer the following medication(s).**

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

Name of Medication \_\_\_\_\_ Expiration Date \_\_\_\_\_

Dosage \_\_\_\_\_ Refrigerate Y/N

Dates to be given \_\_\_\_\_

Times to be given \_\_\_\_\_ Morning \_\_\_\_\_ Afternoon \_\_\_\_\_ Evening \_\_\_\_\_ Bedtime \_\_\_\_\_ As Needed

Specific Times \_\_\_\_\_

Special Instructions \_\_\_\_\_

Possible Reactions \_\_\_\_\_

**I give Crossroads Baptist Association permission to administer the following  
Non-Prescription Medication(s)**

- Generic Acetaminophen (Tylenol) for headaches and/or discomfort
- Generic Ibuprofen (Advil) for headaches and/or discomfort
- Generic Antacid for upset stomach
- Epi-Pen (epinephrine injectable) emergency medication in the event of a **SEVERE** allergic reaction.
- Benadryl for allergies

**Health Information Continued:**

\*For camp use only

Does camper have any known allergies or unable to take any medications? Yes/No

If yes, what? \_\_\_\_\_

List any other medical condition(s) that would be helpful for us to know \_\_\_\_\_

\_\_\_\_\_

**Children's and Youth Application, Page  
(Please Print)  
Page 4/7**

The above named student has current medical insurance coverage through:  
**(PLEASE ATTACH A COPY OF CAMPERS INSURANCE CARD TO THIS FORM)**

Insurance Company \_\_\_\_\_

Name on Insurance Policy \_\_\_\_\_

Insurance Company Phone Number \_\_\_\_\_

Policy Number \_\_\_\_\_

	<b>Friday</b>	<b>Saturday</b>	<b>Sunday</b>	<b>Monday</b>
Medication				
Dosage				
Date				
Time				
Camp Nurse				

**Children's and Youth Application, Page  
(Please Print)  
Page 5/7**

**(PLEASE ATTACH A COPY OF CAMPERS INSURANCE CARD TO THIS FORM)**

**Health Information Continued**

My child \_\_\_\_\_, will be attending Crossroads Baptist Association (CBA) Children's or Youth Camp. In the event that he/she should need emergency medical attention, CBA and/or any one of its agents or employees is hereby authorized to provide such emergency care, including medical, dental, surgical care or hospitalization to him/her as is suggested by a doctor, nurse 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 CBA will not be obligated to pay either the health care professional or me for any medical expenses incurred.

Furthermore, in consideration of my child being allowed to attend camp, i hereby waive any and all causes for action, rights, claims, or suits which I may have against CBA, its agents or employees as a result of injury/medication reaction to my child or arising from the decision of CBA, its agents or employees to consent for provisions of emergency medical for my child.

I confirm that all the medical information listed in the health info section is accurate. I give CBA permission to administer any of the medications (prescribed or prescribed) as listed under that section.

I give authority and permission to the CBA Staff to inspect my child's belongings while at camp for the safety of all camp participants.

I understand that CBA Youth and Children's Camp is a place where many students seek counsel and advice from adult leaders and staff. I hereby consent to my child receiving spiritual and emotional counsel during their week at camp.

I have received and read the Camp Brochure and have received satisfactory answers to all my questions about such matters.

**Signature** \_\_\_\_\_

**Relationship to Camper** \_\_\_\_\_ **Date** \_\_\_\_\_

**Children's and Youth Application, Page  
(Please Print)  
Page 6/7**

**COVID-19 ACKNOWLEDGMENT**

The novel coronavirus, COVID-19 has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to be spread mainly through person-to-person contact. As a result, the federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

Crossroads Baptist Association Church Camps has put in place preventive measures to reduce the spread of COVID-19, however, the camp cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending Crossroads Baptist Association Church Camps could increase your risk and/or your children's risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I and/or my child(ren) may be exposed or infected by COVID-19 by attending Crossroads Baptist Association Church Camps and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed or infected by COVID-19 at Camp may result from the actions, omissions, or negligence of myself or others, including, but not limited to, Camp Staff, and other campers.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limiting to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind that I, or my child(ren) may experience or incur in connection with my or my child(ren)'s attendance at Crossroads Baptist Association Camp. On my behalf, and on the behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless Crossroads Baptist Association Camp, its Camp staff, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, cost, or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Crossroads Baptist Association Camp, its Camp staff, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation at Crossroads Baptist Association Camp.

**Signature** \_\_\_\_\_

**Relationship to Camper** \_\_\_\_\_ **Date** \_\_\_\_\_

**Children's and Youth Application, Page  
(Please Print)  
Page 7/7**

**Photo/Video Permission:  
(For children under the age of 18)**

This year our camp registration process will include a photo of each camper and staff members. This picture will remain in the administration files to identify campers and staff in case of an emergency. These pictures will be deleted at the completion of camp. In addition, we will be taking pictures/videos throughout the week which will be included in our nightly camp slide show which is used during the week of camp only.

We would like to include some of the photos on our CBA website and/or Facebook. Student's last names will NOT appear on the websites.

In order for your child to participate, we need your written permission.

I GIVE MY PERMISSION TO THE CROSSROADS BAPTIST ASSOCIATION TO PUBLISH PHOTOGRAPH(S) OF MY CHILD ON THE CBA WEBSITE AND/OR FACEBOOK. I UNDERSTAND THAT MY CHILD'S LAST NAME WILL NOT APPEAR ON THE WEBSITES. THE WEBSITE ADDRESSES TO WHICH THIS PERMISSION IS GRANTED ARE:

www.crossroadsba.net  
www.facebook.com/Crossroads-Baptist-Association-195895115431  
[www.facebook.com](http://www.facebook.com)

- I agree to have my child's photo presented on the CBA website and/or Facebook.
- I **DO NOT** agree to have my child's photo presented on the CBA website and/or Facebook.

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Camper Transportation**

Please let us know how your child will be picked up from camp.

Church Van (Church Name) \_\_\_\_\_

Relative/Friend Name \_\_\_\_\_

Relationship \_\_\_\_\_

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