



**JUNIOR CAMP 2021**  
**REGISTRANT INFORMATION**  
 July 18<sup>th</sup> – 21<sup>st</sup> at Camp Christian  
 10335 Maple Dell Rd, Marysville, OH 43040



*For children in 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup> and 5<sup>th</sup> grades.*

**Note: This is not a CIT registration form**

**REGISTRATION FEE**    \_\_\_\$235 by June 1<sup>st</sup>    \_\_\_\$255 June 2<sup>nd</sup> - July 8<sup>th</sup>    \_\_\_\$275 July 9<sup>th</sup> & after

**Note** - All registration fees are due and payable in full on or before deadline date in order to receive that rate. Scholarship awards must be approved at least 10 days prior to registration day. There is no on site scholarship approval. There is a separate form for scholarship requests. The Christian Church in Ohio [Refund Policy](#) applies to all summer camps and conferences.

If you have any questions about this form or any of the camping programs, please contact [ccio@ccinoh.org](mailto:ccio@ccinoh.org) or (614)433-0343. Make checks payable to **Christian Church in Ohio** and return form to: **Camp Christian, 10335 Maple Dell Rd., Marysville, OH 43040.**

**CAMPER & PARENT/GUARDIAN INFORMATION**

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

Gender \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade completing Spring 2021 \_\_\_\_\_

Will you be traveling to Camp with another Camper who is the same identifying Gender? \_\_\_ Yes \_\_\_ No  
*For Cabin assignment purposes*

If yes, please name them: \_\_\_\_\_  
*If more than one, please list all names*

Parent/Guardian(s) Names \_\_\_\_\_

Home Phone number ( \_\_\_\_\_ ) \_\_\_\_\_ Parent/Guardian Cell ( \_\_\_\_\_ ) \_\_\_\_\_

Parent/Guardian Email Address(es) \_\_\_\_\_

Church name \_\_\_\_\_ City \_\_\_\_\_

Pastor \_\_\_\_\_ Contact # ( \_\_\_\_\_ ) \_\_\_\_\_

Do you have any: Dietary Needs? \_\_\_\_\_

**\*PLEASE NOTE:** We are more than happy to accommodate special dietary needs. However, if your child has special dietary requirements you **must provide** specific information **in advance** in order that we may provide alternative options as needed. Failure to send this information in advance may result in additional fees as there may be extra expenses for special purchase of foods not already on hand.

Mobility or other Needs? \_\_\_\_\_

**PLEASE NOTE:** If your child has needs that require additional supervision or assistance throughout the day, please contact the director of the Camp or Conference they are attending to discuss this ahead of time so that the appropriate arrangements can be made.

Any other information we should be aware of \_\_\_\_\_

\_\_\_\_\_

This section is to be filled out by Junior Camper and returned with registration.



**Please write a paragraph about yourself, so your camp staff will know you better.**

**Do you have any siblings? If so how many & how old are they?**

**What activities do you participate in at School and at Church?**

**What hobbies do you enjoy?**

**What other Camps have you attended?**

This section is to be filled out by the **Parent/Guardian** of the Junior Camper and returned with registration.

Parent(s)/Guardian(s), please share with us your favorite things about your child, and also anything we need to know in caring for your child during Junior Camp (i.e., needs to sleep on bottom bunk, first time away from home, shy, etc.). Please do not limit your comments to these categories, but in your own words, help us to provide your child a healthy, growing, Christian camp experience.

**Coronavirus/Covid-19**

Due to the serious nature of the Coronavirus/Covid-19, I understand that at any time while my child/ward is attending Camp Christian, I may be called upon to pick them up if they have been exhibiting symptoms of the Coronavirus/Covid-19. I have also read the [policies and procedures](#) and am aware of the alerts that I may receive if there is an outbreak at Camp Christian during the camp or conference that my child/ward may be attending.

\_\_\_\_\_ Date: \_\_\_\_\_  
*\*Signature of Parent or Guardian*

**Search and Seizure**

I acknowledge a camper and/or camper's belongings may be searched by camp administration whenever there is reasonable suspicion that the camper has violated or is violating either the law or camp expectations. Any evidence produced as a result of the search will be confiscated and appropriate action(s) taken by camp administration.

\_\_\_\_\_ Date: \_\_\_\_\_  
*\*Signature of Parent or Guardian*

**Bullying**

I acknowledge that any camper found to be harassing, making fun of, or intimidating another camper is subject to disciplinary actions and may be sent home.

\_\_\_\_\_ Date: \_\_\_\_\_  
*\*Signature of Parent or Guardian*

\_\_\_\_\_ By initialing, permission is **NOT** given to the Christian Church in Ohio to use the camper in any photos/videos for Camp Promotional material either printed or web based.

\_\_\_\_\_ Please initial here if you would like to be notified specifically if ANY camper/counselor is sent home with Covid symptoms. Otherwise you will only receive notification if your child is in the same cabin/cohort as the person who has been sent home. All parents/guardians will be notified immediately in the event of a multi person outbreak at Camp Christian.

Parents/Guardians,

The activities below are those in which your child/children may participate at **Junior Camp**. Please indicate your approval by initialing next to each activity. If there are any activities that you will not permit your child to participate in, do not initial and please explain on the line below the activity. If you need more space, feel free to write on the back. **All activities are supervised by adult counselors.**

If there are questions, please contact Regional Program Director, Rev. Alan Dicken at [adicken@ccinoh.org](mailto:adicken@ccinoh.org).

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*Junior Camper Name (Print Clearly)*

\_\_\_\_\_ Water Activities

No, explain: \_\_\_\_\_

\_\_\_\_\_ Boating (*life jackets are required for boating*)

No, explain: \_\_\_\_\_

\_\_\_\_\_ Fishing

No, explain: \_\_\_\_\_

\_\_\_\_\_ Hayless Hay Ride

No, explain: \_\_\_\_\_

\_\_\_\_\_ Camp Fire Cook Out

No, explain: \_\_\_\_\_

\_\_\_\_\_ Gardening

No, explain: \_\_\_\_\_

\_\_\_\_\_ Creeking (*exploring the shores of the creek*)

No, explain: \_\_\_\_\_

\_\_\_\_\_ Hiking (*very light*)

No, explain: \_\_\_\_\_

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*Parent/Guardian Signature*

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*Date signed*

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*Please print first and last name clearly*

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*Contact phone number*

*Please return to Camp Christian with all other Summer Camp and Conference forms. Thank You!*



# Transportation Release Form

In order to provide the safest possible program for your children, we are asking each parent/guardian to list below those people that will be picking your child up from camp.

My child, \_\_\_\_\_, will be going home from Junior Camp with  
(Camper's Name)

\_\_\_\_\_ his/her \_\_\_\_\_  
(Name of person transporting camper) (Relationship to camper)

If changes happen between the time this form is signed and the end of camp, other people who have permission to transport my child are (please list multiple options):

\_\_\_\_\_  
(Alternate person transporting camper)

\_\_\_\_\_  
(Relationship to camper)

\_\_\_\_\_  
(Alternate person transporting camper)

\_\_\_\_\_  
(Relationship to camper)

\_\_\_\_\_  
(Alternate person transporting camper)

\_\_\_\_\_  
(Relationship to camper)

*Please note: when picking up camper, a valid picture ID will be required of person transporting camper.*

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

## **FOR CAMP USE ONLY**

\_\_\_\_\_ was released to  
(Camper's Name)

\_\_\_\_\_ on \_\_\_\_\_  
(Name of person transporting camper) (Date)

at \_\_\_\_\_  
(Time camper was released)

\_\_\_\_\_  
(Camp Representative's Signature)

## Coronavirus/Covid-19 Waiver for Camp Christian

In consideration of me, or my child/ward, being allowed to participate in the Camp Christian summer programs run by The Christian Church in Ohio, the undersigned acknowledges, appreciates, and agrees to the following:

1. Awareness of the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing.
2. Compliance with the safety policies and procedures that are put in place by The Christian Church in Ohio in accordance with CDC guidelines and with supervision by the Union County Health Department as preventative measures to reduce the spread of the Coronavirus/COVID-19.
3. Acknowledgement that The Christian Church in Ohio cannot guarantee that a person will not become infected with the Coronavirus/Covid-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, staff, volunteers, other campers and their families.
4. I/my child/my ward voluntarily choose to attend Camp Christian programming provided by The Christian Church in Ohio and acknowledge that I am increasing my risk to exposure to the Coronavirus/COVID-19. I acknowledge that I/my child/my ward must comply with all set procedures to reduce the spread while attending my appointment.

I hereby release and agree to hold The Christian Church in Ohio harmless from, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of Camp Christian, or that may otherwise arise in any way in connection with any services received from The Christian Church in Ohio. I understand that this release discharges The Christian Church in Ohio from any liability or claim that I, my heirs, or any personal representatives may have against The Christian Church in Ohio with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from The Christian Church in Ohio. This liability waiver and release extends to Camp Christian together with all volunteers and employees.

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Name of Attendee

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Week of Camp/Conference

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(Name Printed)

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(Signature)

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(Date)

Due to the serious nature of the Coronavirus, we will adjust our policy to accept refund requests up to the beginning of the week that the camper has registered for. If the camper is feeling ill/exhibiting symptoms of Covid-19, we do not want them to come to Camp Christian and we will refund the full amount waiving the \$30.00 processing fee.

*Please return to Camp Christian (10335 Maple Dell Rd, Marysville, OH 43040) with all other Summer Camp and Conference forms. Thank You!*