

Dear Choral Directors and Students,

My name is Bruce Bowerman-Jett. I am a member of the staff at Camp Christian in Magnetic Springs, Ohio. We are excited to announce we are launching a music camp this coming summer. The dates are Sunday June 25th to June 29th, 2023.

The music camp will be a "show choir-esque" vocal camp for students graduating from 6th grade- graduating 12th grade. There will be a large group choir to do a handful of choreographed numbers as well as the opportunity to audition for solos, duets, and small ensembles. At the conclusion of camp, there will be a cabaret to present the group numbers and the other acts.

The cost of the camp is \$255 WITH SCHOLARSHIPS AVAILABLE. This includes food, lodging, and a whole lot of signing. Registration forms are attached! Once a camper is registered, we will send in advance the group music so that everyone can have a chance to listen to it before arriving at camp.

We can't wait to Welcome you and your students to Music Camp this Summer. If you have any questions, please email bbowerman-jett@ccinoh.org, or call me 419-204-7014

Pressing on IN HIS Grace!

Bruce Bowerman-Jett

Camp Christian Food Service Director

Feel free to make as many copies of the registration form as you need. If you decide to bring a group, let us know, as we can do a group registration. Thanks





MUSIC CAMP 2023 REGISTRANT INFORMATION

Camp Christian 10335 Maple Dell Rd, Marysville, OH 43040

For those youth in 6^{th} , 7^{th} , 8^{th} 9^{th} , 10^{th} , 11^{th} or 12^{th} grade.

REGISTRATION FEES	*EARLY BIRD Rate of \$255 by May 1st
\$270 May 2 nd – 10 days prior to Camp	\$285 Within 10 days of the Camp and anytime after
	fore deadline date in order to receive that rate. Scholarship awards must be on site scholarship approval. There is a separate form for scholarship requests. er camps and conferences.
	nping programs, please contact ccio@ccinoh.org or (614)433-0343. Make n to: Camp Christian, 10335 Maple Dell Rd., Marysville, OH 43040.
CAMPER & PARENT/GUARDIAN INFORMATION	
Name	
Mailing Address	
City	State Zip
Gender Birth Date/_	/ Grade completing Spring 2023
Will you be traveling to Camp with another Camp For Cabin assignment purposes	er who is the same identifying Gender? YesNo
If yes, please name them:	
Parent/Guardian(s) Names	
Home Phone number ()	Parent/Guardian Cell ()
Parent/Guardian Email Address(es)	
Do you have any: Dietary Needs?	
requirements you <u>must provide</u> specific information <u>in adv</u>	date special dietary needs. However, if your child has special dietary ance in order that we may provide alternative options as needed. Failure al fees as there may be extra expenses for special purchase of foods not
Mobility or other Needs?	

PLEASE NOTE: If your child has needs that require additional supervision/assistance throughout the day, please contact the director of the Camp or Conference they are attending to discuss this ahead of time so that the appropriate arrangements can be made.

Who is picking up the registered young person when Camp concludes on Thursday? Print clearly.	
Name	Contact #
This section to be filled out by the <u>Music Camper</u> and retu	rned with registration.
Camps I have attended in the past	
I am a FIRST TIME Camper / Conferee at Camp Christian an	nd I was invited by
Please let us know a little bit about yourself:	

This section is to be filled out by the <u>Farenty Guardian</u> of the Music Camper and returned with registration.
It is our objective and firm commitment to treat each camper as an individual. Therefore, any information you could share with us concerning your child would be appreciated and helpful. Include comments like these: sho or outgoing, works best alone or with a group, talkative or reflective, etc. Please do not limit your comments to these categories, but in your own words, help us to provide your child a healthy, growing, Christian camp experience.
Coronavirus/Covid-19 Due to the serious nature of the Coronavirus/Covid-19, I understand that at any time while my child/ward is attending Camp Christian, I may be called upon to pick them up if they have been exhibiting symptoms of the Coronavirus/Covid-19. I have also read the Camp Christian Covid-19 Policy and am aware of the alerts that I may receive if there is an outbreak at Camp Christian during the camp or conference that my child/ward may be attending.
Date:
*Signature of Parent or Guardian
Search and Seizure I acknowledge a camper and/or camper's belongings may be searched by camp administration whenever there is reasonable suspicion that the camper has violated or is violating either the law or camp expectations. Any evidence produced as a result of the search will be confiscated and appropriate action(s) taken by camp administration.
Date:
*Signature of Parent or Guardian
Bullying I acknowledge that any camper found to be harassing, making fun of, or intimidating another camper is subject to disciplinary actions and may be sent home.
Date:
*Signature of Parent or Guardian
By initialing, permission is NOT given to the Christian Church in Ohio to use the camper in any photos/videos for Camp Promotional material either printed or web based.
Please initial here if you would like to be notified specifically if ANY camper/counselor is sent home with Covid symptoms. Otherwise you will only receive notification if your child is in the same cabin/cohort as
with Covid symptoms. Otherwise you will only receive motification if your child is in the same cabilification as

the person who has been sent home. All parents/guardians will be notified immediately in the event of a multi

person outbreak at Camp Christian.

Parents/Guardians,

The activities below are those in which your child may participate at <u>Music Camp</u>. Please indicate your approval by initialing next to each activity. If there are any activities that you will not permit your child to participate in, do not initial and please explain on the line below the activity. If you need more space, feel free to write on the back.

If there are questions, the Music Camp Directors are more than happy to answer them. Contact the Regional Church Office and they will get you in touch with the proper person. ccio@ccinoh.org or (614) 433-0343 or (937) 348-2811 at Camp during the summer.

Camper Name (Print Clearly)	Camp Week attending
Water Activities	
No, explain:	
Boating (life jackets are required for boating)	
No, explain:	
Fishing	
No, explain:	
Developed in Circular	- Duta diseased
Parent/Guardian Signature	Date signed
Please print first and last name clearly	Contact phone number

Please return to Camp Christian (10335 Maple Dell Rd, Marysville, OH 43040) with all other Summer Camp and Conference forms. Thank You!

Coronavirus Health Policy & Procedures Agreement

The Christian Church in Ohio has COVID-19 policies and procedures for Camp Christian.

Please sign below that you (or your camper) have read and agree to the policies and procedures as advised by the Union County Health Department and the CDC. The full document can be downloaded at https://www.ccinoh.com/camp-christian/summer-programs.aspx.

Before attending any event, camp or conference at Camp Christian, I agree to the following:

- 1. I am following all CDC recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19
- 2. I am not experiencing any symptoms of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.
- 3. I have not traveled internationally within the last 14 days.
- 4. I do not believe I have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.
- 5. I have not been diagnosed with Coronavirus/Covid-19 and/or have been cleared as non-contagious by state or local public health authorities.
- 6. I agree to be tested onsite by the Camp Nurse or Campsite Manager should the need arise
- 7. I release liability or claim that I, my heirs, or any personal representatives may have against The Christian Church in Ohio with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from The Christian Church in Ohio.

If I do not follow these guidelines and/or if I begin experiencing symptoms of the Coronavirus/COVID-19 immediately before coming to Camp Christian, I will not attend the camp or conference. (If you do not attend due to the Coronavirus/COVID-19, you are entitled to a full refund.)

Name of Attendee (Printed)	Week of Camp/Conference
Signature	Date
	 Date

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