



Cross Roads Day Camp 2019

Holy Trinity Lutheran Church

26 S. Forklanding Rd.

Maple Shade, NJ 08052

August 19-23, 2019

9am – 3pm

Children entering grades K - 6

\$110 per child

Join us for an awesome week of action-packed camp fun! Kids will make cool crafts, engage in worship, sing fun songs, jump into Bible Study, and play zany games! All activities work together to form great friendships and strengthen campers' faith development.

The Cross Roads Camp Staff is certified in American Red Cross CPR and First Aid and receives extensive training to deliver a safe and action-packed camp program.

Campers are asked to bring a sack lunch.

Complete this form and return it to your church. Registration form, health form, and payment must be received by start of Day Camp.

2019 Day Camp REGISTRATION FORM

Holy Trinity Lutheran Church 26 S. Forklanding Rd. Maple Shade, NJ 08052

Please submit one form for each child who will be attending along with a completed health form.

Camper's Name: _____ Date of Birth: _____

Parents' Names: _____ Grade Entering Fall 2019 _____

Mailing Address: _____

Home Phone: _____ Work/Cell Phone: _____

Siblings (names, ages): _____

Church affiliation: _____

My child has permission to participate in all aspects of the day camp program led by Cross Roads, except as noted. I understand that every effort will be made to contact me if my child needs emergency medical-surgical treatment. I hereby give my permission to the medical personnel selected by the congregation to secure proper treatment, to hospitalize, to order injection, anesthesia, x-ray, or surgery for my child as named above, and to arrange for or provide necessary related transportation. I understand that my insurance has primary coverage and Cross Roads' insurance is secondary. I give my approval to photocopy this form for use out of camp. Further, I give permission for use of photos of my son/daughter to be used in camp promotion unless noted.

Parent/Guardian Signature _____ Date _____

DAY CAMP HEALTH HISTORY FORM

for Children, Youth, and Adults

The information on this form is to assist us in determining appropriate care for your camper. The health history must be filled out by parents/guardians of minors or by adults over the age of 18.

***A new health form completed by parent/guardian and physician is required annually.**

Cross Roads Camp and Retreat

DAY CAMP

29 Pleasant Grove Road

Port Murray, NJ 07865

908-832-7264

Fax: 908-832-6593

Camper Name _____ Birth date _____ Age at day camp _____
Last First Middle

Home address _____
Street address City State Zip

Gender: Male Female

Parent/guardian: _____

Home Phone (____) _____

Cell Phone (____) _____

Emergency Contact: _____

Home Phone (____) _____

Cell Phone (____) _____

Known Allergies: _____

Other Dietary Restrictions: _____

Name of Family Physician _____ Phone Number (____) _____

Address _____

Insurance Information

Is the participant covered by family medical/hospital insurance? Yes No

If so, indicate carrier or plan name _____ Group # _____

Please attach a photocopy of the front and back of the health insurance card on a full sheet of 8 1/2 x 11 paper.

Has the participant had any of the following:

- ___ Measles
- ___ Chicken Pox
- ___ German Measles
- ___ Mumps
- ___ Hepatitis A
- ___ Hepatitis B
- ___ Hepatitis C

Vaccine	Mo/Year	Mo/Year	Mo/Year	Mo/Year	Mo/Year
DTP					
TD (tetanus/diphtheria)					
Tetanus					
Polio					
MMR					
Or Measles					
Or Mumps					
Or Rubella					
Haemophilus Influenza B					
Hepatitis B					
Varicella (chicken pox)					

Last TB Mantoux Test

Date _____

Result: ___ Pos ___ Neg