



2025
Ohio Valley Christian Youth Camp
Information Sheet



Senior Week (Ages 14-19)

June 15-20

Directors:

Drew Crawford, J.D. Smith

Intermediate Week (Ages 11-14)

June 22-27

Directors:

Ernie Cornell, Kipp Ferrebee

Junior Week (Ages 7-11)

June 29– July 3

Directors:

Elvis Galbreath, Doug Wells

LOCATION:

The address for the camp is: 1659 Camp Barbe Rd, Elizabeth, WV 26143.

Directions from Parkersburg:

- Take I-77 south to Exit 170 for WV-14 and turn left at the traffic light.
- Continue for 9.3 miles and turn left onto Camp Barbe Rd.
- Continue for 1.1 miles and turn left, then left again to enter the Camp.
- At the next fork in the road, stay to the right and follow the road into the camp.

REGISTRATION:

We can take care of 85 campers per week. Acceptance is based on registration; first come first served. Anyone 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.

Online:

Register online at ovcyc.com/register. **Registration can be submitted without making payment.** For payment, click on the PayPal link. The cost to pay online will be increased by \$5 to cover the fees from PayPal.

Mail-In:

Print and complete the registration and medical forms, then mail them to:

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

In Person:

Register in person on the first day of camp.

Cost: \$130 for mail-in or in person registrations. \$135 to pay through PayPal.

*Registering before camp is best. It allows the staff and directors to know how many campers plan to attend.

If you need financial assistance or have other questions regarding registration or payment, please contact Becky Davis at 740-336-6860 or treasurer@ovcyc.com.

WHAT TO BRING TO CAMP:

Bible, notebook, pen or pencil.

Bedding- sheets, blankets, pillows; toiletries & towels

Clean clothing and shoes **(see Dress Code)**

Bring Extra clothes for water activities.

Personal sports equipment. The camp will furnish the basic equipment for most games.

Spending Money + or - \$10. It's recommended to turn the cash into store cards during registration on Sunday.

Campers are encouraged to leave cell phones at home; however cell phone usage might be permitted during designated times.

(Turn this page over for additional information)

CHECK IN:

- Check-in begins on Sunday at 4:00. Please do not arrive before 4:00.
- **CAMPERS ARE NOT ALLOWED TO MOVE ANYTHING INTO THE DORM UNTIL AFTER THEY HAVE CHECKED-IN.**
- Check-in will be in the pavilion, which is on the opposite corner of the camp from the entrance.
- T-shirts will be available for purchase or pick up (if you preordered one).
- Medications must be given to the nurse.
- Bring cash that can be used to purchase Store Cards. Your child can use the Store Cards to get snacks and drinks from the pop-shack throughout the week.

NOTES:

- Changing dorms is not permitted without the directors' permission.
- Campground rules apply as soon as you are on the camp grounds.

CHECK-OUT:

- Be sure all clothing and personal property is taken home.
- Campers will be dismissed on Friday* at 4:00 PM (We must be off the premises by 5:00 PM).
- Campers must check out with their counselor before leaving.

* Junior week will be dismissed on Thursday.

CAMP RULES:

- All campers are to follow the schedule of activities during their week of camp.
- All campers must obey the directors, deans, teachers, and counselors at all times.
- All campers must wear decent and modest clothing at all times. Please refer to the Dress Code below.
- No person (staff or camper) will be permitted to use any illegal drugs, alcohol, or tobacco products at any time.
- Any injury must be reported immediately to the camp nurse and directors.
- All medications must be registered and given to the camp nurse for dispensing.
- No camper will be permitted to leave the campground at any time without the permission of the directors.
- Campers and staff will be responsible for the deliberate or careless destruction of camp property.
- No one is to have fireworks at any time.
- Water guns/balloons will be used at specific time(s) and location(s) **only**.

DRESS CODE: The cooperation of parents and campers is greatly appreciated.

- SHIRTS: No Halter tops, tank tops, midriff shirts or see through shirts.
- SHORTS: Shorts must be to the knee, No bike shorts.
- Skirts and dresses must be to the knee.
- Leggings are only allowed if they are covered by a long dress, skirt or shirt.

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.

VISITORS:

Visitors are allowed throughout the week.
All meals are \$5 per person. Please pay the storekeeper.

MAIL: (Campers Name)
Camp Barbe
1659 Camp Barbe Road
Elizabeth, WV 26143

Senior Week:

Jay D. Smith- 304-966-6577

Drew Crawford- 740-525-0676

Intermediate Week:

Ernie Cornell- 740-350-4698

Kipp Ferree- 304-991-2065

Junior Week

Elvis Galbreath- 740-525-3914

Doug Wells- 330-231-8097

Please keep this page for your reference.



2025
Ohio Valley Christian Youth Camp
Camper Registration Form



Check Desired Date(s):

____ Senior Week: June 15-20 (Ages 14-19)

____ Intermediate Week: June 22-27 (Ages 11-14)

____ Junior Week: June 29-July 3 (Ages 7-11)

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 # _____

EMERGENCY CONTACT

Name _____ Phone # _____ or _____

PICK-UP I authorize the following individuals to pick up my child (In addition to the parents or guardians):

1. _____ 2. _____

_____ is NOT allowed to pick up my child.

Are there any commitments that will require your child to leave camp early or any time during the week? YES NO If YES, please specify which day(s) and time(s) he or she will need to leave:

Please list other important information that the counselors or staff should know about your child:

Please list any dietary restrictions or allergies:

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

1. _____ 2. _____

(continue on back)

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.

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 or Camper (if over 18) (print)

Parent \ Guardian or Camper (if over 18) (signature)

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

Registration and Medical forms **MUST** be filled out completely and signed by the Camper (ONLY if he or she is 18 or older) or the Parent or Guardian.

Mail completed and signed forms with payment to:

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

If you need financial assistance or have other questions regarding registration or payment, please contact Becky Davis at 740-336-6860 or treasurer@ovcyc.com.

