



# CAMPER APPLICATION

Thursday – Sunday July 24-27, 2025

Ages 16-18 CO-ED



## Section 1. Please fill out the information completely.

Teen's Full Name : \_\_\_\_\_ Nickname: \_\_\_\_\_

Gender at Birth (M/F) \_\_\_\_\_ Birthdate (M/D/Y) \_\_\_\_\_ Age \_\_\_\_\_

T-Shirt Size (Adult S-4XL): \_\_\_\_\_ Shoe Size : \_\_\_\_\_ Pant Size: \_\_\_\_\_

Teen's Social Worker: \_\_\_\_\_ Social Worker's Phone Number: \_\_\_\_\_ Social Worker's Email Address: \_\_\_\_\_

Teen's Case Manager: \_\_\_\_\_ Case Manager's Phone Number: \_\_\_\_\_ Case Manager's Email Address: \_\_\_\_\_

### Teen's Current Placement (at time of application)

Guardian's Name: \_\_\_\_\_ Relationship to Teen: \_\_\_\_\_  
(Bio-Parent, Adoptive Parent, Foster Parent, Group Home, etc.)

Address - Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Work Phone : \_\_\_\_\_ Email Address: \_\_\_\_\_

Length of Time Teen Has Been in This Home: \_\_\_\_\_ Has Teen Previously Attended TGAC or CrossRoads camp? (Yes/No) If YES, when: \_\_\_\_\_

Names of Other Foster Children Living in This Home: \_\_\_\_\_  
\_\_\_\_\_

★ Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

## Section 2. Please help us get to know this teen better so we can provide the best mentor match. Check the boxes which best describe the teen most of the time.

- |                                  |                                   |   |   |
|----------------------------------|-----------------------------------|---|---|
| <input type="radio"/> Social     | <input type="radio"/> Energetic   | <input type="radio"/> Talkative                 | <input type="radio"/> Sense of Humor              |
| <input type="radio"/> Quiet      | <input type="radio"/> Serious     | <input type="radio"/> Planner                   | <input type="radio"/> Shy                         |
| <input type="radio"/> Athletic   | <input type="radio"/> Competitive | <input type="radio"/> Determined                | <input type="radio"/> Peacekeeper                 |
| <input type="radio"/> Kind       | <input type="radio"/> Observant   | <input type="radio"/> Likes to Get Things Right | <input type="radio"/> Likes to Perform for Others |
| <input type="radio"/> Thoughtful | <input type="radio"/> Optimistic  | <input type="radio"/> Artistic                  | <input type="radio"/> Leader                      |

### Section 3. Medical History

Primary Care Doctor's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

Insurance ID #: \_\_\_\_\_

Name of Counselor/Psychologist: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Are the teen's immunizations up to date? (Yes/No) \_\_\_\_\_

Please list any medical conditions (mental or physical) treated by a doctor in the last year: \_\_\_\_\_

Does the teen have any physical disabilities, illnesses, or other limitations? (Yes/No): \_\_\_\_\_ If yes, please describe.

**Has the teen experienced any of the following? Please check and indicate date of illness, severity, complications, and any residual impairment.**

- |   |  |   |
|---|--|---|
| <input type="radio"/> Respiratory Problems        | <input type="radio"/> Hypoglycemia       | <input type="radio"/> Natural Allergens         |
| <input type="radio"/> Heart or Circulation Issues | <input type="radio"/> Back/Neck pain     | <input type="radio"/> Seizure Disorders         |
| <input type="radio"/> Pulmonary Edema             | <input type="radio"/> Anaphylactic Shock | <input type="radio"/> Allergy to Poison Oak/Ivy |
| <input type="radio"/> Balance Problems            | <input type="radio"/> Diabetes           | <input type="radio"/> Anxiety                   |
| <input type="radio"/> Dizzy Spells/Fainting       | <input type="radio"/> Drug Allergy       | <input type="radio"/> Other                     |

**Please list ALL medications the teen is taking.** If you need more room, please finish listing on the back of the application.

Name of Medicine	Prescribed For	Dosage/Amount	Time(s) Given



## Section 5. Medical and Liability Release

**MEDICAL RELEASE:** This health history is correct so far as I know, and the above named minor has permission to engage in all prescribed program activities. The undersigned does hereby authorize the directors of CrossRoads/Flint Hills Foster Teen Camps or such substitute as they may designate as agent for the undersigned to consent to an X- ray examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care for the above minor which is deemed advisable by and to be rendered under the general or special supervision of any physician/surgeon licensed under the provision of the Medicine Practice Act or any dentist licensed under the Dental Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or dentist, at a hospital, at camp or elsewhere. This authorization will remain effective while the above minor is en route to and from or involved in or participating in any camp program, unless revoked in writing by a medical professional(s) and delivered to the Camp Director. During camp, prescription medication will be administered to teen as directed by a physician. CrossRoads/Flint Hills Foster Teen Camps will do everything in its power to prevent incorrect medicine from being given. However, CrossRoads/Flint Hills Foster Teen Camps is not liable for incorrect medicine provided to us by the legal guardian, incorrect dosages given, nor is it liable for wrong labeling on medicine bottles. Legal guardians are responsible for checking in the correct medication, bottles and dosages at the time of registration. **This is not the time to give medication vacations to your teen.**

**LIABILITY RELEASE:** Every precaution will be taken to protect campers and volunteers from harm, but CrossRoads/Flint Hills Foster Teen Camps is not liable for injuries/death that teen or volunteer staff may incur while camping or participating in CrossRoads/Flint Hills Foster Teen Camps activities. All extension activities are included.

Legal Guardian's Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

## Section 6. Permission to Administer First Aid and Over-the-Counter Medications

I hereby give CrossRoads/Flint Hills Foster Teen Camps medical professional(s) permission to administer first aid and the following products according to manufacturer's instructions, or as otherwise specified. I trust CrossRoads/Flint Hills Foster Teen Camps medical professional(s) to use his/her best judgement as situations arise, and if in doubt, he/she can call for verification. Please check YES or NO for the medications listed below. This form must be completely filled out by the teens primary caregiver.

Yes	No	Treatment	Details and/or approved alternatives
<input type="radio"/>	<input type="radio"/>	Sunscreen	
<input type="radio"/>	<input type="radio"/>	Insect Repellent	
<input type="radio"/>	<input type="radio"/>	Antihistamine	
<input type="radio"/>	<input type="radio"/>	Epi-Pen (In case of allergic reactions)	
<input type="radio"/>	<input type="radio"/>	Tylenol	
<input type="radio"/>	<input type="radio"/>	Ibuprofen	
<input type="radio"/>	<input type="radio"/>	Band-Aids	
<input type="radio"/>	<input type="radio"/>	Antibiotic Ointment	
<input type="radio"/>	<input type="radio"/>	Anti-Itch Cream	
<input type="radio"/>	<input type="radio"/>	Hydrogen Peroxide	
<input type="radio"/>	<input type="radio"/>	Cough Drops	
<input type="radio"/>	<input type="radio"/>	Decongestant	
<input type="radio"/>	<input type="radio"/>	Pepto-Bismol	
<input type="radio"/>	<input type="radio"/>	Tums	

Legal Guardian's Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

## Section 7. Consent Form

**COACHES/STAFF:** Every effort will be made to contact the teen's coach from previous years at The Great Adventure Camp/CrossRoads so that consistency can be achieved from camp to camp. However, this is not always possible. All CrossRoads/Flint Hills Foster Teen Camps coaches and staff will be interviewed, background checked and trained before being on staff.

**CONFIDENTIALITY:**

Every teen registered at CrossRoads/Flint Hills Foster Teen Camps has the right to confidentiality. Our coaches are instructed not to take pictures of/with, exchange addresses, phone numbers, e-mail addresses, or social media information with any camper. Any videos or pictures that are obtained by CrossRoads/Flint Hills Foster Teen Camps will be edited by blocking out faces if used in any promotional medium.

**SAFETY/LIABILITY:**

Teens will be participating in a challenge course. Safety and every precaution will be taken to protect them from harm. CrossRoads/Flint Hills Foster Teen Camps staff is very aware of our responsibility to each teen's safety, but CrossRoads/Flint Hills Foster Teen Camps and Living Water Ranch, Inc. are not liable for injuries/death that teens or volunteer staff may incur while camping or participating in CrossRoads/Flint Hills Foster Teen Camps activities.

**MEDICATION APPLICATION:**

During camp (3 full days), medication will be administered to teens as directed by a physician. CrossRoads/Flint Hills Foster Teen Camps will do everything in its power to prevent incorrect medicine from being given. However, CrossRoads/Flint Hills Foster Teen Camps and Living Water Ranch, Inc. are not liable for incorrect medicine provided to us by the legal guardian, incorrect dosages given, nor is it liable for wrong labeling on medicine bottles. Legal guardians are responsible for checking in the correct medications, bottles and dosages at the time of registration. **This is not the time to give medication vacations to your teen.**

**FINANCIAL COMMITMENT:**

CrossRoads/Flint Hills Foster Teen Camps is a nonprofit organization. We operate by volunteer hours and funds committed to running this program. If you would like to make a charitable donation to CrossRoads please send it to:

**CROSSROADS**

c/o Camp Support  
4122 Living Water Road  
Olsburg, KS 66520

You will receive a charitable contribution receipt to submit with your tax return.

I have read the above and understand that by signing my name as legal guardian of:

Teen's Name \_\_\_\_\_

I agree that CrossRoads/Flint Hills Foster Teen Camps Staff and Coaches will take every precaution to protect said teen from harm. However, in any instance they are injured I have given medical information and permission to take them to a medical facility for proper care. I release CrossRoads/Flint Hills Foster Teen Camps and Living Water Ranch, Inc. from any liability surrounding said teen's injury/death.

Legal Guardian's Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Send Completed 6 pages of Registration including a copy of teen's Health Insurance and a Recent Photo of teen to:**

CROSSROADS  
c/o Camp Registration  
4122 Living Water Road  
Olsburg, KS 66520

Or by email: [director@fhftc.org](mailto:director@fhftc.org)

Questions? Call our office: 785-293-2449