

Directions: Please fill out this form completely, sign, and return to CrossRoads with full payment. Please fill out a separate form for each child attending (\*see exception below). You may register one camper for more than one week on this form.

\*Exception: If you are registering for Family Adventure Camp, please fill out this form for ONE camper. List all other additional family members attending in appropriate box at the bottom of this page.

**Camper Information**

Camper \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender \_\_\_\_\_  
 (Last Name) (First Name)  
 Grade (09-10 school year) \_\_\_\_\_ Church \_\_\_\_\_ Association \_\_\_\_\_  
 Shirt Size (check one) Child sizes: S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_  
 Adult sizes: S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_ 2XL \_\_\_\_\_ 3XL \_\_\_\_\_

How did you hear about CrossRoads? \_\_\_\_\_

Cabin Mate Choice \_\_\_\_\_ Food Allergies \_\_\_\_\_  
 A full health form will be sent to you upon registration and should be brought to camp with each camper. If you have important health or behavior information that would be beneficial in determining cabin placement, please check the box to the left and attach information on another sheet.

**Family Information**

Parent/Guardian 1 \_\_\_\_\_  
 (Last name) (First Name)  
 Phone (H) \_\_\_\_\_  
 (W) \_\_\_\_\_  
 (C) \_\_\_\_\_  
 E-mail Address \_\_\_\_\_

Parent/Guardian 2 \_\_\_\_\_  
 (Last name) (First Name)  
 Phone (H) \_\_\_\_\_  
 (W) \_\_\_\_\_  
 (C) \_\_\_\_\_  
 E-mail Address \_\_\_\_\_

Camper lives with \_\_\_\_\_ Home Address \_\_\_\_\_  
 Check here if other campers from this camper's immediate family will be attending CrossRoads this summer.

**Emergency Information**

Emergency Contact \_\_\_\_\_  
 (Last name) (First Name)  
 Phone (H) \_\_\_\_\_  
 (W) \_\_\_\_\_  
 Relationship to Camper \_\_\_\_\_

Emergency Contact \_\_\_\_\_  
 (Last name) (First Name)  
 Phone (H) \_\_\_\_\_  
 (W) \_\_\_\_\_  
 Relationship to Camper \_\_\_\_\_

**Additional Program Information**

**High Adventure Registrants Only**

**LIT Applications**

Number your track choices below with a 1-4 (1 is top choice). See the summer camp brochure or our website for description.  
 HorsePower \*Tracks will be filled on a first come, first-serve basis. Cabin mate requests will only be honored if both campers choose the same track. An additional High Adventure waiver will be mailed with the confirmation & packing list. The waiver must be signed and brought to camp to participate.  
 Mountaineering  
 Backpacking  
 Sports

This is my 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_ 4<sup>th</sup> \_\_\_\_\_ year applying to the CrossRoads' LIT Program.  
 I understand I need to mail my applications and references to camp ahead of time to be considered for the program. See application and reference at www.crossroadsgccc.com

**Family Adventure Registrants Only** List all family members that will be attending:

Adult 1 \_\_\_\_\_ Gender \_\_\_\_\_ Adult 2 \_\_\_\_\_ Gender \_\_\_\_\_  
 Child 1 \_\_\_\_\_ Gender \_\_\_\_\_ Birthday \_\_\_\_\_ Grade \_\_\_\_\_ T-Shirt Size \_\_\_\_\_  
 Child 2 \_\_\_\_\_ Gender \_\_\_\_\_ Birthday \_\_\_\_\_ Grade \_\_\_\_\_ T-Shirt Size \_\_\_\_\_  
 Child 3 \_\_\_\_\_ Gender \_\_\_\_\_ Birthday \_\_\_\_\_ Grade \_\_\_\_\_ T-Shirt Size \_\_\_\_\_  
 Child 4 \_\_\_\_\_ Gender \_\_\_\_\_ Birthday \_\_\_\_\_ Grade \_\_\_\_\_ T-Shirt Size \_\_\_\_\_  
 Child 5 \_\_\_\_\_ Gender \_\_\_\_\_ Birthday \_\_\_\_\_ Grade \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

\*Children ages 2-5 must be accompanied by an adult of the same gender. Same sex sleeping arrangements will be assigned.

Please put a check mark next to the session(s) for which you are registering. Enter the appropriate charge/discount amounts in the right hand blanks.



This year's camp fee includes a Summer Camp T-shirt along with lodging, meals, supplies, program fees, & insurance. T-shirt not included for adults on Family Adventure Camp.

Week Information

Week	Description	Cost	Total
___ June 21-26	Week 1 Girls Week	\$240	\$ _____
___ June 28-July 3	Week 2 Girls High Adventure	\$260	\$ _____
___ July 5-10	Week 3 Coed High Adventure	\$260	\$ _____
___ July 12-17	Week 4 Coed High Adventure	\$260	\$ _____
___ July 19-24	Week 5 Coed Camp	\$240	\$ _____
___ July 26-31	Week 6 Girls Camp	\$240	\$ _____
___ August 5-7	Family Adventure Camp 2	\$110 Adult Qty _____ x \$110= \$100 Camper (Age 5+) Qty _____ x \$100= \$ 60 Camper (Age 3-4) Qty _____ x \$ 60= Free Camper (Age 0-2) Qty _____ x 0=	\$ _____ \$ _____ \$ _____ \$ _____

Additional Charges/Discounts

**Available Discounts:**

Early Bird Registration Discount Registrations *postmarked* by June 1<sup>st</sup> or earlier receive \$10 discount per week **excluding Family Adventure Camp**. # of Weeks \_\_\_\_\_ x \$-10= \$-\_\_\_\_\_

WMUV Discount Campers who belong to a church that supports the Woman's Missionary Union of VA through the Baptist General Association of VA & the Alma Hunt Offering will receive a \$30 discount per week—**excluding Family Adventure Camp**. Please call 434.277.8465 if you are unsure if this discount applies to your church. # of Weeks \_\_\_\_\_ x \$-30= \$-\_\_\_\_\_

Other Discount Enter Code: \_\_\_\_\_-\_\_\_\_\_ \$-\_\_\_\_\_

**Total of all Fees, Charges, and Discounts** \$ \_\_\_\_\_

Payment Information

Registration cannot be processed until full payment is received. Please select one of three payment options below:

\_\_\_ Check Enclosed (payable to CrossRoads) Check # \_\_\_\_\_

\_\_\_ Charge my credit card Check one: Visa \_\_\_ MasterCard \_\_\_ Discover \_\_\_

Card # \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Expiration Date \_\_\_\_\_ Amount to be charged \$ \_\_\_\_\_

Cardholder's Address \_\_\_\_\_

CVVS# \_\_\_\_\_ Cardholder's Signature \_\_\_\_\_

\_\_\_ My church will be sending a check. Church contact person \_\_\_\_\_ Phone \_\_\_\_\_

Parent or Guardian Signature Required

**Secondary Insurance Coverage:**

Dental expense limit \$500.00	Accidental Death, \$2,500.00	Paralysis, Up to a maximum \$25,000.00
Each sickness, up to a maximum \$1,000.00	Dismemberment, up to a maximum \$5,000.00	(loss within 90 days of injury, continued 180 days with a prognosis of permanency)
Each accident, up to a maximum \$5,000.00	(loss within 365 days of injury)	
Physical therapy, up to a maximum \$500.00		

**Parents or Guardians: Please read carefully and sign below:**

--I have read and understand CrossRoads' financial policy stating there is a non-refundable \$20.00 registration processing fee. All cancellations must be received in writing by CrossRoads three weeks prior to your scheduled camp week for a partial refund. After this time, no refunds will be given except in the case of severe illness or death in the immediate family. In the event of illness, a doctor's statement is required. Names of campers may be substituted, but notification of the change must be received before opening day. Should you need to change dates for your camper for any reason after reservations have been confirmed, there will be a \$20 charge per person, per change.

--I understand that upon confirmation of registration, I will receive a health form to be filled out and brought to camp with my camper. I am aware that my child will not be allowed to stay if they arrive at camp without a signed health form.

--I understand and agree that Woman's Missionary Union of Virginia (WMUV) shall not be liable for any costs, expenses or damages arising out of any sickness and/or injuries sustained by my child beyond the limits of insurance coverage provided by WMUV for campers. I have reviewed the information above regarding such insurance coverage and am aware of the terms and limits of such coverage. I agree to hold the WMUV harmless for any cost, expenses, or damages beyond such insurance coverage for any sickness or injury involving my child. I further authorize the director to use his/her discretion for medical services as a result of any illness or injury to my child while at camp.

--I further authorize my child to be able to take out-of-camp trips, which he/she has requested to participate in with respect to the camp program, while at CrossRoads. I further authorize my child's picture or video of my child may be used in publications of CrossRoads, WMU, or WMUV.

Parent's or Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_