



FAMILY WEEKEND - REGISTRATION FORM

CROSSWALK
November 11-13, 2011
 Oklahoma City, OK

Due to preparation of meals and purchase of activity materials and supplies, the Registration **Deadline is Monday, October 31, 2011***
 * **(NO applications will be accepted after this date)**

Name: _____ Is this your first time to attend? YES NO
 Address: _____ If first time, who told you about **CROSSWALK**? _____
 City: _____ State: ____ Zip: _____
 Phone: (____) _____ - _____ (PRINT FULL NAME) _____
 Email: _____ @ _____ Male Female
 Please include an e-mail address

Do you have specialized training? Yes (i.e. current in CPR, First Aid, Lifeguard, Counselor, etc.)

List Training: _____

Have you served on Staff before? If so, in what capacity? _____

Camp Registration (See Housing Form)	\$ ____ . ____
Paintball (if renting equipment) (\$25.00)	\$ ____ . ____ (attach Paintball Agreement)
Paintball (if you own your equipment) (\$15.00)	\$ ____ . ____ (attach Paintball Agreement)
<i>(Please choose only one of the above Paintball activities)</i>	
GRAND TOTAL	\$ ____ . ____

Required Signatures

	<u>Initials</u>
<i>I have read and agree to the Crosswalk Standards Agreement</i>	_____
<i>I have read and agree to the Crosswalk Photo/Video Agreement</i>	_____
<i>I have attached a signed Medical Release/ Permission form</i>	_____

Attendee Signature _____

Signed: _____ Date: _____
(signature of parent if attendee is a minor under 18 years of age)

CROSS WALK

FAMILY WEEKEND

HOUSING INFORMATION

We have seven housing options available, please read through all the options carefully, so you can make the choice that best fits your situation. This weekend is designed for families; however we understand that not every young person will have a parent who is willing or able to attend. So in order to be sure they are included, we are providing the "Adopt a Youth Option" for the weekend. This is where a parent can name another adult of the same sex to be the "Adopted Parent/Guardian" of their child. The "adopting parent" will room with the young person in a dorm and will assume full responsibility for the young person for the duration of the weekend.

- OPTION # 1: **MEN'S ADULT DORM** This is a dorm for men 18 year old and older. There will be no children in this dorm. (Cost \$95.⁰⁰ per person)
- OPTION # 2: **WOMEN'S ADULT DORM** This is a dorm for women 18 year old and older. There will be no children in this dorm. (Cost \$95.⁰⁰ per person)
- OPTION # 3: **MOTHER & DAUGHTER/GRANDDAUGHTER DORM** This is a dorm for Mom's and Grandma's and their daughters and/or granddaughters. This dorm is also for adult women who have "adopted" a minor girl for the weekend. (Cost \$95.⁰⁰ per person)
- OPTION # 4: **DAD & SON/GRANDSON DORM** This is a dorm for Dad's and Grandpa's and their sons and/or grandsons. This dorm is also for adult men who have "adopted" a minor boy for the weekend. (Cost \$95.⁰⁰ per person)
- OPTION # 5: **FAMILY WING - 12 Beds (\$1,000.⁰⁰ for entire Wing = \$83.⁰⁰ per person)**
This option is available to families who would like to stay together like a family reunion. We are also making this option available to multiple families who would like to room together and save money in the process. You do not have to fill all 12 beds, but the cost is \$1,000.⁰⁰ for the entire wing, no matter how many beds you use. If you fill the wing, it works out to \$83.⁰⁰ per person.
- OPTION # 6: **FAMILY DORM - 24 Beds (\$1,800.⁰⁰ for entire Dorm = \$75.⁰⁰ per person)**
This option is available to even larger families who would like to stay together like at a family reunion. We are also making this option available to multiple families who would like to room together and save even more money in the process. You do not have to fill all 24 beds, but the cost is \$1,800.⁰⁰ for the entire dorm, no matter how many beds you use. If you fill the dorm, it works out to \$75.⁰⁰ per person. Dorm includes 2 attached wings.
- OPTION # 7: **STAYING OFF SITE** (I will make my own housing arrangements) We do ask that if you are staying off site, you make a donation to cover the meals you eat on site.



CROSS WALK

FAMILY WEEKEND HOUSING REQUEST FORM

(Please Check One Box Only)

- OPTION # 1: **MEN'S ADULT DORM** (*Adults 18 and Older Only*) \$95.00 per person
- OPTION # 2: **WOMEN'S ADULT DORM** (*Adults 18 and Older Only*) \$95.00 per person
- OPTION # 3: **MOTHER & DAUGHTER/GRANDDAUGHTER DORM** \$95.00 per person
- OPTION # 4: **FATHER & SON/GRANDSON DORM** \$95.00 per person
- OPTION # 5: **FAMILY WING - 12 Beds** (\$1,000.⁰⁰ for entire Wing = \$83.00 per person)

List everyone who will share the wing with you:

- | | | |
|----------|----------|-----------|
| 1) _____ | 5) _____ | 9) _____ |
| 2) _____ | 6) _____ | 10) _____ |
| 3) _____ | 7) _____ | 11) _____ |
| 4) _____ | 8) _____ | 12) _____ |

- OPTION # 6: **FAMILY DORM - 24 Beds** (\$1,800.⁰⁰ for entire Dorm = \$75.00 per person)

List everyone who will share the dorm (2 wings) with you:

- | | | |
|----------|-----------|-----------|
| 1) _____ | 9) _____ | 17) _____ |
| 2) _____ | 10) _____ | 18) _____ |
| 3) _____ | 11) _____ | 19) _____ |
| 4) _____ | 12) _____ | 20) _____ |
| 5) _____ | 13) _____ | 21) _____ |
| 6) _____ | 14) _____ | 22) _____ |
| 7) _____ | 15) _____ | 23) _____ |
| 8) _____ | 16) _____ | 24) _____ |

- OPTION # 7: **STAYING OFF SITE** (*I will make my own housing arrangements*)

Signed: _____	Date: _____
(signature of attendee)	

<u>"ADOPT A PARENT REQUEST"</u>			
Minor's Name: _____	Age: _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Assigned Adopted Parent's Name: _____		<input type="checkbox"/> Male	<input type="checkbox"/> Female
<input type="checkbox"/> <i>I have confirmed with the individual listed above and they have agreed to serve as Adoptive Parent for my child.</i>			
Parent's Signature: _____	Date: _____		



MEDICAL RELEASE & PERMISSION FORM

I hereby give my permission for _____,
(full name of participant)

to participate in **CROSSWALK FAMILY WEEKEND** which is to be held on November 11-13, 2011. With my dated signature in the box below, I grant this permission and certify the statements and information provided in items 1 through 6 that appear here above that signature:

1. **ACCEPTANCE OF WEEKEND CONDITIONS:** I understand and agree to the condition of the event venue as described in the information provided at the www.crosswalkcamp.com web site. I agree to participate under these conditions, including Photo/Video Release and Crosswalk Standards Agreement.
2. **DISCLOSURE OF SPECIAL HEALTH CONDITIONS:** The following is a list of my special health conditions and needs, which event staff needs to be aware of (list here such things as medications, history of seizures, heart condition, diabetes, motion sickness, allergies, etc. (please use the back side of this sheet if needed): _____

3. **RELEASE OF LIABILITY REGARDING SPECIAL HEALTH CONDITIONS:** I submit that the above mentioned special health conditions and instructions are needed for myself while at the event. I understand that, although event personnel will seek to help accommodate these special conditions, such as by giving medications and/or by seeking to take appropriate precautions, etc., nonetheless, by attending the event with these special health conditions:

- I acknowledge that I understand the event is not equipped to monitor or supervise such special conditions or needs.
- I certify it is safe for myself to participate in all event activities notwithstanding the special conditions, and notwithstanding any possible lapse in medication, or possible interaction with other people or circumstances that may affect the special conditions.
- I release and indemnify the event from all claims and liability stemming from the special conditions, including, without limitation, any claim, illness, or injury, resulting from the event's failure to properly administer medicines for the special conditions, failure to recognize a situation which might be potentially harmful to a person with the special conditions, or failure to recognize the onset of an episode of the special conditions.

4. **PERMISSION TO SECURE EMERGENCY SERVICES:** I give permission to event staff to secure usual and customary medical and/or legal services for myself if needed in an emergency circumstance at the event. I understand that I will be responsible for the costs of such services if not covered by my insurance.

5. **INSURANCE COVERAGE:** I am covered by medical insurance: YES NO

If yes, list the name of the insurance company: _____ and the policy number: _____.

Attach copy of insurance card I understand that if I have no health/accident/medical insurance coverage, I will be responsible for the payment of all expenses which may be incurred due to treatment at the event of an illness or injury.

6. **EMERGENCY CONTACTS:** During the event, these individuals may be contacted day or night, in the event of a medical emergency:

_____	(____) _____	(____) _____
<small>(name)</small>	<small>(evening phone number)</small>	<small>(day phone number)</small>
_____	(____) _____	(____) _____
<small>(name)</small>	<small>(evening phone number)</small>	<small>(day phone number)</small>

Signed: _____ **Date:** _____
(signature of attendee)

Signed: _____ **Date:** _____
(signature of parent)

PAINTBALL AGREEMENT

PLEASE PRINT ALL INFORMATION

NAME: _____ AGE: _____
ADDRESS: _____ CITY: _____ STATE: _____
ZIP: _____ PHONE NUMBER: (_____) _____ - _____ DATE: ____/____/____

WAIVER & AGREEMENT

I WILL ALWAYS WEAR GOGGLES IN OR NEAR PLAYFIELD.

I am completely aware of the risk involved and that there is the possibility of additional risk if paintball gun or other equipment does not function properly. I also indemnify the lessor and employees against and shall hold both harmless from any and all claims, actions, suits, procedures, cost, expenses, damages and liabilities, including attorney's fees arising out of, connected with, or resulting from playing Paintball and/or the equipment, including without limitations, the manufacturer, selection, delivery, possessions, use operation of the equipment and the environment. I nevertheless wish to assume any and all risks. I hereby waive and release the lessor on behalf of my estate and all others who may play Paintball with me. I also undertake to always play Paintball only in accordance with the safety instruction, rules and suggestions presented to me. Knowing full well the intense physical/mental exertion required to play Paintball. I further warrant that I have no medical problems that this increase in physical/mental exertion would cause me or others harm. I have read and fully understand the terms of this lease agreement. THIS IS FULLY INTENDED TO BE A LEGALLY BINDING CONTRACT. IF YOU HAVE ANY DOUBTS CONCERNING ANY ASPECT OF ITS CONTENTS, CONSULT AN ATTORNEY BEFORE SIGNING IT.

I STATE THAT I AM AT LEAST 18 YEARS OF AGE AND IN GOOD HEALTH.

X _____ DATE: ____/____/____
PLAYER SIGNATURE

Parent signature will allow a child (ages 12-17) to participate.

X _____ DATE: ____/____/____
PARENT OR GUARDIAN

PLEASE CHECK ONE OF THE FOLLOWING

- I AM A:
- BEGINNER PLAYER (I have never played Paintball)
 - INTERMEDIATE PLAYER (I have played Paintball 6 times or less)
 - ADVANCED PLAYER (I have played Paintball at least 7 times)
 - EXPERT PLAYER (I play Paintball on a regular basis)



SPECIAL OFFERS for CROSSWALK - November 2011

It is our deep desire to reach as many people as possible. With this goal in mind, we are offering a special "REBATE PROGRAMS" this session.

If you bring another person who has never attended CROSSWALK before, we will give you a rebate check for \$15.00. The breakdown is as follows:

- Bring 1 new guest = \$15.00 Rebate
- Bring 2 new guests = \$30.00 Rebate
- Bring 3 new guests = \$45.00 Rebate
- Bring 4 new guests = \$60.00 Rebate
- Bring 5 new guests = \$75.00 Rebate
- Bring 6 new guests = You attend FREE!!!!

Please list the name(s) of anyone you are bringing to CROSSWALK on the form below.
Once your guest(s) have been confirmed, after the camp weekend we will mail you the Rebate Check.

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CROSSWALK 2011 - REBATE OFFER

November 11-13, 2011 Oklahoma City, OK

YOUR NAME: _____ ADDRESS: _____
PHONE NUMBER: (____) _____ - _____ EMAIL: _____@_____

NEW GUESTS

1. FULL NAME: _____ PHONE NUMBER: (____) _____ - _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
AGE: ___ MALE: ___ FEMALE: ___ EMAIL: _____@_____
2. FULL NAME: _____ PHONE NUMBER: (____) _____ - _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
AGE: ___ MALE: ___ FEMALE: ___ EMAIL: _____@_____
3. FULL NAME: _____ PHONE NUMBER: (____) _____ - _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
AGE: ___ MALE: ___ FEMALE: ___ EMAIL: _____@_____
4. FULL NAME: _____ PHONE NUMBER: (____) _____ - _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
AGE: ___ MALE: ___ FEMALE: ___ EMAIL: _____@_____

IF YOU'RE BRINGING MORE GUESTS - PLEASE LIST THEM ON THE OTHER SIDE OF THIS FORM