

**O.V.C.C. REGISTRATION FORM -- 2008**

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 WEEK:**

- ( ) SENIOR HIGH, June 8 - 13, is for those entering grades 10, 11, or 12.
- ( ) JUNIOR HIGH, June 15 - 20, is for those entering grades 7, 8, or 9.
- ( ) INTERMEDIATE, June 22 - 27, is for those entering grades 4, 5, or 6.
- ( ) FIRST CHANCE, June 29 - July 1, is for those entering grades 2 and 3.

**IMPORTANT MEDICAL INFORMATION:**

**PARENT/GUARDIAN INFORMATION:**

Has this camper had:                    YES    NO

Heart Disease..... ( )    ( )

Asthma..... ( )    ( )

Recent Infection..... ( )    ( )

Current Tetanus Shot..... ( )    ( )

Penicillin Allergy..... ( )    ( )

Mother: \_\_\_\_\_

Day Phone: ( ) \_\_\_\_\_

Night Phone: ( ) \_\_\_\_\_

Other Allergy: \_\_\_\_\_ ( )    ( )

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

Father: \_\_\_\_\_

Day Phone: ( ) \_\_\_\_\_

Night Phone: ( ) \_\_\_\_\_

Other contact: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_

Phone(s): ( ) \_\_\_\_\_

Policy #: \_\_\_\_\_

In case of emergency, call: \_\_\_\_\_

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: \_\_\_\_\_

Your cost for a full week: \$60; First Chance: \$30. Pre-Register (form received by 1 week in advance) and get a free T-shirt. SIZE: (circle choice; adult sizing): SMALL MEDIUM LARGE X-LARGE ( ) Check here if you're registering later and wish to purchase a T-shirt for \$10.

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 Julie Johnson  
Box 98  
Joppa, IL 62953

**(To be filled out by Camp office:)**  
Advance Registration: \_\_\_\_\_  
Payment by Camper: \_\_\_\_\_  
Balance due: \_\_\_\_\_