

List other important information that the counselors or staff should know about your child (i.e. attention problems, extremely shy, afraid of the dark, bed wetting, needs to be kept separate from another camper (add name), or other issues).

SPECIAL REQUESTS: To be assigned to the same section of the dorm as two other campers/counselors

1. _____
2. _____

PHOTO RELEASE

I hereby grant the Ohio Valley Christian Youth Camp permission to use my likeness in a photograph, video, or other digital media (“photo”) in any and all of its publications, including web-based publications, without payment or other consideration.

I understand and agree that all photos will become the property of the Ohio Valley Christian Youth Camp and will not be returned.

I hereby irrevocably authorize the Ohio Valley Christian Youth Camp to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photo.

I hereby hold harmless, release, and forever discharge the Ohio Valley Christian Youth Camp from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

PARENT: Ohio Valley Christian Youth Camp, Inc., is hereby authorized to arrange for my child whatever medical or emergency treatment may be necessary while my child is at camp. I realize there are certain risks associated with camping. As a camper\parent of a camper, I accept full responsibility for personal injury\illness and loss\damage to personal property incurred during or as a result of camping. I will not hold Ohio Valley Christian Youth Camp, Inc. liable for any of the above. I have read and understand the above Photo Release.

Parent \ Guardian (print)

Parent \ Guardian (signature)

COST: \$125 per camper

OPTIONAL T- SHIRT: \$15

Circle size:

Youth: S M L

Adult: S M L XL 2XL

Make checks **payable to Ohio Valley Christian Youth Camp or OVCYC**

Registration forms **MUST** be filled out completely and signed.

Mail completed and signed forms with payment to:

OVCYC
c/o Becky Davis
1870 Ross Road
Little Hocking, OH 45742

*If you need more forms feel free to make copies.

**OHIO VALLEY
CHRISTIAN
YOUTH
CAMP**



Web Page:
www.ovcyc.com

2024 Camp Sessions

Senior Week (Ages 14-19)

June 16-21

Directors:

Drew Crawford, J.D. Smith

Intermediate Week (Ages 11-14)

June 23-28

Directors:

Ernie Cornell, Kipp Ferrebee

Junior Week (Ages 8-11)

June 30– July 5

Directors:

Elvis Galbreath, Doug Wells

*Registration begins at 4:00 pm each Sunday and
Camp Ends at 4:00 pm each Friday

Location

Wirt County Camp Barbe
1659 Camp Barbe Road
Elizabeth, WV 26143



2024
Ohio Valley
Christian Youth Camp



We can take care of 85 campers per week. Acceptance is based on registration; first come first served. Any one who registers in the required way and agrees to abide by the **camp rules** may attend. No one shall be denied because of race, color, national origin, sex, or handicap.

STAFF

Approximately 35 Christians will be on hand to guide, teach, and counsel your children. The activities planned and the atmosphere will be a character-building experience for your child. All staff members volunteer their services, which helps to keep the rates as low as possible.

FACILITIES

The beautiful Camp Barbe Wirt County facilities are located near Elizabeth, West Virginia.

What To Bring To Camp

- 1) Personal items such as soap, wash cloth, towels, tooth-paste, brush, etc.
- 2) Bed clothes, sheets, pillow, blankets, sleeping bag
- 3) Clean clothing and shoes (**no attire shorter than knee length is acceptable.**)
- 4) Personal sports equipment. The camp will furnish the basic equipment for most games.
- 5) Spending Money + or - \$10
- 6) Personal Bible, pen, pencil, tablet for Bible Class
- 7) Campers are encouraged to leave cell phones at home; however cell phone usage will be permitted during designated times.

Directors:

Senior Week:

J.D. Smith
304-966-6577

Drew Crawford
740-525-0676

Intermediate Week:

Ernie Cornell
740-350-4698

Kipp Ferrebee
304-991-2065

Junior Week:

Elvis Galbreath
740-525-3914

Doug Wells
330-231-8097

Questions? Contact:

Becky Davis
740-336-6860
becdavis0826@gmail.com

2024

Check Desired Date(s): \$125 per week

___ Senior Week: June 16-21

___ Intermediate Week: June 23-28

___ Junior Week: June 30-July 5

CAMPER INFORMATION:

Camper's Name: _____

Gender: (circle) Male Female

Mailing Address: _____ Birthdate: _____ Age: _____

City: _____ State _____ Zip _____

Home Phone: _____ Grade in fall: _____

Home Congregation _____ Member? YES NO

Email address: _____

PARENT OR GUARDIAN INFORMATION:

Father: _____ Mother: _____

Phone # _____ Phone # _____

CAMPER MEDICAL INFORMATION:

Family Doctor: _____ Doctor's Phone#: _____

Allergies: _____

Medications: _____

Other Medical Information or restrictions: _____

Please check medications the nurse can give your child

___ Tylenol ___ Benadryl ___ Aspirin ___ Tussin DM ___ Laxative ___ Pepto Bismol

___ Ibuprofen ___ Aleve ___ Midol ___ Sinus Tablets Other: _____

EMERGENCY CONTACT

Name _____ Phone # _____ or _____

PICK-UP I authorize the following individuals to pick up my child:

1. _____ 2. _____

_____ is NOT allowed to pick up my child.

For Office Use Only:	
Received: _____	Paid in full _____
Deposit: _____	Bal. Due: _____
Check # _____	PayPal _____
Cash _____	Payment for shirt: YES NO
Room Assignment _____	
Confirmation sent: _____	