

# CAMP REGISTRATION

**\* Register Online at [CrossfireMinistry.com](http://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 \_\_\_\_ School Grade \_\_\_\_ 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

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](mailto: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/guardian, 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 Christian Academy, Erwin High School, Erwin Middle, First Baptist Church of Hendersonville, Mars Hill University, Mars Hill Elementary, 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 15-19**  
Boys & Girls • 6-12 Years  
1:00-4:30 PM  
2:30-5:30 PM Thur  
First Baptist  
Hendersonville  
(Mon-Fri) (\$100)

**JUNE 22-25**  
Boys & Girls • 6-18 Years  
1:00-4:30 PM  
Erwin Middle & or  
Erwin High School  
(Mon-Thur) (\$80)

**JULY 6-10**  
Boys & Girls • 6-18 Years  
1:00-4:30 PM  
Asheville Christian  
Academy  
(Mon-Fri) (\$100)

## FULL-DAY CAMP

**JULY 20-23**  
Boys & Girls • 9-18 Years  
8:30-5:00 PM  
Mars Hill University  
(Mon-Thur) (\$250)

## OVERNIGHT CAMP

**JULY 19-23**  
Boys & Girls • 9-18 Years  
Mars Hill University  
(Sun-Thur) (\$375)