

# MEET THE CAMP DIRECTORS



Chad Davis  
740-341-8422

## Beginner Camp July 22-26



Tonja Grubb  
740-649-0531



## Jr. High Camp July 15-20



McKayla Patrick  
740-648-8589



Tonja Grubb  
740-649-0531

## Sr. High Camp July 8-13



# ACTIVITIES

- Waterslide
- Basketball
- Gaga Ball
- Volleyball
- Corn Hole
- Putt Putt Golf
- Chain Breaker Disc Golf Course

Plus more activities specific to each camp



## Christian Union Youth Board

- |                |              |
|----------------|--------------|
| Tonja Grubb    | 740-649-0531 |
| Melissa Kight  | 740-542-0161 |
| Amanda Smith   | 740-542-9109 |
| Tracy Campbell | 419-234-7421 |
| Stacia Minney  | 740-703-3739 |

# Christian Union Summer Camp 2024



COME

JOIN



US



Rooted and built up in  
him, and established in  
the faith, as ye have been  
taught, abounding therein  
with thanksgiving.

Colossians 2:7

# 2024 Christian Union Camp Registration

Camper's Name \_\_\_\_\_  
 Date of Birth and age, \_\_\_\_\_  
 Sex (circle one) Male Female  
 Being consistent with our faith and practice, we recognize biological males and females

Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 Parent's Name \_\_\_\_\_  
 Parent's Cell # \_\_\_\_\_  
 Grade Completed \_\_\_\_\_  
 Pastor, and Church \_\_\_\_\_

**CAMP** (circle one attending)  
 Sr. High | **July 8-13, 2024** | Ages 14-18  
 Jr. High | **July 15-20,** | Ages 12-14  
 Beginner | **July 22-26** | Ages 9-12

**T-SHIRT SIZE** (circle one)  
 YM YL S M L XL XXL

**HEALTH INFORMATION**  
 OTC & Prescription Medication taken regularly: \_\_\_\_\_  
 (Must be in original container)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Allergies (list) \_\_\_\_\_

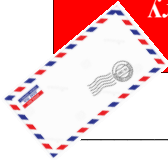
## INSURANCE INFORMATION

Insurance Company \_\_\_\_\_  
 ID Number \_\_\_\_\_  
 Insurance Address \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_  
 (if unable to reach parent) Phone \_\_\_\_\_

**RELEASE**  
 We/I certify that the above child has my permission to attend camp, and we/I am aware that physical risks are associated with participating in camp activities regardless of precautions taken. We/I hereby release Ohio Council in Christian Union, Ohio CU Youth Board, staff and volunteers from liability. We/I give consent for medical treatment for my child named above by Camp First Aid personnel and/or hospital physician assigned in case of a medical emergency. We/I acknowledge that we/I have released all pertinent information regarding medical, physical and learning challenges that will affect our/my child's participation at Ohio CU Camp. We/I also give permission for my child to be transported off-site for scheduled activities and trips. We/I also realize my child's picture or testimony may be used in promotional material.

\_\_\_\_\_  
 (Parent/Guardian Signature)

\_\_\_\_\_  
 Date



**Send Forms to:**  
**Freedom Trails Ministry**  
**Tonja Grubb**  
**1190 North Washington Street**  
**Greenfield, OH 45123**



## Payment

Cash \_\_\_\_\_  
 Check \_\_\_\_\_  
 Church Sponsor \_\_\_\_\_  
 Family Discount \_\_\_\_\_

**COST—\$135.00**  
**\*\*Family discount: \$10 off**  
**each additional child**



**Camp Registration begins at**  
**2:00 PM on Monday**

**First meal will be served Monday evening at**  
**approximately 5:00 PM**

**Dismissal from camp will be**  
**10:00 AM Saturday**

## WHAT TO BRING

Bible, notebook and pen, sleeping bag and pillow, modest swimsuit (no bikinis), play clothes, outfit, wash cloth, toiletry items, money for canteen, shower shoes, tennis shoes

## SHORTS and SKIRTS

Must come to the end of fingertips when arms are straight down to your side

## SHIRTS

Must cover shoulders and have no profanity, offensive language, sexual innuendos, or reference to alcohol, drugs, or tobacco products

## PLEASE LEAVE AT HOME...

Cell phones, radios, mp3 players and electronics

## ALL MEDICATION

Prescriptions and non-prescription meds must be turned in to the camp nurse