

2015 Field Trip Permission Slip

Child's Full Name _____

Address _____

City _____ Zip _____

Mother's Name _____

Day Phone _____ Cell Phone _____

Pager _____

Father's Name _____

Day Phone _____ Cell Phone _____

Pager _____

I give permission for my child, _____,
to participate in all field trips sponsored by *CAMP CROSSTRAINING* during the
2014 summer.

Parent Signature

Date

I hereby release and agree to indemnify and hold harmless from any lawsuit or claim for injury, regardless of cause, *CAMP CROSSTRAINING*, its staff, and Ben Davis Christian Church, and its ministers, staff, elders and members, from any and all responsibility and liability for any injury or illness that my child may sustain while attending *CAMP CROSSTRAINING*, or while attending any function sponsored by *CAMP CROSSTRAINING*.

Parent Signature

Date



2015 Camp Crosstraining - PARENT AGREEMENT

Student's Name _____

PLEASE READ CAREFULLY & INITIAL EACH STATEMENT BEFORE SIGNING

I/we, _____ and _____, for and in consideration of my/our child(ren), _____, being admitted as a student at Camp Crosstraining, do hereby accept such admission and the duties and responsibilities entailed therein and agree to be bound by the terms of this agreement:

We understand that Biblical doctrinal beliefs held by Ben Davis Christian Church and Camp Crosstraining will be exercised in planning activities and handling of the children. _____

We have read the discipline policy in the handbook. We understand the staff will follow these procedures and we agree with this form of discipline. _____

We give permission for our child(ren) to take part in all camp activities and camp sponsored trips away from the camp premises, and absolve the camp from liability to us or our child because of any injury to our child at camp or during any camp activity. (i.e. camp field trips) _____

We will do all in our power to see that our child respects and obeys the camp staff and rules. _____

We agree to pay the tuition payment by each Monday morning of the week. We understand that a \$10.00 late fee will be assessed to our account weekly if tuition is not paid by the end of day Wednesday of participating week; and any child whose account is 14 days overdue will be subject to dismissal from the camp. _____

We have read the Student Handbook and the Financial Information Sheet given to us and agree to abide by the policies set forth therein. _____

We understand and agree that attending Camp Crosstraining is a privilege and the camp reserves the right to remove our child from the camp for just cause, as determined by the camp Director. Notwithstanding anything to the contrary contained herein, this agreement does not bind either party to any specific period of enrollment. _____

We realize that we as parents must maintain a proper attitude toward the camp, its staff, and its policies. Though at times we may "agree to disagree" over some issue, we will not criticize the camp, its staff, or its policies in front of our children or to other adults. _____

We understand that our child will be attending Ben Davis Christian Church's Vacation Bible School. _____

We would never make demands, threaten to sue, or actually litigate any matter whatsoever relating to or resulting from this agreement. _____

The parties agree that there are no other agreements or understandings between them relating to the subject matter of this agreement. This agreement supersedes all prior agreements, oral or written, between the parties and is intended as a complete and exclusive statement of the agreement of the parties. Neither this agreement nor its execution has been induced by any reliance, representations, stipulations, warranties, agreements, or understandings of any kind other than those expressed herein. Any provision of this shall remain bound by all other provisions. _____

IN WITNESS WHEREOF, the parties have executed this agreement on the ____ day of _____, _____.

Parent or Guardian

Parent or Guardian

ACCEPTED AND APPROVED:

Camp Director

BEN DAVIS CHRISTIAN CHURCH
2015 CAMP CROSSTRAINING - ENROLLMENT APPLICATION

Telephone: (317) 241-3944

Date _____

STUDENT INFORMATION:

Full Name _____ Goes by _____
Last First Middle

Address _____ City State Zip Code

Home Phone _____

Date of Birth _____ Age _____ Grade Completed _____

Sex _____ Height _____ Weight _____

Last School Attended: _____

School attending in Fall of 2013: _____

Has the child ever attended Camp Crosstraining? _____ Yes _____ No

If yes, what year(s): _____

How did you hear about us? _____ friend _____ newspaper _____ drive-by _____ flyers _____ other

Child's interests and hobbies: _____

Child's Fears or dislikes: _____

Any factors in the child's life? (living situation, medical condition, disability, etc.)

What things should we know about the above situation to help accommodate your child for a successful summer:

Can your child swim? _____ Yes _____ No

Attends church: _____ Yes _____ No Name of Church _____

LIST ALL ALLERGIES: (Include food, medication, insect)

Immunization current? _____ Yes _____ No Preferred Hospital _____

Do you have health/accident insurance? _____ Yes* _____ No

(*If yes, please list the name of the company) _____

(You are required to provide a copy of insurance card upon turning in camp application)

For Staffing Purposes, please mark when you plan for your child to attend:

of days per week _____ What days of the week - M T W TH F

Start Date _____ End Date _____ Drop off time _____ Anticipated Pick up _____

Lists any dates that you know that your child will not be attending (i.e. vacation, camp)

(note we must know about all missed dates two weeks in advanced or full tuition will be charged)

FAMILY INFORMATION:

Father's Name _____ Mother's Name _____

Address _____ Address _____

City/State/Zip _____ City/State/Zip _____

Home Phone _____ Home Phone _____

Occupation _____ Occupation _____

Employer _____ Employer _____

Work Phone _____ Ext. _____ Work Phone _____ Ext. _____

Pager _____ Cell _____ Pager _____ Cell _____

Email address _____ Email address _____

Who is the child presently living with? _____

Who is responsible for the child's tuition? _____

EMERGENCY INFORMATION:

If your child should need emergency medical care, we should contact:

Doctor's Name _____ Phone _____

Other than your home or work, whom should we contact in case of emergency?

Name _____ Relationship _____

Phone _____ Cell _____ Pager _____

Name _____ Relationship _____

Phone _____ Cell _____ Pager _____

People Authorized to pick up your child: Security Code Word _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Dated: _____

Signature of Parent/Guardian

2015 PERMISSION TO ADMINISTER FIRST AID/MEDICATION TO CHILD

This form is good for one school year and must be renewed yearly. **Summer 2014**

Name _____ Phone _____ Age _____
Last First Middle

I am the parent/guardian of a child named _____, whose date of birth is _____, and I am acting on my own behalf and on behalf of this minor child. We hereby authorize and agree to hold Ben Davis Christian Church, Camp Crosstraining, and employees harmless for the administration of:

Ben Davis Christian Church and Camp Crosstraining staff **may provide first aid and CPR**. Such first aid may include the local application of such medicines as Bacitracin or Benzocaine.

I understand that an employee or staff member administering medication in accord with the permission statement and Ben Davis Christian Church and Camp Crosstraining shall be immune from all liability for acts arising out of the administration of medication in accord with the terms of this document, except in the case of gross negligence or willful and wanton misconduct.

In addition to the immunity described above, in exchange for Ben Davis Christian Church and Camp Crosstraining agreement to assume responsibility for the administration of medication as described in this permission statement, we hereby release any and all claims that we may lawfully release at this time for acts or omission arising out of the administration in accord with this grant of permission.

Parent/Guardian Signature

Date

Printed Name

Daytime Phone

Parent/Guardian Signature

Date

Printed Name

Daytime Phone

Name of medication & strength _____

Dosage (amount) _____ Time to be given at Camp _____

Reason or health problem _____

Medication to be given from _____ to _____
(Date) (Date)

How it is taken _____
(Example: by mouth, by inhaler, with food or after meals)

When was the first dose of this medication given? _____

Relevant side effects to be observed, if any _____



2015 Financial Agreement

Weekly \$110.00 per child
Daily \$32.00 per child / 2 day a week minimum
10% Discount for additional children in same family

Registration Fee \$25.00 per child (non refundable)
Activity Fee \$130.00 per child due at time of registration (or you may pay
\$65.00 at registration with the additional \$65.00 due by July 1st)

All fees are due by Monday morning of each week. Please make your check payable to "Ben Davis Christian Church" with a notation "CCT" in the memo line. You also have an option to make online payments which are secure on our church website, www.bdcc.org.

A late fee of ten dollars (\$10.00) will be added to your account if weekly fees are not paid by the end of the day Wednesday of each week.

A twenty dollar (\$20.00) fee will be charged for any returned checks. Only cash, money order, or certified check will be accepted if more than two (2) checks are returned during the year.

If the tuition account becomes fourteen (14) days in arrears, parents may be asked to withdraw their child until payment is made.

Our counselors salaries are dependent upon the receipt of all fees paid in a timely fashion each week. If you are having trouble making your payment at the due date, please discuss the situation with the director and he/she will be happy to work with you. No refunds will be given for any reason.

Examples: If your child(ren) are here 1-3 days out of a week, you will be required to pay \$32.00 per day per child. **There is a two day a week minimum.** If your child(ren) are here 4-5 days, it will be cheaper for you to pay \$110.00 for the week. Please do not try to compute a daily rate using the weekly rate.

We have read the above and understand the conditions:

Parent or Guardian



MEDICAL INSURANCE INFORMATION

Policy for participation in all camp activities require that every participant have health/accident insurance coverage. In addition, certain health/medical information must be made available to Camp Crosstraining. This information will be held in confidence.

Insurance Company: _____

Insured Name: _____

Group Number: _____

Please include a copy of your insurance card upon returning application to the office.

T-shirt Size Needed:

____ Youth S (6/8)

____ Youth M (10/12)

____ Youth L (14/16)

____ Youth XL (18/20)

____ Adult S

____ Adult M

____ Adult L



2015 Photo/Media Release Information

As a parent/guardian of _____ (child's name), I give my permission for Ben Davis Christian Church to use any and all photos or video tape containing my child for print and/or in a slide/video presentation or promotional purposes.

Parent/Guardian Signature: _____

Date: _____

Telephone Number: _____