

CAMP REGISTRATION

*** Register Online at CrossfireMinistry.com or use this form . . .**

CHECK YOUR CAMP WEEK

Name (First) _____ (Last) _____

Mailing Address (Street or PO Box) _____

City _____ State _____ Zip _____

Age _____ Birth date ____/____/____ M ____ F ____ Grade Completed _____ School _____

Father/Guardian's Name _____ Mother/Guardian's Name _____

Phone _____ Phone _____

T-SHIRT SIZE (please circle one): YOUTH MED ADULT SM ADULT MED ADULT LG ADULT XLG ADULT XXLG

Have you attended a *CROSSFIRE CAMP* before? _____ When? _____

How did you hear about the camp? (please circle all that apply):

- Church/Upward Mailing
- TV
- Radio
- Road Sign
- Billboard
- School/Flyer
- Newspaper
- Social Media

INSURANCE INFORMATION: For all campers

Insurance Carrier _____

Emergency Contact (if not same as above) _____

Phone Number _____

FOR OVERNIGHT CAMPERS ONLY

Roommate Preference: First come, first serve basis:

1. _____ 2. _____

MEDICATION ADMINISTRATION

If a camper has a Medical Condition which requires prescription medications, please attach a list of meds/amount/time of administration.

OK to give acetaminophen (Tylenol) Yes No **Allergies of which staff needs to be aware:** _____

OK to give ibuprofen (Advil or Motrin) Yes No _____

OK to give TUMS Yes No _____

PLEASE NOTE: ALL MEDS WILL BE ADMINISTERED BY STAFF/NO MEDS ARE TO BE KEPT IN DORM ROOMS

PARENT/GUARDIAN: PLEASE READ AND SIGN

Please email any questions about camp to karenjohnson17@charter.net

It is understood that Crossfire Ministries, Int. reserves the right to require additional information and documentation related to this application to be completed and filed with Crossfire Ministries, Int. before camp participation is allowed.

As a parent/guardian of _____, age _____, I represent to Crossfire Ministries, Int. that said child is free from any physical or mental impairment or condition that would prevent him/her from participating in camp activities. I, as parent, further represent to Crossfire Ministries, Int. that said child has no medical condition that requires medication or medical attention OR child does have a medical condition that requires medication or medical attention, as described in the following space:

I further assume all responsibility for any possible health problems or accidents which might occur while my child is in camp and will not hold responsible the following parties/organizations: Crossfire Ministries, Asheville School, Asheville Christian Academy, First Baptist Church of Hendersonville, Mars Hill University, Mars Hill Elementary, North Buncombe Middle School and North Buncombe High School.

Parent/Guardian Signature _____ Date _____

Mail application and full payment to: Crossfire Ministries / 22 C New Leicester Hwy / PMB 145 / Asheville, NC 28806
Confirmation of registration will be mailed upon receiving both application and payment "In Full."

HALF-DAY CAMPS

JUNE 24-28

Boys & Girls • 6-12 Years
1:00-4:30 PM
2:00-5:30 PM Thur
Hendersonville
First Baptist
(Mon-Fri) (\$100)

JULY 8-12

Boys & Girls • 6-17 Years
1:00-4:30 PM
Asheville School
(Mon-Fri) (\$100)

JULY 15-19

Boys & Girls • 6-17 Years
1:00-4:30 PM
Asheville Christian
Academy
(Mon-Fri) (\$100)

FULL-DAY CAMP

JULY 22-25

Boys & Girls • 9-18 Years
8:30-5:00 PM
Mars Hill University
(Mon-Thur) (\$250)

OVERNIGHT CAMP

JULY 21-25

Boys & Girls • 9-18 Years
Mars Hill University
(Sun-Thur) (\$375)