



**OTTER CAMP 2023**  
**REGISTRANT INFORMATION**  
 June 11<sup>th</sup> – 17<sup>th</sup> at Camp Christian  
 10335 Maple Dell Rd, Marysville, OH 43040



*For children completing 5<sup>th</sup> grade & those in 3<sup>rd</sup> & 4<sup>th</sup> grades ready for a full-week of camp.*

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

**REGISTRATION FEE**    \_\_\_\$430 by May 1st    \_\_\_\$455 May 2<sup>nd</sup> - June 1<sup>st</sup>    \_\_\_\$485 June 2<sup>nd</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 May/June 2023 \_\_\_\_\_

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 \_\_\_\_\_

\_\_\_\_\_

Camper Name: \_\_\_\_\_

*This section is to be filled out by Otter 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?**

Camper Name: \_\_\_\_\_

This section is to be filled out by the **Parent/Guardian** of the Otter 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 Otter 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.

**Parent/Guardian, please read through all sections completely. Sign/initial where needed.**

**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.

**Coronavirus/Covid-19**

- I will not send my child/ward to Camp Christian if they are experiencing any symptoms of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.
- **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.
- 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 tested positive for Coronavirus/Covid-19, or if there is a large Camp outbreak which requires all attendees to be sent home.

\_\_\_\_\_ ***Initial here***

**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.

\_\_\_\_\_ ***Initial here***

**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.

\_\_\_\_\_ ***Initial here***

\_\_\_\_\_  
Parent/Guardian Signature for this entire page

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Please print first and last name clearly

\_\_\_\_\_  
Contact phone number

Parents/Guardians,

The activities below are those in which your child/children may participate at **Otter 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 [ccio@ccinoh.org](mailto:ccio@ccinoh.org).

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\_\_\_\_\_ Otter 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 Otter 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)

<b><u>FOR CAMP USE ONLY</u></b>	
_____	was released to
(Camper's Name)	
_____	on _____
(Name of person transporting camper)	(Date)
	at _____
	(Time camper was released)
_____	
(Camp Representative's Signature)	