



**OTTER CAMP 2022**  
**REGISTRANT INFORMATION**  
 June 26<sup>th</sup> – July 2<sup>nd</sup> at Camp Christian  
 10335 Maple Dell Rd, Marysville, OH 43040



*For 5<sup>th</sup> graders and those in 3<sup>rd</sup> and 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 2<sup>nd</sup>            \_\_\_\$455 May 3<sup>rd</sup> - June 16<sup>th</sup>            \_\_\_\$485 June 17<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 2022 \_\_\_\_\_

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 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?**

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.

**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 [Camp Christian Covid-19 Policy](#) 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 **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)

## 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 Health Policy & Procedures Agreement

The Christian Church in Ohio has COVID-19 policies and procedures for Camp Christian.

Please sign below that you (or your camper) have read and agree to the policies and procedures as advised by the Union County Health Department and the CDC. The full document can be downloaded at <https://www.ccinoh.com/camp-christian/summer-programs.aspx>.

Before attending any event, camp or conference at Camp Christian, I agree to the following:

1. I am following all CDC recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19
2. I am not 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.
3. I have not traveled internationally within the last 14 days.
4. I do not believe I have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.
5. I have not been diagnosed with Coronavirus/Covid-19 and/or have been cleared as non-contagious by state or local public health authorities.
6. I agree to be tested onsite by the Camp Nurse or Campsite Manager should the need arise
7. I release 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.

If I do not follow these guidelines and/or if I begin experiencing symptoms of the Coronavirus/COVID-19 immediately before coming to Camp Christian, I will not attend the camp or conference. (If you do not attend due to the Coronavirus/COVID-19, you are entitled to a full refund.)

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Name of Attendee (Printed)

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Week of Camp/Conference

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Signature

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Date

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Signature of Parent/Guardian

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Date

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