



Grandparents Camp Registration Form

Camp Christian Thursday 7:00pm – Saturday 11:00am

June 8th - 10th, 2023

This camp is for children completing Kindergarten, 1st or 2nd grade. This camp is an introduction to Camp Christian and is intended to be totally interactive with an adult at all times. Youth may bring more than one Grandparent; however one Grandparent may only bring one child. This is due to the one on one activities that are planned for this week. **Add \$100 for an additional Adult.**

Campers and their Grandparents or Adults will enjoy singing, meals together, snacks, bible stories, crafts, boating, fishing, and sleeping overnight in the cabins. Persons with disabilities and/or medical reasons can be given other sleeping arrangements if necessary. This will need to be arranged ahead of time.

Cost Per One Child and One Adult

Early Bird Registration - \$165.00 Postmarked no later than May 1, 2023

Regular Registration - \$180.00 Postmarked May 2 – 29, 2023

Late/Onsite Registration - \$195.00 Postmarked May 30 and later or Registration received onsite.

Additional adult - \$100.00

You can register by filling out the registration form and sending it along with payment (made out to **Christian Church in Ohio**) to **Camp Christian, 10335 Maple Dell Rd., Marysville, OH 43040** or register online with a credit card at: www.ccinoh.org. ALL FEES ARE DUE WITH APPLICATION - NO EXCEPTIONS. It is very important that your registration be sent in by the Regular Registration deadline in order that we may have a place for you in camp. **Refund Policy:** A \$30.00 processing fee will be retained by CCIO on all refund requests.

Please Print

Youth Name _____ Male _____ Female _____

Youth Address _____

Parent Email Address _____

Phone _____ DOB _____ Grade completing May/June 2023 _____

Grandparent/Adult Name _____ Male _____ Female _____

Address _____

Phone _____ Email Address _____

Youth Church _____ Grandparent Church _____

Additional Adult Name (if Applicable) _____ Male _____ Female _____

Are there any medical or dietary concerns that we should be aware of for the **Adult(s)**?

***PLEASE NOTE:** We are more than happy to accommodate special dietary needs. However, 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.

Photos/Videos

_____ By initialing, **permission is given** to the Christian Church in Ohio/Camp Christian to use the camper in any photos/videos taken at Camp Christian for Camp Promotional material either printed or web based.

***You must fill out the parent & medical information on the next page for each youth.**

PARENT'S CERTIFICATION CONSENT FORM FOR HOSPITAL AND MEDICAL PROCEDURES FOR MINORS

State law requires your consent for medical treatment and procedures as deemed necessary in case of an emergency. Please read the form carefully and fill it in completely. Ask about anything that you do not understand.

I, _____ do hereby authorize emergency treatment by a qualified physician or dentist for my child _____ during the period of June 8th - 10th, 2023.

Our family physician is Dr. _____

Address _____ Phone(_____) _____

Our family dentist is Dr. _____

Address _____ Phone(_____) _____

In an emergency, my child will be taken to Grady Memorial Hospital, Delaware. **Please Initial** _____

Dietary Needs _____

Allergies _____

Medication now being taken: _____

**Note, all medications brought to Camp will be the responsibility of the onsite registered adult to hold on to and administer.*

Last Tetanus Toxoid _____

Camp Directors have my permission to administer basic first aid or give my child:

Tylenol, Ibuprofen, Benadryl, Other: _____ as needed without contacting me.
(Circle or Cross through) **Please Initial** _____

I agree to and understand that at any time while my child/ward is attending Camp Christian, they may be tested for Covid-19 by the Camp Nurse or Campsite Manager. They may be tested if they have been exhibiting symptoms of the Coronavirus/Covid-19, or if they have been in direct contact with someone who has tested positive for Coronavirus/Covid-19.

Please Initial _____

MEDICAL INSURANCE INFORMATION

Group Insurance Name _____

Subscriber _____

Group No. _____ Cert./Policy No. _____

Prescription Plan _____

Parent's or Legal Guardian's Signature: _____ **Date** _____

Relationship _____ Phone (_____) _____

Cell Phone (_____) _____ Business Phone (_____) _____

Can you be reached at these numbers during Grandparents Camp? ____ Yes ____ No