

## Cross Roads “To-Bring” List for Attendees

All of us at Cross Roads Camp and Retreat Center look forward to having you retreat with us! To be fully prepared, please use the following list to help in packing. Remember that the weather can change quickly, so be sure to pack clothes for cool weather even if it has been warm out.

<i>Item</i>	<i>Need</i>	<i>Have</i>	<i>Packed</i>
Comfortable Casual Clothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Raingear (poncho or rain jacket)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jacket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toothbrush & toothpaste	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shampoo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other personal bathroom items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Towel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleeping Bag (or sheets & blanket)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pillow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flashlight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<i>Item</i>	<i>Did NOT Pack</i>
Illegal substances (alcohol, drugs, etc.)	<input type="checkbox"/>
Pets	<input type="checkbox"/>
Knives/weapons	<input type="checkbox"/>

### CROSS ROADS OUTDOOR MINISTRIES YOUTH PERMISSION FORM

I give permission for \_\_\_\_\_ to attend the \_\_\_\_\_  
Name of Youth Program or Group Name

Retreat at CROSS ROADS OUTDOOR MINISTRIES on \_\_\_\_\_  
Date

I give my permission for necessary medical treatment while at or traveling to or from CROSS ROADS OUTDOOR MINISTRIES. I also give my permission for my child to participate in the Ropes Challenge Course, if applicable. I will not hold the camp responsible for conditions beyond their control. I understand that my medical insurance will be the primary coverage for my child. In case of emergency, parents will be notified. My child will follow the rules of the camp and the directions of the staff.

Signature \_\_\_\_\_ Phone(s): \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Health Ins. Co. \_\_\_\_\_ Group or ID# \_\_\_\_\_

**Please list any medications, allergies, or special medical conditions we should be aware of at camp:**