



Camp Our Way

For those with special needs who are ages 7
and up with an adult companion*



The Good Samaritan

Jesus Teaches Us To Help

Friday, May 16th – Sunday, May 18th

Camp Christian, 10335 Maple Dell Rd., Marysville, Ohio 43040

Registration opens Friday at 6pm and Camp concludes Sunday at 11am.

Games, Crafts, Cooking, Nature Activities, Campfire, Ho Down & More!

**Please note, there is limited space for this event, and will be based in the Monroe Lodge. Each Camper and Companion will share a room in the Monroe Lodge, which holds up to 40 people. If an additional adult is attending with the Camper/Companion, they will have overnight accommodations in a different building.*

Questions? Contact daunseitz@gmail.com

Camp Our Way Registration Form

Friday, May 16th – Sunday, May 18th

This camp is for anyone with Special Needs ages 7 and up and an Adult Companion to attend with them.

Cost Per One Camper and One Adult Companion

Regular Registration - \$180.00 – Registered and paid by May 1st

Late/Onsite Registration - \$200.00 – Registered and paid any time after May 1st

Please note: Registration cap for this event is 20 Camper/Companion pairs

Additional Adult - \$140.00

Additional Adult not included in registration cap, but will have overnight accommodations in a different building at Camp Christian

You can register by filling out the registration form and sending it along with payment (made out to **Christian Church in Ohio**) to **Camp Christian, 10335 Maple Dell Rd., Marysville, OH 43040** or register online with a credit card at:

www.ccinoh.org. Due to the extent of the questions on this form, the PDF will need completed even if registration is

completed online. **Refund Policy:** A \$30.00 processing fee will be retained by CCIO on all refund requests.

Please Print

CAMPER Name _____ Gender _____

Camper Address _____

Email Address _____ DOB _____

Phone _____ Emergency Contact # _____

Church _____

*Each camper **must** have an adult companion accompanying them for all activities. In the best interest of the camper, the adult companion should be familiar with the camper's specific needs such as help at meals, bathroom help, use of required medical equipment, behavioral instructions, etc. Adult Companions will be responsible for distribution of any prescription and/or over the counter medications for the camper they are accompanying. Each Camper and (1) Companion will be housed together. We will make every effort to provide accessible facilities to those with the most need.*

Adult Companion Name _____ Gender _____

Address _____

Email Address _____ DOB _____

Phone _____ Emergency Contact # _____

Additional Adult Name (*if applicable*) _____ Gender _____

Are there any medical or dietary concerns that we should be aware of for the **Adult Companion(s)**?

*We are more than happy to accommodate special dietary needs. However, 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.*

PLEASE NOTE: Because children are participating in this event, ALL participants who are aged 18 and up will have a background check run on them at registration on Friday. If any reports involving children, violence, or anything more severe than a misdemeanor come back, the adult and accompanying Camper, will be required to leave Camp immediately.

****You must fill out the medical information on the next 2 pages for each camper.***

All information provided will be kept confidential and used only to provide appropriate support. Parents/Guardians and/or Companions are encouraged to discuss any concerns or questions regarding the camp and the facility.

If this form is being completed by a Parent/Guardian for a Camper under the age of 18, please **initial here** _____

Please print clearly and use additional pages as needed.

1. Please provide a detailed explanation about the special needs, including any specific diagnoses, so we can best support their participation at camp.

2. Please list any medical conditions that may impact ability to participate in camp activities.

3. List any required medical equipment

4. How does the camper best communicate their needs (verbal, sign language, picture cards, other?)

5. Are there any specific sensory accommodations that would benefit the camper?

6. Are there any behavioral support needs or instructions?

7. Camper Medications* now being taken: _____

**Please note, all medications brought to Camp will be the responsibility of the onsite registered adult companion.*

8. Camp Christian does have basic first aid supplies onsite. Please identify if there are any over the counter medications and/or other basic first aid that can NOT be administered to the Camper. Please be specific.

9. Camper Dietary Needs _____

10. Camper Allergies _____

11. Date of last Tetanus Toxoid for Camper _____

CERTIFICATION CONSENT FORM FOR HOSPITAL AND MEDICAL PROCEDURES

State law requires your consent for medical treatment and procedures as deemed necessary in case of an emergency. Please read the form carefully and fill it in completely. Ask about anything that you do not understand.

I, _____ do hereby authorize emergency treatment and/or urgent care by a qualified physician or dentist during the period of May 16-18, 2025.

Our primary physician is Dr. _____

Address _____ Phone(_____) _____

Dentist is Dr. _____

Address _____ Phone(_____) _____

In case of an emergency or urgent situation, I understand that I/they will be taken to Grady Memorial Hospital, Delaware, OH. Or Urgent Care, Delaware, Oh.

Please Initial _____

MEDICAL INSURANCE INFORMATION

Medical insurance is not required for attendance, but if you have it, it is helpful to have on file in case of emergency.

Group Insurance Name _____

Subscriber _____

Group No. _____ Cert./Policy No. _____

Prescription Plan _____

The Camp Our Way registration and medical forms are all completed and correct to the best of my knowledge:

Signature: _____ **Date** _____

For Campers under the age of 18, this signature must be from a legal parent or guardian