

June 10-14, 2024 // For Ages 7-12



LIVE FOR MORE SUMMER CAMP

\$250 for 5 Days

\$25 deposit due by June 2

Super Early Bird Discount: \$230 (if deposit paid by April 14)

Early Bird Discount: \$240 (if deposit paid by May 12)

Financial aid is available, please contact your church's camp coordinator.

The counselors and leaders are looking forward to a great week
at **Pleasant Valley Ranch** and hope to see you there!

Below you will find a list of what to pack for camp.

- Bible
- Notebook
- Pen
- Flashlight
- Insect Repellent
- 2 Towels
- Washcloths
- Dirty Clothes Bag
- Toiletries-
Shampoo
- Soap
- Toothbrush
- Toothpaste
- Comb/Brush
- Hair Products
- Sunscreen
- Sleeping Bag/Blankets
- Fitted Twin Sheet
- Pillow
- Swimsuit-
Modest, no bikinis
- Swimsuit Cover-Up
- Jacket & Rain Poncho
- Flip Flops (for shower)
- 2 Pair Gym Shoes-
1 for sports
1 for messy games
- Old Clothes (3 outfits)
- Clothes for 5 days
- Money-
At least \$5 per day
for snacks/game room

Please, do not bring anything that would infringe upon the rights of other campers or be a distraction to you or them. No non-prescribed drugs, alcohol, cigarettes, any type of weapon, fireworks, secular reading material, portable media devices (radios, I-Pods, computers, tablets, video games, etc.), or cell phones will be allowed. If you need to contact someone your counselor will help you do so. If you have any of these things, they will be confiscated and returned only to your parent or guardian.

Closed-toe shoes are required for all activities. While packing your bags, plan on wearing modest and appropriate clothing for each activity. Nothing with inappropriate graphics will be tolerated.

You will be asked to change if you choose not to follow these guidelines. If you have any questions with regards to dress, please contact your church's camp coordinator.

Pleasant Valley Ranch // 4023 St. Rt. 603 // Perrysville, OH 44864

**Please, Complete This Form and Return To Your Church's
Camp Coordinator As Soon As Possible.**

Name _____ DOB _____ M or F

Address _____

City _____ State _____ Zip Code _____

Weight _____ T-Shirt size (Youth) M L (Adult) S M L XL 2X 3X

Church Name and Pastor _____

Parent or Guardian Name _____

Phone # _____ Secondary # _____

Please List All Allergies Or Medical Conditions _____

Recent Injuries Or Operations _____

Activities In Which My Child Cannot Participate _____

Current Medication _____

Date Of Last Tetanus Shot _____

I, the undersigned parent or guardian, hereby consent to my child participating in all camp activities as well as any videos and or photos taken of him/her for promotional purposes excluding those listed above. If my child has any medical conditions that may be relevant to a physician in the event of an emergency, I have listed them above. If I cannot be reached, I hereby authorize my child's camp counselors to make emergency medical decisions for my child. **I understand and hereby agree to assume all the risks which my be encountered during camp, including activities preliminary and subsequent thereto.** I do hereby agree to hold Pleasant Valley Ranch and all participating church leaders/counselors harmless from any liability, actions, causes of actions, claims, expenses, and damages on account of injury to my child or property which now have or which may arise in the future in connection with the camp activities or associated activities. I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the State Of Ohio and that if any portion thereof is held invalid, it is agree that the balance shall, notwithstanding, continue in full legal force and in effect. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not mere recital. **I further state that I have carefully read the foregoing release and know the contents thereof and I sign this release as my own free act.** This is a legally binding agreement that I have read and understand. By signing below, I also grant permission to administer over the counter pain medicine or ointment to my child as deemed necessary by his or her counselor.

Parent Or Legal Guardian Signature _____ Date _____