RIBBIT CAMP 2026
REGISTRANT INFORMATION

July 8th – 11th at Camp Christian
10335 Maple Dell Rd, Marysville, OH 43040

*For children completing 2nd – 5th grades who would like a **half-week** Camp experience.*

Note: This is not a CIT registration form

REGISTRATION FEE ____$270 by May 1st ____$285 May 2nd - June 28th ____$310 June 29th *& 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 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_____ (_____)
Nickname/Preferred Name

Mailing Address_____

City_____ State_____ Zip_____

Gender _____ Birth Date_____/_____/_____ Grade completing May/June 2026_____

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)_____

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/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_____

_____

_____

For CCIO/Camp Staff Only ***Staff Initials_____***

Payment $_____ Date Rec'd_____ Check#_____ From_____

Camper Name:_____

This section is to be filled out by Ribbit ***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 is your favorite food?

What activities would you like to participate at camp?

Camper Name:_____

This section is to be filled out by the **Parent/Guardian** of the Ribbit 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 Ribbit 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. Use additional pages if needed.

_____

_____

_____

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

Camp/Conference Attendance

- I understand that any requested exceptions to full attendance of the Camp/Conference my child/ward is signed up for (including, but not limited to arriving late, leaving early, etc) **MUST** be discussed with and approved by the Camp or Conference Director **BEFORE** the start of the Camp/Conference.
- I understand that if any special attendance requests are approved, there must also be a clear record of the adult who will be transporting the child/youth.
- I understand that if a last-minute unavoidable change comes up, I still **MUST** talk directly with the Camp/Conference Director about the situation as soon as I am made aware.

_____ ***Initial here***

Photos/Videos

_____**By initialing here, 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.

Contagious Illness

- I will not send my child/ward to Camp Christian if they are experiencing any symptoms of a contagious illness. This includes, but is not limited to, cough, fever, chills, sore throat, vomiting diarrhea, and/or rash.
- 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 are confirmed to have a contagious illness.

_____ ***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***

Continued on the next page

Camper Name:_____

Questions

- I have read through these statements, as well as the entire registration materials. I understand that if I have any questions about these forms, I need to contact the Director or the Camp/Conference or the Camp Christian Staff.

_____ ***Initial here***

The activities below are those in which your child/children may participate at **Ribbit 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 use additional pages. ***All activities are supervised by adult counselors.***

If there are questions, please contact Director Xan Morgan at xandramorgan@gmail.com.

_____Water Activities

If No, explain:_____

_____Boating *(life jackets are required for boating)*

If No, explain:_____

_____Fishing

If No, explain:_____

_____Hayless Hay Ride

If No, explain:_____

_____Camp Fire Cook Out

If No, explain:_____

Any other concerns with activities that we should know about ahead of time?

_____

_____

_____ _____

Parent/Guardian Signature for all pages *Date signed*

_____ _____

Please print first and last name clearly *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 Ribbit 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)

Health History for Camp Christian 2026

10335 Maple Dell Rd, Marysville, Oh 43040

For Elementary, Junior High, and High School Camps/Conferences

This form must be mailed, faxed or emailed in to the Regional Church Office before the corresponding Camp or Conference

PLEASE PRINT

Camper Name _____ Date of Birth _____ Gender_____
last first middle

Address _____ Home Phone (_____) _____
street city state zip

Parent/Guardian _____ Cell Phone (_____) _____

Relationship _____ Email _____ Work Phone (_____) _____

Additional Emergency Contact _____ Cell Phone (_____) _____

Relationship _____ Email _____ Work Phone (_____) _____

Primary Physician _____ Office Phone (_____) _____

ALLERGIES

List allergies and describe reaction/management for each of the following

Camper has NO allergies ☐

Allergies to medications_____

_____

Allergies to food or dietary restrictions (i.e. vegetarian, no peanuts, no dairy) **Severity** : □ Mild □ Severe □ Airborne

_____

All other allergies (i.e. insect/bee stings, environmental, latex)_____

_____

IMMUNIZATIONS

I attest that my child has received all required immunizations needed by school, and they are all up to date.

Parent/Guardian:

Please indicate the date of your campers most recent Tetanus Booster: _____ Not Sure □

*If your camper has NOT been fully immunized, **please sign** the following statement*: I understand and accept the risks to my child from not being fully immunized.

Parent/Guardian:_____
Date:_____Relation:_____

HEALTH HISTORY

Check if camper has:

□ Diabetes	□ Epilepsy
□ Bedwetting concern	□ Seizures
□ Bleeding/Clotting Disorder	□ Sleep walking concern
□ Asthma Inhaler Sent? Yes □ No □	□ Severe allergic reaction Epi-Pen Sent? Yes □ No □

Additional explanation of above if necessary

_____
_____
_____
_____

Please tell us of any current physical, mental, or psychological conditions that would require restrictions or special attention to any activities while at camp _____

_____

MEDICAL INSURANCE INFORMATION

Insurance Company _____Insurance Company phone (____) _____

Insurance company address _____
street city state zip

Subscriber's Name _____Employer_____ DOB _____

Relation to Camper_____Contract or Identification number: _____Group number: _____

Continued on the next page

Over the Counter Medications: The following non-prescription medications are stocked by the camp and are used on an as needed basis to manage illness and injury. **Cross out those that the camper should not be given.**

Acetaminophen (Tylenol)
Antihistamine/allergy medicine (Benadryl)
Calamine lotion
Hydrocortisone cream
Triple antibiotic ointment
Ibuprofen (Advil, Motrin)
Generic cough drops / Throat Spray
Laxative (Ex-Lax)
Calcium carbonate (Tums)
Bismuth subsalicylate (Pepto-Bismol)

Medications

Please list ALL medications (including over-the counter or nonprescription drugs) taken routinely. Bring enough medication to last the entire time at camp. **Keep it in the original packaging/bottle** that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

☐ This camper will not take any daily medications while attending camp

☐ This camper will take the following daily medications while at camp

(Complete the chart below – attach additional page if necessary)

Medication	Date started	Reason for taking it	When it is given	Amount/dose given	How it is given
			☐ Breakfast ☐ Lunch ☐ Dinner ☐ Bedtime ☐ Other time: _____		
			☐ Breakfast ☐ Lunch ☐ Dinner ☐ Bedtime ☐ Other time: _____		
			☐ Breakfast ☐ Lunch ☐ Dinner ☐ Bedtime ☐ Other time: _____		

Treatment Authorization: The information on this form is correct and complete so far as I know. The person described herein has permission to participate in all camp activities except those noted. I hereby give permission to Camp Christian to transport my child to an Emergency Room, and in the same event I also give permission to the physician selected or assigned to order X-rays, routine tests, treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician for any of the following activities as it pertains to my child named above: hospitalization, securing proper treatment, or ordering injection, anesthesia or surgery. I understand the information on this form will be shared on a "need to know" basis with camp staff. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

_____ _____

Signature of **Parent/Guardian** Date

Participant Agreement: Camp Christian has informed me that this program is not without risks. Certain risks are inherent in outdoor programs and cannot be eliminated. Although it is impossible to foresee all risks, some risks include tripping, falling, sunburn, hot/cold temperature extremes, poison ivy, fire-centered activities, scrapes, bruises, bites, stings, blisters, and getting lost. I understand that Camp Christian has a lake and, although participants are not allowed in or near it without supervision, the water's presence does present the risk of drowning. The participation of my child is completely voluntary, and I agree for my child to participate in spite of the risks. I agree to assume responsibility for the risks identified herein and those risks not specifically identified.

I agree that my child is fully capable of participating in this program. Therefore, I assume and accept full responsibility for my child's bodily injury, death, loss of personal property, and also loss or damage to any camp property and any expenses as a result of those inherent risks identified herein and those inherent risks not specifically identified, and, as a result of my child's participation in this program. I understand and am aware that participation in the program by my child will include many physical activities and the potential for accidents does exist. I agree that my private health insurance will be utilized as the primary health insurance coverage in the event of an accidental injury. I understand the possible risks associated with an outdoor program, assume these risks for my child and hold blameless Camp Christian, any affiliated persons or entities, and all of its employees and associates. As the parent/guardian, I further agree that should my child become ill or injured or demonstrate repeated or severely inappropriate or unsafe behavior, I, or someone representing me, will come to Camp Christian to transport my child home.

I have carefully read and clearly understand what is written above. I accept the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon all heirs, assigns, personal representative estate, and myself and for all members of my family, including minor children.

_____ _____

Printed Name of **Camper** Signature of **Camper**

_____ _____

Printed Name of **Parent/Guardian** Signature of **Parent/Guardian**