



**2025 Children's and Youth
Application
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Camp Information:

Camp Dates

Youth Camp: July 21st - 25th (Completed 7th - 12th Grade)

Children's Day Camp: July 26th (Completed K-2nd)

Children's Camp: July 27th - July 30th (Completed 3rd - 6th Grade)

Youth Camp: **T-Shirt Deadline JULY 6th** \$75.00 per camper

Children's Day Camp: \$35.00 per camper

Children's Camp: **T-Shirt Deadline JULY 6th** \$60.00 per camper

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

**Registrations for YOUTH and CHILDREN'S 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 6th to be guaranteed a t-shirt

Camp Staff

Camp Administrator
Katie Riley
660-414-7376

Youth Camp Directors
Michael Hunt & Jacob Moseley
660-651-3032 573-819-9605

For more information or questions please contact
any of the above or email
crossroadsbaptistcamps@gmail.com

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Which camp will you be attending (Please Check ONE)

- ☐ **Youth Camp: July 21st - 25th (Completed 7th - 12th Grade)**
☐ **Children's Day Camp: July 26th (Completed K-2nd)**
☐ **Children's Camp: July 27th - July 30th (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 _____

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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 _____

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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_____

	Friday	Saturday	Sunday	Monday
Medication				
Dosage				
Date				
Time				
Camp Nurse				

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(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** _____

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Vaping Policy for Church Camp

Prohibited Items Policy: Electronic Vaping Devices

Our camp is committed to providing a safe, healthy, and positive environment for all participants. The following policy applies to all campers, volunteers, and staff:

Electronic vaping devices of any kind are strictly prohibited on camp premises. This includes but is not limited to:

- E-cigarettes
- Vape pens
- Pod-based vaping systems
- Any electronic nicotine delivery systems

Consequences:

Any camper found in possession of vaping devices or related paraphernalia will be immediately removed from camp activities and sent home at their parent/guardian's expense. No refunds will be issued for remaining camp days.

Enforcement:

- Any suspected vaping materials will be confiscated
- Parents/guardians will be contacted immediately if violations occur
- Transportation home must be arranged by parents/guardians

This policy has been established to ensure the health and safety of our camp community and to maintain an environment that aligns with our values and mission.

PLEASE SIGN BELOW IF YOU HAVE READ THE ABOVE POLICY

Signature_____

Relationship to Camper_____ **Date**_____

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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

- ☐ 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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