

# Crossroads Ranch Cowboy Camp Summer Program

By Crossroads Ranch Ministries/Loving Hearts Ministry

*Teaching kids who they are in Christ,  
with a cowboy flair!*

For Youth from all over the country ages 6 and up.

## Registration & Enrollment Packet

Name(s) \_\_\_\_\_

We are excited to have you at our summer program. Please read through this packet carefully and complete all sections. We look forward to working with your child and we know they will have a great time. Awards will be given on Friday at 3pm after parents arrive for pickup

### **To Register:**

Complete pages #3-9 in  
This packet and return to:  
Crossroads Ranch  
C/O Mike and Dove Schmidt  
21186 S. 465th W. Ave.  
Depew, OK 74028

Checks should be made out to:

### **Crossroads Ranch**

If you have any questions  
Please feel free to contact us  
At (918)-324-5818 or email  
Our Director at  
dove.morgan@yahoo.com

or Dove's cell# 918-939-9085

PLEASE NOTE THAT UNTIL THIS FORM AND YOUR DEPOSIT IS TURNED IN, YOUR CHILD IS NOT CONFIRMED FOR A CAMP DATE.

**THE INFORMATION AND RELEASES IN THIS PACKET ARE VALID AND BINDING FOR A PERIOD OF NO LESS THAN 5 (FIVE) YEARS.**

Camp fees are \$150 per child, with a \$50 deposit at sign up...the other \$100 is due at camp.  
Discounts apply for families of more than one child.

# SUMMER PROGRAM INFORMATION

The program runs from Monday morning at 10 am until Friday afternoon at 3 pm..  
Arrangements can be made for drop off on Sunday evening.

## **DAILY SCHEDULE:**

The schedule changes daily as many events are scheduled throughout the week. But, it's to bed by 10:30 pm and light's out at 11:00 pm every night.

Awards Time is on Friday at 3pm, parents can enjoy a home cooked cowboy lunch with the kids after the awards.

## **THINGS THAT WILL BE DONE EACH CAMP:**

1. Bible devotional each day.
2. Feeding, grooming, and riding horses.
3. Learning old West Cowboy Camp skills such as: building a fire, cooking cowboy camp food on a campfire, and fishing, hearing cowboy poetry around the campfire.
4. How to throw a real lariat rope and other cowboy skills.
5. Learning all about a horse, such as anatomy, organs, and other horse health topics.
6. Making some fun cowboy crafts.
7. Playing basketball, hiking, slip 'n slide water games, and much more!

## **WHAT TO BRING TO COWBOY CAMP**

1. A good attitude and a willingness to work, as everyone has chores.
2. Good listening skills for safety on the ranch.
3. Clothes: You should wear boots, jeans, shirt, and a hat if you have one. But bring play clothes you can get wet in and tennis shoes for games in the afternoon.
4. Bring pajamas, toothbrush and any other personal items. We have plenty of toothpaste, towels and bedding, but some kids like to bring their own pillow.
5. Get ready to have the time of your life, cowboy style!

## **COST OF CAMP:**

The fee for each camper is \$150 for each week. We do have sponsorship programs available for those who cannot afford the camp fee. Please check with us if you need your child to be partially or fully sponsored for camp. No child is turned away.

You MUST have your name and a \$50 deposit paid before you are confirmed for any camp date. Also, cell phones are welcome, but will be gathered in a safe place if they seem to be a problem. Children are welcome to call home at any time and can use the ranch phone, if they need to. Hand held games can only be used during free time, but we recommended they NOT bring them.

## CHILD'S INFORMATION

CHILD'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

SCHOOL GRADE FOR UPCOMING SEPT: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ DOB: \_\_\_\_\_ AGE \_\_\_\_\_

MY CHILD HAS RIDDEN HORSES: 0 \_\_\_ 1-2 \_\_\_ 3-5 \_\_\_ MORE THAN 5 \_\_\_ TIMES

ARE THERE ANY SPECIAL HEALTH, SOCIAL, EMOTIONAL, OR BEHAVIORAL  
CONCERNS WE SHOULD BE MADE AWARE OF? YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES,

EXPLAIN IN DETAIL: (use back of page if necessary): \_\_\_\_\_

### **PRIMARY PARENT/GUARDIAN**

#### **INFORMATION**

FIRST NAME \_\_\_\_\_

LAST NAME \_\_\_\_\_

RELATIONSHIP TO CHILD \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

EMPLOYER NAME \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

### **SECONDARY PARENT/GUARDIAN**

#### **INFORMATION**

FIRST NAME \_\_\_\_\_

LAST NAME \_\_\_\_\_

RELATIONSHIP TO CHILD \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

EMPLOYER NAME \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

### **EMERGENCY CONTACT INFORMATION**

IN CASE OF EMERGENCY, AND THE CROSSROADS RANCH STAFF IS UNABLE TO REACH THE PARENTS/GUARDIANS LISTED ABOVE, THE INDIVIDUALS BELOW HAVE PERMISSION TO MAKE DECISIONS REGARDING THE CARE OF MY CHILD. THESE INDIVIDUALS ARE ALSO AUTHORIZED FOR PICK UP AT THE END OF CAMP. PHOTO I.D. WILL BE REQUIRED IN ORDER FOR CHILD TO BE RELEASED.

1. NAME \_\_\_\_\_ RELATIONSHIP TO CHILD \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE: HOME \_\_\_\_\_ WORK \_\_\_\_\_ CELL \_\_\_\_\_

2. NAME \_\_\_\_\_ RELATIONSHIP TO CHILD \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE: HOME \_\_\_\_\_ WORK \_\_\_\_\_ CELL \_\_\_\_\_

# ADDITIONAL FAMILY MEMBER CAMPERS

CHILD'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

SCHOOL GRADE FOR UPCOMING SEPT: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ DOB: \_\_\_\_\_ AGE \_\_\_\_\_

MY CHILD HAS RIDDEN HORSES: 0 \_\_\_ 1-2 \_\_\_ 3-5 \_\_\_ MORE THAN 5 \_\_\_ TIMES

ARE THERE ANY SPECIAL HEALTH, SOCIAL, EMOTIONAL, OR BEHAVIORAL CONCERNS WE SHOULD BE MADE AWARE OF? YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, EXPLAIN \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

SCHOOL GRADE FOR UPCOMING SEPT: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ DOB: \_\_\_\_\_ AGE \_\_\_\_\_

MY CHILD HAS RIDDEN HORSES: 0 \_\_\_ 1-2 \_\_\_ 3-5 \_\_\_ MORE THAN 5 \_\_\_ TIMES

ARE THERE ANY SPECIAL HEALTH, SOCIAL, EMOTIONAL, OR BEHAVIORAL CONCERNS WE SHOULD BE MADE AWARE OF? YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, EXPLAIN \_\_\_\_\_

## **PLEASE FILL OUT THE FOLLOWING FOR EACH CHILD:**

\_\_\_\_\_  
Child's name \_\_\_\_\_ DOB \_\_\_\_\_

Known allergies: \_\_\_\_\_

Does child require medication on a routine basis? Yes \_\_\_\_\_ No \_\_\_\_\_

Please list any medical conditions: \_\_\_\_\_

If yes, please list each medication, dosage and time to be administered:

\_\_\_\_\_  
\_\_\_\_\_

NAME OF INSURANCE COMPANY \_\_\_\_\_

POLICY HOLDER'S NAME \_\_\_\_\_ DOB \_\_\_\_\_

PHYSICIAN NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

**PLEASE FILL OUT THE FOLLOWING FOR EACH CHILD:**

Child's name \_\_\_\_\_ DOB \_\_\_\_\_

Known allergies: \_\_\_\_\_

Does child require medication on a routine basis? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list each medication, dosage and time to be administered:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME OF INSURANCE COMPANY \_\_\_\_\_

POLICY HOLDER'S NAME \_\_\_\_\_ DOB \_\_\_\_\_

PHYSICIAN NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

**PLEASE FILL OUT THE FOLLOWING FOR EACH CHILD:**

Child's name \_\_\_\_\_ DOB \_\_\_\_\_

Known allergies: \_\_\_\_\_

Does child require medication on a routine basis? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list each medication, dosage and time to be administered:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME OF INSURANCE COMPANY \_\_\_\_\_

POLICY HOLDER'S NAME \_\_\_\_\_ DOB \_\_\_\_\_

PHYSICIAN NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

**THINGS TO REMEMBER IF YOUR CHILD HAS ANY SPECIAL NEEDS,  
MEDICATIONS, ETC.**

1. If medication is required for your child, it must be in its original container, placed in a Ziploc bag, and labeled with the child's name and phone number.
2. Medications or special aides that a child might need must be delivered to the camp director when the child checks in on the first day of camp.
3. You must include the names of any medical conditions and what special needs the child has because of these conditions. You may use the back of the form if needed.

# MEDICAL INFORMATION AND RELEASE

## PARENT/GUARDIAN RELEASE

- I hereby give my child(ren) \_\_\_\_\_  
 \_\_\_\_\_  
 permission to participate in the activities of the Crossroads Ranch Cowboy Camp Program.
- In the event of an accident, and I cannot be reached, I give permission for my child(ren) to be transported to the emergency room at our preferred hospital \_\_\_\_\_ when possible. Otherwise, my child(ren) will be transported to the closest available emergency room.
- If it becomes apparent during the program that my child or children are allergic to horses, hay, grass, etc. he/she can receive an over the counter antihistamine: YES \_\_\_ NO \_\_\_\_\_  
 If, No, name of child \_\_\_\_\_
- My child(ren) require special modifications or aide support during the program:  
 YES \_\_\_ NO \_\_\_ explain: \_\_\_\_\_  
 \_\_\_\_\_
- Please indicate anything else we need to know in order to better serve your child(ren): \_\_\_\_\_  
 \_\_\_\_\_
- I give permission for release of information on this form for confidential use in meeting my child's health needs in connection with the Crossroads Ranch Cowboy Camp Program.

PLEASE SIGN AND DATE FOR EACH CHILD:

\_\_\_\_\_  
 PRINT CHILD'S NAME

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 PRINT CHILD'S NAME

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 PRINT CHILD'S NAME

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date

# PHOTOGRAPH RELEASE

Crossroads Ranch, Loving Hearts Ministry, have an obligation to protect individual safety regarding publishing of a photograph or videotape of your child, and publishing his/her work. Please read the guidelines below carefully. If you agree to have your child's picture published in newspapers, program documents, publicity materials, and on websites associated with Crossroads Ranch, Loving Hearts Ministry, please sign below.

- Below are guidelines the program will follow:
- Only first names will be used in published children's work.
- Pictures and videos should not include identifying information.
- Under no circumstances should a child's home address or phone number be included.
- If a child's likeness or work is put on the web, identifying information will not be included.

**YES**, I understand that my child's picture may be taken, or videotapes produced, or student work published, and give permission to the program for this purpose as described in the guidelines above.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Date

**YES**, in special circumstances involving newspaper reporting and/or television or video productions, identifying information can be added with specific parent permission. I give permission for my child's first and last name and picture to appear in newspaper publications, on TV or in videos.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Date

**-OR-**

**NO**, I object to having my child photographed, videotaped, and his/her work published as described in the guidelines above.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Date

Please DO NOT sign all 3 lines. Thank you!

# CODE OF CONDUCT

1. Neither Crossroads Ranch, Loving Hearts Ministry assumes responsibility for personal property that is lost, stolen, or damaged.
2. All attire must be modest and appropriate for a family type environment. Also clothing should be of the type that will protect each participant from the sun and from interactions with the horses.
3. Wear comfortable sneakers or hiking boots. During riding time it is recommended that boots with a heel be worn. If you don't have any, some will usually be available to use at the program.
4. A Crossroads Ranch staff member must be informed of all accidents. The staff member will complete an accident report form, and insure that adequate healthcare is received.
5. Parents/Guardians must notify Crossroads Ranch of any medical concerns in writing. Medical concerns will be kept in confidence in the child's files.
6. Smoking, use of nonprescription drugs, alcoholic beverages, firearms, or fireworks, carrying or concealing a weapon or any object that may be used as a weapon, harassment or intimidation by words, gestures, or body language, bullying or threatening another person verbally or physically is prohibited at Crossroads Ranch programs and on transportation provided by the Ranch.

## STATEMENT OF AGREEMENT

We have read and understand the CODE OF CONDUCT for the Crossroads Ranch Cowboy Camp Program. We agree to abide by the rules set forth in the code of conduct, and understand that flagrant and/or repetitive violations of the code may be cause for removal from the program without refund.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_



**Crossroads Ranch/Loving Hearts Ministry**  
**Waver and Release of Liability**

The Crossroads Ranch Cowboy Camp Program and associated activities such as Trail Rides, horseback riding, etc. from Crossroads Ranch, Loving Hearts Ministry, and for other valuable consideration, receipt of which is hereby acknowledged.

We, the undersigned, hereby release and discharge Crossroads Ranch, Loving Hearts Ministry, and Dove Morgan Schmidt, Mike Schmidt, and their agents, and volunteers, from all claims, demands, injuries, actions or other matters, including theft and/or damages, which the undersigned ever had, or now has, or may have, or which the undersigned's heirs, executors, administrators or assigns may have or claim to have against Crossroads Ranch, Loving Hearts Ministry and Dove Morgan Schmidt, Mike Schmidt, and their agents, and volunteers for any personal injuries, known or unknown, caused by or arising out of the summer program and associated activities, administered or overseen by Crossroads Ranch, Loving Hearts Ministry, and Dove Morgan Schmidt and Mike Schmidt.

We further assume all risks and understand all dangers associated with horseback riding and all related activities to be offered during the course of this program.

We also agree and acknowledge that this release is valid for all children listed on this form, and/or adults.

\_\_\_\_\_  
Parent/Legal Guardian, signature

\_\_\_\_\_  
Parent/Legal Guardian, Print name

\_\_\_\_\_  
Adult Rider

Date \_\_\_\_\_

\_\_\_\_\_  
Address

\_\_\_\_\_  
Witness, print name

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_