

O.V.C.C. REGISTRATION FORM -- 2024

CAMPER'S NAME: _____ MALE () FEMALE ()

STREET/BOX: _____ E-mail? _____

CITY/STATE/ZIP: _____

DATE OF BIRTH: Mo. _____ Day _____ Yr _____ AGE LAST BIRTHDAY: _____

GRADE THIS FALL: _____ IS CAMPER AN IMMERSSED BELIEVER IN CHRIST? _____

CHURCH YOU ATTEND: _____

CHOOSE THE RIGHT CAMP SESSION FOR YOUR AGE:

- () FIRST CHANCE, July 7 – 9, is for those entering grades 2 and 3.
- () INTERMEDIATE, July 7 – 12, is for those entering grades 4, 5, or 6.
- () JUNIOR HIGH, July 7 – 12, is for those entering grades 7, 8, or 9.

IMPORTANT MEDICAL INFORMATION:

Has this camper had:	YES	NO
Heart Disease.....	()	()
Asthma.....	()	()
Recent Infection.....	()	()
Current Tetanus Shot.....	()	()
Penicillin Allergy.....	()	()
Other Allergy: _____	()	()

PARENT/GUARDIAN INFORMATION:

Mother: _____

Day Phone: () _____

Night Phone: () _____

Father: _____

Day Phone: () _____

Night Phone: () _____

Other contact: _____

Phone(s): () _____

In case of emergency, call: _____

List any medication or assistance camper will bring or need during camp:

Name of Insurance Company: _____

Policy #: _____

I/We give permission for the camp faculty to transport our child to a place of recreation or class activity within a 30-mile radius of the campground. I/We hereby give consent and authorization for a qualified Medical Doctor to give emergency treatment, including medication and/or regularly accepted medical procedures to the camper registered above. I/We understand that the Camp provides supplemental insurance protection for medical treatment and hospitalization up to the limits of the policy. I/We understand that Camp insurance does not cover illness/disease/injury that the camper incurred prior to the date of the camping event.

Signed: _____

Cost for First Chance: \$45; Intermediate or Junior High: \$95.

Pre-Register (form received by **June 30**) and get a free T-shirt. **SIZE:** (circle choice);

Adult sizing: SMALL MEDIUM LARGE X-LARGE 2XL 3XL or Youth: YS YM YL

() Check here if you're registering later and wish to purchase a T-shirt for \$10 (while supplies last).

If part or all of camper's fee is to be paid by your or another church, enter the following information:

Amount church will pay: \$ _____ Name of Church: _____

Signature of Minister or Elder, giving approval: _____

SEND REGISTRATION TO:

Ohio Valley Christian Camp
c/o Tammy Renfrow
2006 Calvert City Road
Calvert City, KY 42029

(To be filled out by Camp office:)

Advance Registration: _____

Payment by Camper: _____

Balance due: _____