

SB2W - Camper Registration Form - 2024

<i>For official use only</i>	
Received: _____/_____/_____	
_____ Health Form(s)	
_____ Immunization Record(s)	
_____ Payment Received?	
_____ Confirmation Email Sent	

Camp runs July 15 – 26, and from 9am - 4pm weekdays and is open to children entering 2nd- 8th grade in the fall.

Parent / Guardian Information:

First Name: _____ Last Name: _____

Email Address: _____

Home Phone: _____ Cell Phone: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

If you regularly attend church, would you mind sharing with us the name of your church? _____

Camper Information: (For campers entering 2nd – 8th Grade)

First Name: _____ Last Name: _____

Age: _____ Date of Birth: _____ Gender: _____

Grade Entering in September: _____ T-shirt size: (Circle one) Youth S M L Adult S M L

What is your relationship to this camper? _____

If this child or a sibling attended SB2W at Lima Baptist in the past, please check the team they were on:

_____ Romans (Red) _____ Galatians (Blue) _____ N/A – First year for this child & siblings

Additional Camper:

First Name: _____ Last Name: _____

Age: _____ Date of Birth: _____ Gender: _____

Grade Entering in September: _____ T-shirt size: (Circle one) Youth S M L Adult S M L

What is your relationship to this camper? _____

If this child or a sibling attended SB2W at Lima Baptist in the past, please check the team they were on:

_____ Romans (Red) _____ Galatians (Blue) _____ N/A – First year for this child & siblings

Additional Camper:

First Name: _____ Last Name: _____

Age: _____ Date of Birth: _____ Gender: _____

Grade Entering in September: _____ T-shirt size: (Circle one) Youth S M L Adult S M L

What is your relationship to this camper? _____

If this child or a sibling attended SB2W at Lima Baptist in the past, please check the team they were on:

_____ Romans (Red) _____ Galatians (Blue) _____ N/A – First year for this child & siblings

Additional Camper:

First Name: _____ Last Name: _____

Age: _____ Date of Birth: _____ Gender: _____

Grade Entering in September: _____ T-shirt size: (Circle one) Youth S M L Adult S M L

What is your relationship to this camper? _____

If this child or a sibling attended SB2W at Lima Baptist in the past, please check the team they were on:

_____ Romans (Red) _____ Galatians (Blue) _____ N/A – First year for this child & siblings

Additional Camper:

First Name: _____ Last Name: _____

Age: _____ Date of Birth: _____ Gender: _____

Grade Entering in September: _____ T-shirt size: (Circle one) Youth S M L Adult S M L

What is your relationship to this camper? _____

If this child or a sibling attended SB2W at Lima Baptist in the past, please check the team they were on:

_____ Romans (Red) _____ Galatians (Blue) _____ N/A – First year for this child & siblings

Additional Camper:

First Name: _____ Last Name: _____

Age: _____ Date of Birth: _____ Gender: _____

Grade Entering in September: _____ T-shirt size: (Circle one) Youth S M L Adult S M L

What is your relationship to this camper? _____

If this child or a sibling attended SB2W at Lima Baptist in the past, please check the team they were on:

_____ Romans (Red) _____ Galatians (Blue) _____ N/A – First year for this child & siblings

Emergency Contacts and Authorization to Pick up Children:

In case of emergency, please call? (First Name, Last Name and Phone in order of who to call first.)

1.) (Parent) _____ 2.) _____
3.) _____ 4.) _____

Please list the names and phone numbers of those who are authorized to pick up your child/ren including yourself. Any changes to this list MUST be in WRITING with a SIGNATURE.

1.) (Parent) _____ 2.) _____
3.) _____ 4.) _____

Please list the name of anyone who is *forbidden* to pick up your child/ren:

Initial here to give your children permission to be released without being picked up by an adult. _____
(This can be a good option for families who live within walking/biking distance.)

Acknowledgements:

Parents, please read and initial on each line.

_____ I understand that my child's absence affects other campers and I will do my best to ensure my child/ren will attend the entirety of camp.

_____ I understand that campers may not be dropped off before 8:50 am and must be picked up no later than 4:10 pm each day of camp. (Campers can arrive earlier on the first day of camp.)

_____ I understand that though SB2W will make its best effort, they cannot guarantee a t-shirt in the size requested and children who register after June 15th may not receive a t-shirt.

_____ I understand that SB2W assigns campers to "squads" by date of birth and though SB2W will try to honor specific requests, assignments to specific squads, or placement with specific friends cannot be guaranteed.

_____ I am aware that photos and video will be taken during various camp activities for use in print and digital promotions. (Children will not be identified by name.)

_____ I understand that registration closes on June 15th and registrations received thereafter will be put on a waiting list.

_____ I have read and agree with the Camp Refund Policy.

Camp Refund Policy: Since withdrawals do not reduce our expenses, refund are issued as follows:

- A 100 % refund will be given if a camper withdraws before camp begins.
- A 50% refund will be given if a camper withdraws on the 1st or 2nd day of camp.
- A 25% refund will be given if a camper withdraws on the 3rd or 4th day of camp.
- No refund will be given if a camper withdraws after the 4th day.

Checklist & Payment Details:

REGISTRATION CHECKLIST:

Registration is not complete until each of the following documents are received:

- Registration Form** (one per household)
- Health Forms** (one per child)
- Current Immunization Records** for each child from family physician OR a letter stating you do not immunize.
- Payment** - Check or Money Order payable to **"Crossroads Church"** with "SB2W" in memo line. **For e-Payments:** Follow the instructions on bottom of page. Please check the box below and forward the email receipt to sb2w@crossroadschurchny.org

Payment Calculator:

Camp Fee: \$225/camper if received by 5/31

\$240/camper if received after 6/1

Those who register after June 15th will be put on a waiting list and admitted if space is available.

Total number of Campers: _____ \$ _____

SUBTOTAL: \$ _____

Extra \$ to "Pay it Forward" and help another child attend camp: (Thank you!) \$ _____

GRAND TOTAL: \$ _____

Please check here if you paid on-line

I hereby affirm that this information is true and accurate to the best of my knowledge.

Parent Signature: _____ Date: ____/____/____

Send forms and payment to:
Crossroads Church
ATTN: SB2W
1574 Rochester Street
Lima, New York 14485

To pay on-line by Credit/Debit Card:
Go to crossroadschurchny.org - click the "e-Giving" tab.
Select "Quick Give" (No Login Required)
Please "Add 3% to help cover costs of processing?"
Please forward your emailed receipt to
sb2w@crossroadschurchny.org