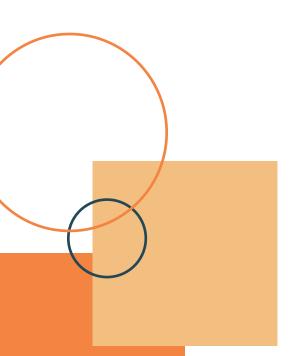
Survival Guide



CR SSINGS AT SKYCROFT





President

As I think about this coming summer, my heart is full as I am reminded of God's continued blessing on Crossings and our partnership with Skycroft. As I write this letter, Skycroft's registration is over 700, more than twice as many as last year. Summer 2021 was a great start. However, we are excited about the coming years and what God will do.

We've made an exciting change to our morning schedule, which you will find in the section, "New and Improved". Crossings is committed to the pursuit of excellence as we continue to find new ways to proclaim the gospel.

I want you to know that we are praying that God will do incredible things in the lives of you, your students, and adults this summer. I believe there is nothing as life-changing as getting away from the world's distraction and into an environment where you are bathed in the Gospel.

Thank you for trusting us with your students as we partner with you in ministry. I hope to see you at Group Leader Lunch on the last full day of camp.

Grace and Peace.

LANCE HOWERTON

President, Crossings Ministries

Checklist

JANUARY / FEBRUARY

- ☐ Promote Camp Promotional materials can be downloaded from www.gocrossings.org/campprep.
- ☐ Deadline to adjust numbers without penalty: February 28.

This is the last day to drop numbers without financial penalty. Decreasing spots after this date will result in a forfeit of the \$50 deposit fee for each spot dropped.

Contact the Skycroft office to adjust your numbers: 301-293-2202.

MARCH / APRIL

- ☐ Hold a participant / parent meeting
 Discuss participant registration, daily
 schedules, packing list, dress code, etc.
- Choose between the Adventure / Missions track for Tuesdays and Thursdays at camp.

Skycroft will contact you in April so that your church can make your selection. Read more about the Adventure/Missions track further on in the survival guide.

MAY

☐ Share your Color Team Assignment with your students.

We'll contact you in mid-May to tell you what Color Team your church will compete on this summer so your group can plan in advance and go all out in their team color.

2 WEEKS PRIOR TO YOUR CAMP SESSION

☐ Complete Background Check Form:

All adults attending camp must have had a background check performed in the last 2 years and must be listed on the form. Form is included at the end of this guide and can be emailed to Skycroft at skycroft@skycroft.org two weeks prior to your arrival at camp.

REGISTRATION FOR 2023 CAMP OPENS JUNE 1ST.

- □ Submit a Certificate of Liability (**NEW**):
 - Crossings Ministries with our Louisville address MUST be listed as the Certificate Holder (example shown at the end of this guide). Your church insurance agent can provide you with this form, and you can email the form to skycroft@skycroft.org.
- ☐ Ensure all parents of participants are completing their Participant forms.
- ☐ Final Camp Payment is due.
- ☐ Submit your church roster with all student and adult participants listed.
- ☐ Find a template roster on the Skycroft website. This roster provides important information with regard to gender breakdowns to be used for housing assignments.

SUBMIT AT REGISTRATION ON DAY 1 OF CAMP:

- Participant forms (two copies): One notarized/original copy and a second photocopy.
 - Each form should be accompanied with photocopies of insurance cards attached for each camper and adult sponsor. Please bring them separated into two sets in alphabetical order by last name. The set of notarized originals will be submitted to Skycroft and the other set of copies is to be kept with the group leader at all times in case of emergency.
- Mission Waivers: Only churches participating in the Mission Track must submit a completed Mission/
 Volunteer Waiver for anyone under the age of 18. (If your church is signed up for the Adventure Track, you do not need to complete this waiver.)





Schedule

9:45 | Free Time/Late Night Option

11:00 | Curfew

SUNDAY:	TUESDAY & THURSDAY					
2:00-4:30 Registration	6:30 Leadership Lab					
5:30 Adult Meeting	8:00 Breakfast /					
6:00 Dinner	Time Alone with God (TAWG)					
7:30 Opening Celebration	8:45 Morning Cel / Large Session Bible Study					
9:00 Church Group Time	9:45 Church Group Bible Study					
11:00 Curfew	10:45 Pastor Q&A					
MONDAY & WEDNESDAY:	11:15 Adventure 1					
6:30 Leadership Lab	**Mission Groups Depart at 11:00**					
8:00 Breakfast /	12:30 Lunch					
Time Alone with God (TAWG)	1:30 Adventure 2					
8:45 Morning Cel /	3:00 **Mission Groups Return**					
Large Session Bible Study	3:30 Color Team Games					
9:45 Church Group Bible Study	4:30 Free Time					
10:45 Pastor Q&A	6:00 Dinner					
11:15 Circuit A	7:30 Worship					
12:30 Lunch	9:00 Church Group Time					
1:15 Circuit B	9:4 Free Time/Late Night Option					
2:30 Circuit C	11:00 Curfew					
3:45 Color Team Games	FRIDAY:					
4:30 Free Time	7:30 Pack Up/Vacate Lodging					
6:00 Dinner	8:00 Breakfast					
7:30 Worship	9:00 Closing Celebration					
9:00 Church Group Time	10:00 Depart for Home					



LEADERSHIP LAB: Leadership Lab is an optional early morning program for students that want to learn more about being a leader right where they are. Using Christ's perfect example, students focus on different aspects of leadership each morning and put it to practice through different exercises and activities. This is a great opportunity to encourage your student leaders to attend and grow their leadership skills. Adult chaperones are welcome to attend too!

TAWG (TIME ALONE WITH GOD): Time set aside each morning for students to have personal quiet time with Bible study & prayer. **Crossings will provide TAWG/Bible study booklets for each student (and adult) to use during their TAWG,** so the devotional material ties in with each day's spiritual focus.

CHURCH GROUP BIBLE STUDY: Church Group Bible study is a time to apply what the students heard from the Camp Pastor in Large Group Bible Study, and go deeper. **We have written some material for your use but it is up to you if you want to use that. An electronic copy of this material will be sent in advance so that Youth Leaders can prepare.**

CIRCUITS: Circuits are designed to meet students where their interests are – whether that is through discussing missions, creating art or playing ultimate frisbee! We will offer a variety of circuits, some with spiritual emphasis and others that focus on recreation or other interests. Students will fill out a form upon arriving at camp that indicates their preferences and are placed in circuits accordingly.

Activities Continued...

ADVENTURE/MISSION TRACKS: On Tuesday and Thursday at camp, youth groups choose to either participate in adventure track or mission track together. Churches that choose the adventure track will have the opportunity to participate in several recreation programs at Skycroft such (Confidence Course, Bazooka Ball, escape room, pool time, high ropes, etc.)

Youth groups that choose the mission track go off-campus to serve in local missions. We partner with local churches and ministries so that our youth missionaries can help further God's kingdom through the local church. While campers engage in a variety of missions activities and settings, most require some physical labor.

Churches who choose the mission track are responsible for their own transportation to and from mission sites. Skycroft provides a packed lunch to be eaten on location.

COLOR TEAM GAMES: Each church is assigned to a Color Team to compete in various games and challenges throughout the camp week. Each afternoon, teams will get hyped before facing off in a large game or competition during Color Team Games. You will receive a direct email regarding which team your church is placed on. **We encourage you to share your team color with your students ahead of time so they can pack gear to represent their team color during Color Team Games!** Most campers show up to Team Games decked out in colored bandanas, t-shirts, socks, face paint, etc.!

CHURCH GROUP DEVOTIONS: Our desire is to always direct your students back to you in the significant decisions they are making at camp. As a result we have scheduled time for you to check in with your students every night after worship. This is a time for church groups to unpack the message together, ask questions, pray or simply hang out. **We will provide some discussion prompts from the Camp Pastor based on his worship message. We will email this to you at least one week before camp.** Churches are free to use this time as needed, but we like to provide some talking points for leaders as an optional resource.



STUDENT & CHAPERONE

Packing List

Appropriate Clothing (See Dress Code below.)
Bedding – pillow, sheets, blanket or sleeping bag
Towels – beach towels, bath towels, bathmats
Toiletries – toothbrush, soap, shampoo, wash cloth, deodorant, hand soap, paper towels
Sunscreen
Insect Repellent
Reusable Water Bottle
Sunglasses and/or Hat
Closed toe AND CLOSED HEELED Shoes – required for most recreation activities
Modest one-piece swimsuits
Clothing and accessories in your Team Color (Color Team assignments will be shared in May)
Complete Bible – we use ESV (not required) in all programs
Pen and Notepad
Spending money for HeBrews Snack Shop (items range \$1-\$6) and camp gear (items range \$1-\$30), free time activities such as paintball
Challenge: Student participants bring \$20

or more to give to the missions offering

GROUP PACKING LIST

For adults and/or group leader, we recommend you bring the following to ensure your group has an optimal experience.

- ☐ Anti-itch cream (Lanacane)
- ☐ Sunburn relief (Green Aloe with Lidocaine)
- □ First Aid Kit triple antibiotic ointment, ace bandages, bandages, anti-bacterial wipes, & epipen.
- ☐ Pain Medications (Tylenol, Ibuprofen, etc.)
- Extra hand soap, paper towels, and bathmats
- □ Gold Bond

WHAT NOT TO BRING

- 1. Alcohol, tobacco, vaping products, and illegal drugs
- 2. Fireworks or weapons of any kind
- 3. Skateboards, roller skates, or shoes with built in skates.
- 4. Anything that explicitly or implicitly promotes racism, sexism or hatred of any group/person
- 5. Anything that explicitly or implicitly refers to sexual actions or situations

DRESS CODE: We ask that all students and adults dress modestly. For females and males, shorts need to be longer than fingertip length when arm is extended down the side of leg. We do not allow spaghetti strap tank tops, any tops where undergarments can be seen, or any shirts with the sides cut out. Swimsuits must be one piece. For both males and females, shirts must be worn at all times when walking to and from the pool.

NEW AND IMPROVED

New Morning Format

LARGE GROUP BIBLE STUDY: Large group Bible study will be taught via video by the author of the material.

CHURCH GROUP BIBLE STUDY: Church groups meet separately to work on an application specific interaction led by you, their Youth Pastor and adult chaperones.

CAMP PASTOR Q&A: Everyone comes back together to have an opportunity to hear the camp pastor share their life, testimony, and wisdom pertinent to students. The Camp pastor will also have a time where they answer questions from students gathered throughout the camp session.

Missions Offering

Crossings' support of our eastern KY ministry partners continues this summer.

EVERY DOLLAR GIVEN BY OUR CAMPERS WILL GO TO:

- 1. Support the work of God's Appalachian Partnership in McDowell (gapky.org).
- 2. Support the work of Freeda Harris Baptist Center in Elkhorn City (kybaptist.org)
- 3. "Campership" support to send kids from Appalachia to for Crossings Day Camps for Kids locations.

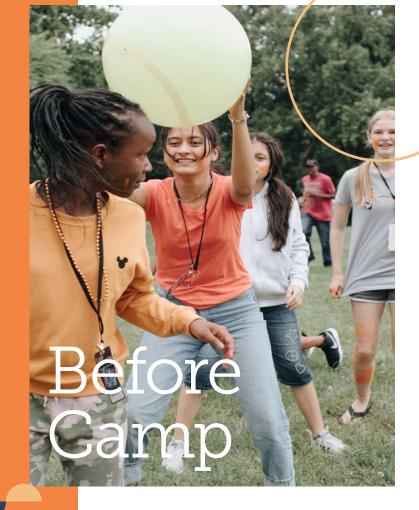
Last summer we raised **\$125,000.25** for these three causes! This year we pray for more! We are praying that every camper will come prepared to participate in our missions offering.

Since Crossings began, we've given \$1,897,407 to global missions causes. This summer we will give over the \$2,000,000 mark since 2000!.

This summer just \$10.00 per camper will mean more than \$170,000 for GAP, Freeda Harris and scholarships to help kids from Appalachia come to Crossings Day Camps for Kids (gocrossings. org/camps).

More information every night at camp!





ARRIVAL

All arrivals should occur between 2-4:30 p.m. If an emergency causes you to miss this window, please call us at 240-675-7093 with your projected arrival time.

Upon arrival, only the primary group contact should enter the Registration Building to complete the check-in process with Crossings and Skycroft staff. You will receive room keys, Bible study booklets, and submit all participant form paperwork at this time. Please have your paperwork organized and ready to submit at check-in.

The rest of the church group will go through a registration circuit while the primary contact checks in. During this time, they will receive their camp t-shirts and sign up for Circuits. Once the group leader rejoins their church, they will end this check-in process with a group photo in their new camp t-shirts. We will give you a framed picture at the end of camp before you leave.

HOUSING

Housing assignments will be provided at Registration. If you'd like to know your lodging assignments in advance, you may call the Skycroft office up to 5 days before your session date.

Churches will be housed in lodges and motel accommodations, all of which are outfitted with bunk beds. Ladies are housed primarily in motel style accommodations where each room will have 2 sets of bunk beds (4 beds total). Each motel room will have two full-size bottom bunks and two twin-size top bunks. Please bring sheets accordingly. Lodges have twin-size bunks only.

Bath: Each motel room has a private bathroom equipped with one shower, sink and toilet. Lodges have various number of toilets and showers depending on the lodge size.

Linens: No linens are provided or will be provided

Damaged or Lost Keys: Keys are only available for motel rooms. Lost keys will incur a \$25 charge.

DRIVING TO CAMP

Turn-by-turn directions are available on Skycroft's website (skycroft.org/info/driving-directions/). Some of the back roads to get up the mountain to Skycroft are not fit for buses. If you are using a bus service, or are bringing a bus to camp, please use the directions provided on Skycroft's website instead of a GPS! If you are using a bus service, please specifically share this route with your driver to ensure your arrival to camp is without complications.

MEDICAL TREATMENT & EMERGENCY RESPONSE

Neither Crossings nor Skycroft provide medical supervision, treatment, maintenance or dispensing of medications for campers. These responsibilities belong to the church group. We do, however, provide a lock box at check-in to each church where all medications should be stored by an adult leader.

Emergency transportation is available through local emergency response groups by dialing 911. Church groups should have at least one vehicle on site for the purpose of nonemergency transportation for medical services.

CHAPERONE EXPECTATIONS AND RESPONSIBILITIES

Our philosophy at Crossings is that camp is as much for adults as it is for students. We want you to grow in Christ and to have opportunities to invest in relationships with your students. For this reason, we invite all chaperones to participate in all aspects of camp.

• Certificate of Liability

A Certificate of Liability is provided by your insurance company. This certificate states your church/organization's insurance policies and coverage information. The certificate names Crossings Ministries as an additional insured so we know your organization is protected when visiting our camps. Please see sample form attached. If you call your church's insurance company, they will know what you need.

Background Check

These are a central component of our Child Protection Policy. We want to help prevent and protect your students from physical, emotional, verbal, and sexual abuse, especially while they are on our properties and under our care. For this reason, we ask all adults who attend camp to pass a background check. All background checks must have taken place within the previous two years from the date of camp attendance. We trust that many of you have completed background checks for your adult leaders. Therefore, we only ask that you list the names of leaders you have up to date background checks for and sign the Background Check Form. Adult leaders who are not listed on the Background Check Form may not participate in camp. If you need to run a background check, you may visit ministryopportunities.org/opportunity/44136 to take advantage of our group discount (\$9 each). Be sure to indicate your church/ organization and check the box to have the background check sent to you. You also are welcome to use your own service.





AT CAMP AND OTHER IMPORTANT

Information

DANCING THROUGH THE DECADES

This summer, come prepared to leave it all on the dance floor! As a church, dress from head to toe as your favorite decade (1950s-2000s). Campers will enjoy various dance competitions through "Just Dance 2022." Which decade will be crowned the greatest of all time? It is up to you!

POST-CAMP FEEDBACK

We hope that you are able to attend our Group Leader meetings during the camp week. We want to hear about your camp experience and what we can do to make it better next year. You will be receiving a survey via email after camp to give us your thoughts and opinions on camp. We look forward to your feedback!

REGISTER FOR 2023

We will open registration and publicize Dates and Rates in June. We encourage you to register in June, or as quickly as you can, since spots fill up fast. All spots are available on a first come, first serve basis and require a \$50 per person registration fee.

FREQUENTLY ASKED

Questions



What are the age groups for students attending Crossings Camps?

Student Camp is for those entering seventh grade through graduated high school students.

• We have never been to the property. Can we come and check out the facilities?

We would love to have you and your leadership team come and visit Skycroft before camp. Call us year-round at 301-293-2202 to set up an appointment.

Do you have a place where we can do laundry during camp?

There are no laundry facilities available on property. The nearest laundry mat is located in nearby Boonsboro, about 10 minutes away.

Do adult leaders need to submit a Participant Release Form?

Yes, all camp participants (youth and adults) must submit a completed Participant Release Form. For those over the age of 18, notarization is not required. For minors, a parent or guardian should complete this form and it should be notarized.

Can parents or other members of our church visit while we are at camp?

Occasionally, parents and/or church members may visit during worship and mealtimes with advance approval from Crossings. All visitors must sign-in with Skycroft at the front desk in the Registration building.

What if I have a participant with food allergies?

Skycroft works hard to accommodate for each of our guests and any food allergies by serving buffet style along with having a fruit and salad bar. Serving buffet style allows our guests to choose from the items that are safe for them to eat. With the vast number of different food allergies, we cannot guarantee that cross contamination will not occur on our buffet line or that one of our vendors might substitute a product due to their supply. Due to the number of meals that are served each day, it is also difficult to cater meals for individuals, many with different allergies.

It is for these reasons that we suggest for campers and adults with severe food allergies storing any special meals in a refrigerator located in their lodge so there is not a chance of illness or allergic reaction. Please notify Skycroft in advance if someone in your church group requires a refrigerator (one per church) for the purpose of storing food. We do have a commercial microwave at the entrance of our dining room where the meals can be reheated.

Is there a camp nurse?

We do not have a camp nurse. We will have a first aid coordinator that will be able to address all accidents as they happen and can provide basic first aid supplies for minor injuries. Churches are responsible for keeping and disseminating campers' medications; Skycroft provides a lock box at check-in that may be used for this purpose. Churches are responsible for their own transportation to seek non-emergency medical services.

Release and Waiver of Liability for Minor Volunteer

I,, parent or legunder the age of 18 years, acknowledges volunteer for off site mission trips and envolunteer.	al guardian of, a minor and allows the above named minor to work as a gage in the activities related to being a									
Safety: We are willing to abide by instrusafety rules and regulations.	action from worksite supervisors on any and all									
Assumption of Risk: We understand that the work may include activity that may be nazardous to the volunteer, including but not limited to loading and unloading and ransportation to and from the work sites. We hereby expressly and specifically assume he risk of injury or harm in these activities.										
Insurance: We understand that there is not any health, medical or disability insurance coverage for any volunteer. Each volunteer is expected to be covered under his or her own medical or health insurance coverage.										
- · · · · · · · · · · · · · · · · · · ·	ise is intended to be as broad and inclusive as yland and that this release shall be governed by ws of the State of Maryland.									
Church Name:										
Witness:	Volunteer:									
Witness:	Parent or Legal Guardian:									
Date:										

Name of Group	Participant Name	Date(s) of Event
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KENTUCKY BAPTIST ASSEMBLIES, INC. D/B/A CROSSINGS MINISTRIES ("CM") and THE BAPTIST CONVENTION OF MARYLAND/DELAWARE, INC. ("BCMD") MEDICAL RELEASE AND PARTICIPANT REGISTRATION FORM

<u>Please read this form closely and make sure you understand it completely.</u>

I. Background of Participant and Parents: (ple	ease print clear	·/y)		
Name of Participant	Age	Date of Birth		
Address	City	State	Zip	
In Case of Emergency Notify				
Parent or Legal Guardian: Name		Gender M/F		
Please Circle one: Mother Father Other Em	ail Address		Phone	
II. Medical Profile (<i>please print clearly</i>) Generally, Participant's health is: (circle one)	Excellent	Good Fair Po	or	
If health is not excellent, please explain conc treated	dition and any	medical difficulties or inj		oeing
List any a) medicines to which Participant is a			currently taking, c) Any specia	l diet
Participant requires: a)				
b)				
<u>c)</u>				
Has Participant had a Tetanus shot within the	last 10 years?_			
Health Insurance Provider/Company			Policy #	
Subscriber Name	Subscriber #			

III. Release, Waiver, and Indemnity Agreement

<u>Representations and Warranties</u>: The undersigned (collectively, whether one or more, the "Parents") hereby represent and warrant that:

- (a) the Parent(s) are the biological parents, legal custodians, and/or legal guardians of Participant (if a minor);
- (b) Participant has no physical or mental condition that would create any unusual or undue risk of accident or injury while at the Event.
- (c) Parent(s) will not send Participant to the applicable camp, conference, retreat, or mission trip (such event, together with all related activities, the "Event") if they have a positive COVID-19 test within five days before the start of the Event, or if they are suspected to have COVID-19 or have been exposed to an individual with a positive COVID-19 test within 5 days of the start of the Event.

<u>Consent</u>: The Parents hereby consent to (a) Participant's attendance at the Event and participation in all related activities and (b) CM's and/or BCMD 's photographing and videotaping Participant during the Event and use of such materials and images in promotional materials.

Assumption of Risk: The Parents hereby acknowledge and agree that:

- (a) Participant will likely engage in a number of activities at the Event that will carry various levels of risk of injury and require a certain amount of physical fitness and/or overall health in order to safely participate;
- (b) CM and BCMD cannot possibly list every activity in which Participant may participate at the Event that could result in an injury or accident but hereby provides this non-exhaustive list for your information: high and low element climbing activities; swimming; various water activities; and numerous other activities typically associated with camps, as well as more general risks such as exercise, high temperatures, physical contact, and exhaustion;

(c) Participant will have the right to opt out of any activities that Participant is unable or unwilling to complete Notwithstanding all of the above, the Parents hereby voluntarily assume and accept all risks associated with the Event including, without limitation, for personal injury to Participant and damage to Participant's property.

Covid-19:

The novel coronavirus, COVID-19, is extremely contagious, believed to be transmitted by person-to-person contact regardless of whether those persons may be exhibiting symptoms, and has been declared a worldwide pandemic by the World Health Organization. CM and BCMD will stay apprised of the recommendations provided by federal, state, and local governments and agencies; however, CM/BCMD cannot (and do not) guarantee that Participant and Participant's family, friends, and others will not become exposed to and/or infected with COVID-19. In consideration of being allowed to participate in the Event, Participant voluntarily assumes the risks that by attending and participating in the Event he/ she and his/her family, friends, and others may become exposed to and/or infected with COVID-19 and that such exposure and/or infection could result in personal injury, illness, disability, and/or death. CM and BCMD will use its discretion in determining what safety measures will be appropriate with respect to the Event, and Participant shall be required to fully comply with any and all such measures as a condition to being permitted to participate in the Event.

Release: In consideration for Participant being permitted to enroll in the Event, the Parents, on behalf of themselves, Participant, and their respective heirs, executors, administrators, and assigns, hereby release CM, BCMD and all of CM's and BCMD's officers, directors, employees, affiliates, agents, and representatives (collectively, the "CM Releasees") from any and all present and future responsibilities, liabilities, obligations, claims, and demands (collectively, "Claims") arising from or related to:

- (a) Participant's participation in the Event, including, without limitation, related to any injury, illness, or damage to personal property resulting during Participant's presence at and/or participation in the Event, regardless of how or when it may occur; provided, however that the foregoing shall not release CM and/or BCMD from any Claims to the extent of any grossly negligent or intentionally wrongful acts or omissions by CM and/or BCMD;
- (b) any and all sicknesses or injuries relating to or resulting from Covid-19 that Participant and/or Participant's friends, family, and/or others may suffer or sustain, regardless of cause or fault, as a result of Participant's voluntary decision to utilize the facilities and premises of CM and/or BCMD;
- (c) any and all luggage, personal effects, and other belongings brought by Participant to the Event;
- (d) any act or omission by any carriers, hotels, vendors, and other suppliers responsible for providing any goods or services related to the Event (collectively, "Suppliers") as independent contractors and not as agents, employees, or representatives of CM BCMD or joint venturers with CM or BCMD; and
- (e) any Medical Treatment that Participant receives in connection with his or her participation in the Event.

<u>Indemnification</u>: The Parents shall indemnify and hold harmless CM, BCMD and each of the CM and BCMD Releasees from any and all losses, damages, claims, expenses, and other liabilities and obligations (including, without limitation, attorneys' fees and costs of defense) that arise out of, or otherwise relate to, any and all personal injury, property damage, and/or wrongful death that Participant may either suffer or incur or cause to be suffered or incurred to others in the course of participating in this Event.

<u>Medical Insurance</u>: The Parents hereby acknowledge and agree that that medical insurance policy which has been identified above by the Parents as providing coverage to Participant shall be primarily responsible for all medical expenses associated with any injury or illness suffered by Participant.

<u>Miscellaneous</u>: This Agreement shall be governed by the laws of the Commonwealth of Kentucky, notwithstanding the conflict of laws principles of any jurisdiction. The Parents agree and understand that if any provision hereof is held to be invalid for any reason whatsoever, then the remaining provisions shall not be affected thereby. If such provision may be modified or reformed so as to be valid, then the provision shall be deemed to be so modified or reformed to that extent which would most accurately reflect the intent of the parties hereto while also being valid and enforceable.

Complete and sign below (youth under 18 years of age requires Parent/Legal Guardian signature)

REVISED February 25, 2022

Participant's Signature	Date://									
Parent/Legal Guardian Signature	Phone () Date://_									
Notary Acknowledgement										
State of}}										
County of }										
Personally appeared before me,who acknowledged that he/she executed the within instrument for										
Witness my hand this day of, 20										
Notary signature: My commission expires:										

Place notary stamp/seal here

Background Check Form

Sample Form

The participating church confirms the below regarding the adults attending camp with our group (both Group Leader and Chaperones):

- 1. They are well known by the Group Leader or are in recognized leadership of the participating church.
- 2. The registered church and Group Leader knows of no reason why any of the adults should not serve as a sponsor for youth and children under the age of 18.

The participating church also warrants that it has:

Signature

- 3. brought no Adult Chaperone or Group Leader not listed on this form.
- 4. performed a nationwide criminal background check on all Adult Chaperones and Group Leaders within the past two years.
- 5. taken reasonable steps to confirm that the individuals are <u>not</u> registered sex offenders by making inquiries to law enforcement officials or by checking <u>www.nsopr.gov</u> (the National Sex Offender Public Website).
 - Note: If you need to perform a new background check, you may take advantage of our group discount at \$9 each through https://ministryopportunities.org/opportunity/44136. While you are welcome to use your own service, this particular background check is a combination criminal and sex-offender check, which fulfills #4-5 above jointly.

Please list the legal name of all adult chaperones and group leaders:

•
•
•
•
•
•
•
•
•
Please provide the relevant information about your church:

Church Name:

Address:

Phone #:

Signature of Authorized Representative

GROUP LEADER OR ON-STAFF PASTOR

Printed

Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

certificate noticer in fled of such endorsement(s).													
PRODUCER AGENCY NAME				CONTACT NAME: PHONE: FAX (A/C, No. Ext): (A/C, No.):									
123MAIN ST BURBANK CA 91502				E-MAIL ADDRESS:									
									INS	URER(S) AFFOR	RDING COVERAGE		NAIC #
								INSURER A:					
INSL	RED							INSURER B:					
		RED NAME MAIN ST BURBANK	<i>(</i> C	A 01502				INSURE	RC:				
	123 1	MAIN ST BURDAINN	\	4 91502				INSURE	RD:				
								INSURER E:					
								INSURER F:					
co	VER	AGES		CER	TIFIC	CATE	NUMBER:	moone			REVIS NUMBER:		
-			HAT				RANCE LISTED BELOW HAY	/E BEEI	N ISSUED TO		D / ED ABOVE FOR TH	E POL	ICY PERIOD
С	ERTI	FICATE MAY BE	ISS	SUED OR MAY I	PERT	AIN, 1	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	ED BY	THE POLICIES	S DESCRIBE	MENT WITH LISPECT TO	T TO I	WHICH THIS THE TERMS,
INSR LTR		TYPE OF INS	SUR	ANCE	ADDL	SUBR	POLICY NUMBER		POLY FFF (MM/D. YY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3	
		COMMERCIAL GENE			1130	11.10	. Quiet ingmosti		W	,		\$	
	X	CLAIMS-MADE		OCCUR							D GE TO RENTED	\$	
		OCAMO MADE	L	000011								\$	
								7				\$	
	OEN	I VL AGGREGATE LIMIT	T A.	DI IEC BED.								s s	
	GEI	PBO											
	X		r	roc								\$	
\vdash	ALIT	OTHER:									COMPRED CAROLE LIBER	s	
	AU	1											
		ANY AUTO ALL OWNED		SCHEDULED								\$	
		AUTOS	-	AUTOS NON-OWNED						BODILY INJURY (Per accident) \$ PROPERTY DAMAGE			
		HIRED AUTOS	_	AUTOS					^		(Per accident)	\$	
<u> </u>			4		_							\$	
	UMBRELLA LIAB OCCUR		OCCUR							EACH OCCURRENCE	\$		
EXCESS LIAB CLAIMS-MADE								AGGREGATE :	\$				
DED RETENTION\$			N \$								\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			Y/N							PER OTH- STATUTE ER			
ANY PROPRIETOR/PARTNER/EXECTOFFICER/MEMBER EXCLUDED?			EXEC.	N/A						E.L. EACH ACCIDENT	\$		
	(Mar	ndatory in NH)	, DE		_						E.L. DISEASE - EA EMPLOYEE :	\$	
	DES	s, describe under CRIPTION OF OPERA	NTIK	below							E.L. DISEASE - POLICY LIMIT	\$	
						•							
DES	CRIPT	TION OF OPERATIONS	3/1/	OCATIONS	.1	CORD) 101, Additional Remarks Schedu	le, may b	e attached if mon	e space is requi	red)		
"	Junio 1	TON OF OPERATIONS	,,,,	OCATIONS	,	100110	TOT, AUGICOTIAI HEITIAINA GUITOGO	ie, iliay b	e allacired il lilon	o opace to requi	00)		
									E. I A T. O.				
CE	KTIF	ICATE HOLDER	H					CANC	ELLATION				
Crossings Ministries 13420 Eastpoint Centre Dr Louisville, KY 40223							THE	EXPIRATION	DATE THE	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL BI Y PROVISIONS.			
A								AUTHORIZED REPRESENTATIVE					