



STAFF REGISTRATION FORM

CROSSWALK
May 28-31, 2010
 Oklahoma City, OK

Due to preparation of meals and purchase of shirts and supplies, the Registration Deadline is **Tuesday, April 20, 2010***

* **(NO applications will be accepted after this date)**

SPECIAL OFFER: *All completed Registration Forms POSTMARKED by **April 6th** will have the option of a special **CROSSWALK THEME SHIRT!***

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

Circle one: Staff Shirt size **YOUTH:** L (14-16) **ADULT:** S M L XL 2X 3X

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 (\$95.00) \$____.____
Paintball (if renting equipment) (\$25.00) \$____.____ (attach Paintball Agreement)
Paintball (if you own your equipment) (\$15.00) \$____.____ (attach Paintball Agreement)

(Please choose only one of the above extra activities)

GRAND TOTAL \$____.____

Required Signatures

(Parent/Guardian Signatures/Initials required for campers under age 18)

Staff Member Initials

I have read and agree to the Crosswalk Standards Agreement _____

I have read and agree to the Crosswalk Photo/Video Agreement _____

I have attached a signed Medical Release/ Permission form _____

Staff Signature _____

Please refer to the Crosswalk Information Packet at www.crosswalkcamp.com for complete details



STAFF MEDICAL RELEASE & PERMISSION FORM

As a staff candidate , I hereby give my permission for _____,
(full name of staff candidate)

to participate in **CROSSWALK** which is to be held on May 28-31, 2010. 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 CAMP 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, Crosswalk Standards Agreement, Sexual Purity Presentation, schedule of activities, and material to be presented.
- 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: _____.

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:

_____	(_____) _____	(_____) _____
(name)	(evening phone number)	(day phone number)
_____	(_____) _____	(_____) _____
(name)	(evening phone number)	(day phone number)

Signed: _____ **Date:** _____
(signature of staff candidate)

Sign and Return with Your Application

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 under 18 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)

CROSS



WALK

SPECIAL OFFERS for **CROSSWALK - May 2010**

It is our deep desire to reach as many young people for Christ as possible and at the same time give your Pastor and Youth Pastor a chance to experience CROSSWALK free of charge. With both these goals in mind, we are offering two special **"REBATE PROGRAMS"** this session.

OPTION #1: Each Youth Group of **10 or more** (ages 8-18) can bring their pastor and his spouse **FREE!** Each Youth Group of **20 or more** (ages 8-18) not only does their pastor and spouse attend free, but also their Youth Pastor and spouse can attend **FREE!** That means we will pay for food, lodging and a CROSSWALK Shirt for each. *Offer is not transferable.*

OPTION #2: If you bring another young person (ages 8-18) 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 2010 - REBATE OFFER

May 28-31, 2010 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: _____@_____

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