

OTTER CAMP 2017 REGISTRANT INFORMATION

June 18th – 24th at Camp Christian 10335 Maple Dell Rd, Marysville, OH 43040



For 5^{th} graders and those in 3^{rd} and 4^{th} grades ready for a full-week of camp.

Note: This is not a CTT registration form	
REGISTRATION FEE\$385 by May 1st	\$410 May 2 nd - June 8 th \$430 June 9 th & <i>after</i>
	e deadline date in order to receive that rate. Scholarship awards must be site scholarship approval. There is a separate form for scholarship requests.
	ng programs, please contact <u>ccio@ccinoh.org</u> or (614)433-0343. <u>Makel</u> 1347 Worthington Woods Blvd, Suite A, Worthington, Ohio 43085
CAMPER & PARENT/GUARDIAN INFORMATION	
Name	
Address	
City	State Zip
Male Female Birth Date/	/ Grade completing Spring 2017
Parent/Guardian(s) Names	
Home Phone number ()	Parent/Guardian Cell ()
Parent/Guardian Email Address(es)	
Brothers:	Sisters:
number/ages	number/ages
Church name	City
Pastor	Contact # ()
Number of Years at Otter Camp: 1 2 Circle One	3 Do you attend Sunday School regularly?
Church activities	School activities
Do you have any: Dietary Needs?	
Mobility Needs?	
Lodging Needs?	
Camps I have attended in the past	
,	



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

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

List one person you would like to be with in a cabin:

Please indicate t-shirt size: (please circle below)

Youth: S M L Adult: S M L XL

By initialing, permission is NOT given to the Christian Church in Oh photos/videos for Camp Promotional material either printed or web based	
By initialing permission is NOT given to the Christian Church in O	hio to use the campor in any
*Signature of Parent or Guardian	Date:
Bullying I acknowledge that any camper found to be harassing, making fun of, or in subject to disciplinary actions and may be sent home.	ntimidating another camper is
*Signature of Parent or Guardian	
	Date:
Search and Seizure I acknowledge a camper and/or camper's belongings may be searched by a there is reasonable suspicion that the camper has violated or is violating eachy evidence produced as a result of the search will be confiscated and appadministration.	ither the law or camp expectations.
Parent(s)/Guardian(s), please share with us your favorite things about you to know in caring for your child during Otter Camp (i.e., needs to sleep on home, shy, etc.). Please do not limit your comments to these categories, b provide your child a healthy, growing, Christian camp experience.	bottom bunk, first time away from
This section is to be filled out by the <u>Parent(s)/Guardian(s)</u> of the Otter Ca	amper

This information must be completed and returned with the Registration form for each Otter Camper. Send to: Christian Church in Ohio, 1347 Worthington Woods Blvd, Suite A, Worthington, OH 43085. You can also Fax it to 614-433-7285 or Email to ccio@ccinoh.org.

Parents/Guardians,

The activities below are those in which your child/children may participate at <u>Otter Camp</u>. 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. <u>All activities are supervised by adult counselors.</u>

If there are questions, the Otter Administrators are more than happy to answer them.

Rev. Laureen Roe laureenroe@gmail.com

Rev. Morgan Wickizer morgan@saintandrewdoc.org

Otter Camper Name (Print Clearly)	
Swimming	
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:	
Parent/Guardian Signature	Date signed
Please print first and last name clearly	 Contact phone number

Please return to the Regional Church Office 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.

1y child,, ,	will be going home from Otter Camp with
(Camper's Name)	•
	his/her
(Name of person transporting camper)	NIS/Ner (Relationship to camper)
f changes happen between the time the vho have permission to transport my cl	is form is signed and the end of camp, other hild 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)
	(Relationship to camper) valid picture ID will be required of person transporting campe
Please note: when picking up camper, a Parent/Guardian Signature)	valid picture ID will be required of person transporting campe
Please note: when picking up camper, a Parent/Guardian Signature)	valid picture ID will be required of person transporting campe (Date) AMP USE ONLY
Please note: when picking up camper, a Parent/Guardian Signature)	valid picture ID will be required of person transporting campe (Date)
Please note: when picking up camper, a Parent/Guardian Signature) FOR CA	valid picture ID will be required of person transporting campe (Date) AMP USE ONLY was released to
Please note: when picking up camper, a Parent/Guardian Signature) FOR CA	valid picture ID will be required of person transporting campe (Date) AMP USE ONLY
Please note: when picking up camper, a Parent/Guardian Signature) FOR CA (Camper's Name)	valid picture ID will be required of person transporting campe (Date) AMP USE ONLY was released to on
Please note: when picking up camper, a Parent/Guardian Signature) FOR CA (Camper's Name)	valid picture ID will be required of person transporting campe (Date) AMP USE ONLY was released to On (Date)