



**Open to children who have completed
2nd through 5th grade**

Parent Info

Dear Parents:

I want to thank you for allowing your child the great opportunity of going to summer camp with The Crossing Church. This will give us an opportunity to build a relationship with your child and to help mold their spiritual life. I thank God for this time each year when we can have fun and also learn what God's plan is for their life. This year's theme is "Catching Fire!"

I have included some information that will make you and your child's camp experience a good one. The cost is \$260.00. I need a completed camp registration form along with a \$100 deposit (**by April 6, 2014**), as well as a copy of your insurance card (both front and back) to register your child for camp. I am a notary public and will be glad to notarize your form.

Please read all information and have everything turned in to me by **Sunday, May 4, 2014**. This will help me process all the administrative needs before we leave for camp.

In addition, **all additional monies need to be paid by Sunday, May 4, 2014.**

We have limited space available so please get your payment to me as soon as possible.

If you have any questions please feel free to call me at 626-0783 Ext. 123.

For His Kids,

Kim Gore
Crossing Kids Camp Director
The Crossing Church
626-0783, ext. 123

Forever Experience:

Childhood is made up of many experiences. Some of those times are so special that they are never forgotten. Our camp specializes in creating forever experiences. Whether it is swimming with a friend, playing challenging team games or just hanging out at the snack shack, camp is sure to fill your child's heart with experiences to last a lifetime.

Best of all, the experiences your child will have in chapel services will last through eternity. Our chapel is the highlight of each day. The services are designed to help every child grow deeper in their relationship with God, leaving them with stronger faith and greater confidence in the abilities God has given them.

Camp Staff:

Any great camp is only as good as the people who run it. Each counselor and camp staff member is carefully selected, trained and qualified to bring supervision and spiritual development into each child's camping experience. All staff have been security checked. All kids are with a counselor 24 hours a day. No kids are ever left alone.

Security and Phone Information:

We are fully aware of our great responsibility in the care of your child. In case of an emergency, you will be notified immediately. Out of consideration for other campers and planned activities, incoming calls are not allowed, except in case of an emergency. Should campers need to contact parents, calls can be made through the camp office. The camp maintains 24-hour security and restricts access to workers and campers. All visitors must make advance arrangements through the camp by calling Kim Gore at (813) 610-7526.

Cancellations and Refunds:

We only have room for 110 campers. No-shows and late cancellations prevent others from sharing the camp experience. Cancellations must be in writing and delivered to our church office no later than April 6, 2014 to receive a refund of the full camp fee less the \$100.00 non-refundable deposit per camper. The camp director reserves the right to dismiss any camper whose conduct becomes in any way detrimental to the best interest of the other campers. No refunds will be given in these cases.

Where: Tampa Bay Baptist Conference Center
15601 Lake Magdalene Blvd.
Tampa, FL 33613

When:

Drop your child off at the campgrounds on:

Sunday, June 8, 2014 AT 6:00 pm - NOT ANY EARLIER PLEASE.

Please make sure your child has had dinner before arriving – we will not have our first meal at camp until Monday morning breakfast.

Pick your child up at the campgrounds on:

Thursday, June 12, 2014 at 7:00 pm

Registration Information:

All rates shown include a non-refundable \$100 deposit. The deposit must be received in our office before your space will be reserved. Please make all checks out to The Crossing Church.

Camp Cost:

The camp cost is \$260.00, which includes lodging, meals, awards, prizes and camp t-shirts. We encourage you to take advantage of our layaway plan.

What To Bring

1. **Large bag of any individually wrapped snack (enough to feed 20 kids) (can be candy, chips, cookies, slim jims, gummy snacks, rice krispie treats, popcorn, fruit roll ups, Little Debbie cakes, etc.)**
2. **Bedding** – A sleeping bag, or twin size sheets, light blanket, pillow, etc.
3. **Bible** – pen or pencil
4. **Toiletries** – Soap, shampoo, toothpaste, toothbrush, comb, brush, deodorant, etc.
5. **Towels** – At least one towel for the showers and one towel for the pool, washcloth, etc.
6. **Shoes** – Shoes or sandals must be worn at all times. (Except in bed and in the pool.)
7. **Bathing suits** – Girls are asked to wear one piece swim suits. Cut-offs must be hemmed. The threads will clog the pool filter.
8. **Raincoat**
9. **Plastic bag or garbage bag for dirty/wet clothes**
10. **Flashlights**
11. **Insect repellant and sun protection lotion**
12. **Cameras** are optional.
13. **Extra-Large T-Shirt** to wear over your swim suit to play water balloon volleyball in.
12. **Rugged older clothing is best for camp. Good camping means modest and appropriate dress. All clothing and personal items must be marked with the camper's name to avoid loss.**
13. **DO NOT bring cell phones, ipads, radios, game boys, DS games, ipods, etc. to camp.**

Kids this age love to get mail. Please send any mail before Thursday, June 5th. I encourage you to write to your camper at:

Child's Name
The Crossing Church Camp
Tampa Bay Baptist Conference Center
15601 Lake Magdalene Blvd.
Tampa, FL 33613-1009

PARENTS, if you would like to check up on your child during camp time, there will be updates every night at 10 p.m. Please go to facebook.com and go to Crossing Kids Tampa. If you need to contact one of the leaders due to an emergency, call the church operator and she will be happy to assist you by getting a message to me at the camp grounds.

- **MEDICINE** - If your child must take any medicine or medications during our stay at camp please place all medicine in a ZIP LOCK bag with your child's first and last name on it. Include printed instructions for each medicine with exact times and quantities and place it in the bag. We will collect the medicine on Sunday afternoon when you check in and place it with our medical files. **Please do not pack it in your child's suitcase.**
- **FOOD MENU** – Tampa Bay Baptist Conference Center offers great meals for our campers. Please let us know if your child is allergic to any foods. There are many foods offered at every meal and your child will not go hungry. The camp cannot make special meals just because a child does not like a particular food.
- **COUNSELORS** – All of our counselors and staff have been background checked. Most of them already know your kids because they are their small group leaders. If a counselor needs to know anything about your child, please call the office and I will make sure they know. They may want to call you back and ask questions on how to better minister to your child.

Please return this page with your \$100 deposit.

Child's Name _____ Phone _____
Address _____ City _____ Zip _____
Grade Completed in School as of June 8, 2014 _____ Male _____ Female _____

If your child has a friend that will be coming to camp and they would like to be together at camp – please let us know: (Friend's name/grade: _____)

T Shirt Size (Please circle T-Shirt size.)

Youth Small	Size 6/6X
Youth Medium	Size 7/8
Youth Large	Size 10/12
Adult Small	
Adult Medium	
Adult Large	
Adult X Large	

INSURANCE CARD – Photo Copy of the front and back of your insurance card.

Is your child able to sleep through the night without getting up to use the bathroom?
_____ (yes) _____ (no)

OVER THE COUNTER MEDICINES – Does our camp nurse have permission to administer tylenol, advil, aspirin, cough syrup, tums, pepto bismol, neosporin or benadryl cream to your child, if the need arises, without having to telephone you in advance _____ (yes) _____ (no)

SWIMMING – Please let us know how well your child swims by checking the appropriate space below:

_____ (doesn't swim) _____ (beginner) _____ (advanced)

ALLERGIES (Please list) - _____

PICTURE PERMISSION – Do we have your permission to use photos of your child taken at camp for Crossing Church purposes:

_____ (Yes) _____ (No)

Parent Signature

Date

Liability Release Form for The Crossing Church Crossing Kids Children's Ministry

Crossing Kids Elementary Summer Camp – "Catching Fire!"

On June 8-12, 2014 - Release of All Claims

We (I) being of 18 years of age or older, do for ourselves (myself) and for and on behalf of our (my) child, _____ hereby release, forever discharge and agree to hold harmless **THE CROSSING CHURCH (Crossing)**, staff and directors thereof, as well as volunteers and chaperones, from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever (except for gross negligence) which may be incurred by the undersigned and the child-participant that occur while said child is participating in Crossing's elementary summer camp (which may include such activities as: rock climbing, target shooting, swimming, relays, water balloon volleyball, outdoor & indoor games, hiking, crafts, inflatables, as well as transportation in church, chartered, and chaperone vehicles to and from Tampa Bay Baptist Conference Center in Tampa, Florida, if needed).

Furthermore, we (I) and on behalf of our (my) child-participant hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

Further, authorization and permission is hereby given to Crossing to furnish any necessary transportation, food and lodging for this participant.

The undersigned further hereby agree(s) to hold harmless and indemnify Crossing, its directors, employees and agents, for any liability sustained by Crossing as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

We (I) are the parent(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him (her) to participate fully in said trip, and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not limited to emergency surgery or medical treatment, and assume the responsibility of all medical bills if any (**copy of insurance card attached**).

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary actions or otherwise, we (I) hereby assume all transportation costs.

Father (print): _____ Mother (print): _____

Signature: _____ Signature: _____

Ph-Days: () _____ Ph-Days: () _____

Eves: () _____ Eves: () _____

Legal Guardian: _____ Other Emergency Contact: _____

Ph-Days: () _____ Ph #: () _____

Eves: () _____

Hospital/Health Insurance Co.: _____ Policy #: _____

Physician Name: _____ Ph #: _____

State of Florida, County of Hillsborough

I hereby certify that _____, who is well known to me, or presented ID of _____, appeared before me and acknowledged and executed this document this _____ day of _____, 2014.

Notary Public *Signature*

My commission expires:

Notary seal/stamp