

**YOU CAN REGISTER ONLINE AT WWW.CROSSTRAILS.ORG
TO RESERVE A DAY CAMP PLEASE CONTACT OUR OFFICE.
FINANCIAL AID IS AVAILABLE FOR ALL OF THESE PROGRAMS.**

Registration Form-One per person required.

- | | |
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| <input type="checkbox"/> Part of Group Registration
<input type="checkbox"/> Individual Registration | <input type="checkbox"/> Part of Family Camp Registration for the _____ family.
<input type="checkbox"/> Part of Grandparent Camp Registration for the _____ family.
<input type="checkbox"/> Part of Family Wrangler Camp Registration for the _____ family. |
|---|---|

Church Name & City (if any): _____

Camper First Name: _____ Camper Last Name: _____

Date of Birth: _____ Sex: _____ Grade Completed in 2017-18 School Year (if youth): _____

Mailing Address of Camper: _____

City/State/Zip: _____ Home Phone: _____

Parent E-mail: _____ Camper E-mail (optional): _____

Custodial Parent/Legal Guardian Name 1: _____ Cell Phone: _____

Custodial Parent/Legal Guardian Name 2: _____ Cell Phone: _____

Housing Mate Preference - One name only - See policies: _____

Program Choice: _____

	Program	Site	Start Date
1st Choice:	_____	_____	_____
2nd Choice:	_____	_____	_____

I will not hold Cross Trails Ministry or its staff responsible for accidents, claims or damages arising from my or my child's participation in camp activities. I am responsible for any medical obligations incurred during the camping period and give the camp staff permission to seek medical treatment for me or my child in case of injury or illness. I also give Cross Trails Ministry permission to use any photograph/video of me or my child, taken at camp, in future promotional materials for its sites and programs.

Parent/Guardian or Adult Participant Signature: _____ Date: _____

DEPOSITS AND DISCOUNTS

- Group Deposit Paid- Your group will be billed.
 Individual Non-refundable Deposit Enclosed \$100 Full Fee Enclosed
 Additional Gift of _____ for Financial Aid Camperships Enclosed

Applicable Discounts: See policies for eligibility.

Sibling Discount
 Sibling Name _____ Program _____ Site _____ Start Date _____

Multiple Program Discount
 Program _____ Site _____ Start Date _____

PAYMENT INFORMATION FOR INDIVIDUAL REGISTRATION

- Check made payable to Cross Trails Ministry
 Visa Mastercard Discover
 Cardholder's Name: _____
 Card Number: _____ Exp. Date: _____ CVV: _____ Amount: \$ _____

POLICIES & PROCEDURES

Financial Assistance: Financial aid camperships and payment plans are available. We will not turn anyone away from a week of camp for financial reasons, but we do ask each family to contribute something toward their fee. Contact our office or visit www.crosstrails.org for more information.

Sibling Discounts: The first child from a household will pay full price, then a \$30 discount is available for each additional sibling. This discount is not available for Day Camp, Family Camp, Family Wrangler Camp or Grandparent Camp.

Multiple Program Discounts: A camper who attends more than one overnight program in a summer can receive a discount of \$30 off the second program week. This discount is not available for Day Camp, Family Camp, Family Wrangler Camp or Grandparent Camp.

Household Maximum: This applies to family programs. See page 9 or our webpage for limitations.

Deposit Refunds: The deposit is non-refundable and must be paid to guarantee your registration. Limited transfers to other campers are allowed for group reservation deposits. Visit www.crosstrails.org for more information.

Fees & Fee Refunds: Camp fees are due May 1st. Campers who register after May 1st must pay in full or make financial arrangements with our office. Campers who cancel will not receive a fee refund without documentation of a medical or family emergency. Campers who leave camp early, for any reason, will not receive a refund.

Housing Policy: Campers may request to be housed with one friend of the same sex, in the same program. Requests are not guaranteed.

Camper Behavior: We reserve the right to dismiss campers from any program if their behavior is disruptive or destructive to other individuals, the camp community or camp property.

Health and Special Needs: Prior to arriving, all campers must complete a health and release form. Please call the Cross Trails Ministry regarding any unusual health, emotional, mental or physical concerns of your child. Cross Trails Ministry welcomes participation in our programs by campers with special needs. However, we are not equipped to provide staff for campers that require one on one care. Individuals should have appropriate social and personal skills for group living.