



<b>Individual Registration Form</b>
<b>Winter 2023</b>

Completed forms must be brought with you to your retreat.

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|----------|--|---|---|
| Retreat: | Deep Freeze 1 <input type="checkbox"/><br>(Jan. 13-15, 2023) | Deep Freeze 2 <input type="checkbox"/><br>(Jan. 20-21, 2023)  | Deep Freeze 3 <input type="checkbox"/><br>(Jan. 27-29, 2023)  |
|          | Winter Blast 1 <input type="checkbox"/><br>(Feb. 3-5, 2023)  | Winter Blast 2 <input type="checkbox"/><br>(Feb. 10-12, 2023) | Winter Blast 3 <input type="checkbox"/><br>(Feb. 24-26, 2023) |

Participant Name:		Age:	
Church/Group Name:			
Parent/Guardian Name:			
Parent/Guardian Phone:			
Parent/Guardian Email:			
Emergency Contact Name:			
Emergency Contact Phone:			
Allergies: (food, medication, or environment)			
Current Medications Taken:			

\*Please note that if special dietary needs are required, your group leader will need to contact the camp to make arrangements. This form is for emergency information purposes ONLY and does not signify a request for special dietary consideration. Camp Crossroads is peanut/nut aware at all times.

**Permission and Medical Release:**

I permit my son/daughter to participate in Winter Retreats at Camp Crossroads.

I agree that my child shall comply with the rules set by Camp Crossroads and the directions of Camp Crossroads' staff while at the retreat.

I agree that my child may be photographed and/or videotaped for use in Camp Crossroads' promotional material and/or website and/or online media. (Camp Crossroads will not identify participants without additional written permission.)

My child is in good health and has not been exposed to any infectious diseases in the past month. If there is a surgical emergency and we are not immediately available for consultation, I hereby grant permission for the director of Camp Crossroads (or designate) or individual church leader to obtain, with a physician consult, the proper treatment, hospitalization, injections, anaesthesia or surgery to the above named child.

I agree to abide by the applicable restrictions and regulations as outlined by the Government of Ontario and/or Ontario Public Health as well as the COVID-19 safety protocols of Camp Crossroads in preparation for my child to attend camp.

I am fully aware of the risks and hazards with respect to COVID-19 inherent in my child's attendance at Camp Crossroads and participation in

the activities of Camp Crossroads.

I freely and voluntarily agree to assume the risk with respect to COVID 19, regardless of severity, that my child/ward may sustain as a result of their participation in the activities of Camp Crossroads or attendance at Camp Crossroads, howsoever arising, including negligence on the part of the Releasees.

I waive the right to any cancellation or adjustment of fees should such a scenario arise.

I understand that the information recorded here is necessary for my child's safety and well being at Camp and that this information will be treated in a respectful and caring manner.

I, the undersigned, hereby release Camp Crossroads, affiliated with the Ontario Conference of Mennonite Brethren Churches, its directors, officers, employees, and volunteers (the staff) from any and all actions, claims or any type of liability whatsoever in the event of any accident or misfortune which may occur to my child during the camping period indicated in this application, and furthermore, I the undersigned, agree to indemnify the staff from any and all damages, losses, or liability suffered by any of the staff as a result of any action or claims made by any person arising out of anything done or suffered by my child as a consequence of attending Camp Crossroads during the said camping period.

I have legal custody of the named child and have read and agree to all the above conditions of registration

Parent/Guardian Signature:

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Date:

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