

Family Camp

July 30th- Aug 4th

Directors:

Greg Jones - 330.704.0316

Jared Clouse - 501.827.5927

Stephen Lindenberger - 330.806.0772

Daily Activities include:

- Daily devotionals, Bible studies, and lectures
- Swimming (at the Lisbon Pool)
- Golf Scramble
- Hiking and biking
- Basketball
- Euchre, bean bag toss

DAILY SCHEDULE

7:00 AM..... Wake Up
7:45 AM..... Breakfast
8:45 - 11:15 AM..... Announcements and Classes
NOON..... Lunch
1:00 - 1:30 PM Children Activity
2PM - 5:00 PM Leisure/Swim Time
5:30 PM..... Dinner
7:00 - 8:30 PM..... Hymn Time, Lecture, Children's Hour
9:00 PM..... Teen Devotional
11:00 PM..... Lights Out

Northeastern Ohio Christian Youth Camp
8122 St. Jacobs Logtown Rd., Lisbon, Ohio 44432

Find Family Camp on Facebook for year-round information!

Camp Rules

To make your stay at camp as enjoyable as possible we ask that you observe the following camp rules.

1. **Registration information:** Camp activities do not officially begin until Sunday evening. **Please do not plan to arrive before Sunday afternoon.** The first meal will be served on Sunday evening. Communion will be available at the evening service for those who are unable to assemble on Sunday morning.
2. MODEST clothing is required. No bare midriffs. Shorts may be worn but should be past the fingertips when standing. Shirts with suggestive pictures and/or words on them that are not in keeping with Christian principles will not be permitted. The directors reserve the right to determine what is appropriate for family camp.
3. No loud radios.
4. No pets of any kind at NOCYC.
5. Bring: (some items are optional): Bible, note pad and pen, bed linens, blankets, pillows, towels, soap, personal toiletries, jackets (it sometimes gets chilly at night), shower shoes, insect repellent, table and yard games (no darts), lawn chairs, golf clubs (a scramble is being organized)
6. The phone number at camp is (330) 424-3726. PLEASE use this number only for emergency calls during camp week!!!
7. **We will once again be using the pool in Lisbon for our swim time. You are responsible to transport your child or children to and from the pool in Lisbon. You are also responsible for your child or children while at the pool.**

Since this is family camp, any children who are not attending with their own family **MUST STAY WITH** the family that brought them to camp. **A COMPLETED MEDICAL CONSENT FORM MUST BE TURNED IN!!!**

Specific Daily Activities: Each Night @ Dinner will be a Special Theme

Monday:

- Toad Race
- Dinner theme: Emoji stuff - Wear or bring your favorite emoji character
- **Family Game Night** following the evening session
Bring your favorite game to enjoy as a family and with others

Tuesday:

- Dinner Theme: Sports Game Day - wear your favorite team's colors!!
- Trailer & Treat following dinner
Campers in grades 6 and younger are asked to come prepared to parade through the camp while wearing costumes (non-scary costumes, please). The children will stop by each trailer and other camp sites for candy and treats.

(Note: in past years the head count for this age group was 25 or less.)

Wednesday:

- Golf Scramble
Bring your clubs to participate in the annual golf scramble on Wednesday (rain date: Thursday).
- Dinner Theme: Family Camp Shirt - wear your Family Camp Shirt
- **Family Devotion by the camp fire** following the evening lecture
We will have a family devotion around the camp fire. Everyone at camp is encouraged to participate in the activity.

Thursday:

- Water Balloon fight and Tug of War
- Dinner Theme: Patriotic- wear Red, White and Blue!!!!
- Silent Auction
Bid numbers will be handed out upon arrival to bid on themed baskets. They make great gifts so plan to participate and help defray camp expenses.
- Thursday Evening White Elephant Auction

On Thursday evening, we will have our annual White Elephant Auction. This auction helps defray camp expenses and enables us to hold down the cost to the campers. PLEASE BRING ITEMS TO DONATE TO THE AUCTION. Please plan to participate by donating and bidding!

COST: **\$18.00** per person, per day (age 6 and over) for those who send a completed registration form and a \$25 deposit postmarked by July 1st.

\$25.00 per person, per day (age 6 and over) for those who register after July 1st.

Unregistered Walk-ins: \$20 (age 6 and over)

APPLICATION FORM

Name (adults)
1
2

Name (children)	Age	Grade Completed

Address	City	State	Zip

Phone:	E-mail:
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Home Congregation:

PLEASE CIRCLE - I will be staying in: camper cabin

Please list any special needs:

Total # in group:	# of nights staying at camp:
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A \$25.00 non-refundable registration fee payable to Family Camp is required for a space to be saved for your family. The registration fee will be applied to your stay at camp. All reservations are on a first come basis. To receive the lowest rate, your application and \$25.00 must be post marked on or before July 1st.

Mail to: Stephen Lindenberger
10933 Graber St SW Massillon, Ohio 44647
Any questions contact - stephenl0902@gmail.com

Health, Medical, and Insurance Information: (Camper cannot be accepted if this is not completed.)

NOCYC/FAMILY CAMP DOES NOT PROVIDE MEDICAL INSURANCE.

Name _____ Phone: _____
Address _____

Date of Birth _____

Date of last Tetanus Shot _____

Medications (Current Dosage and Times) All Medications must be turned into the staff nurse or director upon arrival at camp.

No Medications are permitted in the cabin

Do you use an EPI Pen? _____ If yes, do you have it with you? _____

Do you use an inhaler? _____ If yes, do you have it with you? _____

May we give your child Tylenol if it is needed? _____ Advil? _____

Medical History:

FOOD ALLERGIES _____

All Other Allergies _____

Parent/Guardian Name _____ Work Phone _____

Parent/Guardian Name _____ Work Phone _____

Home Phone _____ Additional Phone _____

Cell Phone _____

Additional Contact Person _____ Phone _____

Guarantor or Name _____ Place of Employment _____

Insurance Company Name _____

Policy # _____ Plan ID# _____

Primary Care Physician _____ Office Phone _____

Dentist _____ Phone _____ Other Physician _____

In the event of an emergency, I authorize the camp director or his designee to secure medical or surgical treatment as recommended by a physician for the applicant's well-being. The camp health director or nurse may administer any prescribed medications and treat any emergency that may arise while the applicant is at Family Camp. Signature of Parent or Guardian

_____ DATE: _____