

CAMP SYCHAR YOUTH APPLICATION

BEFORE YOU MAIL! Read the entire packet of information. Fill out your application and covenant. Have your parent read the information and sign your Authorization and Emergency Medical Form and Off Campus Permission. Mail (do not email☺) your application with a check for \$100 made out to "Camp Sychar" by July 4th. Registration after July 4th is \$105. We are sorry but no refunds can be given after the first day of camp.

Send your application to:

Camp Sychar Youth Program, Rev. Tom Keene 4151 Windsor Bridge Pl., New Albany, OH 43054

Name _____ M () F () Age _____ Birthdate _____

Street _____ Town _____ State _____ ZIP _____

Parent/Legal Guardian _____ HomePhone _____

Work/Cell Phone _____ Youth E-mail _____

2ndEmergency Contact _____ Relationship _____ Phone _____

Will be at Camp the full ten days: YES () NO () If no, please list what days you will NOT be at Camp:

GIRLS- Request Cafeteria Counter? YES () NO () Dorm Room Request? _____

GUYS- Request Tractor Crew? Must be fulltime and arrive on Monday before Camp. YES () NO ()

Interested in being on: Worship Drama Team? YES() NO() or SITs: Servants In Training? YES() NO()

or *NEW* Youth Praise Band? YES () NO () The musical instrument I'll bring is _____

YOUTH COVENANT

If I am accepted as a participant in the Camp Sychar Youth Program, I agree to abide by the following expectations and guidelines:

1. I will be responsible for my actions and act in a Christian manner.
2. I will treat all people with respect. I will cause no injury or unhealthy criticism to others or myself.
3. I will treat other people's property with respect and cause no form of vandalism or destruction to any private or Camp Sychar property.
4. I will not use alcohol, illegal drugs or tobacco. I agree to a NO SMOKING policy.
5. I will dress appropriately to reflect Christian standards of modesty.
6. I will not leave the Camp Sychar grounds unless I have written permission.
7. I agree to the NO DRIVING and NO RIDING IN A CAR policy while at Camp.
8. I agree to work in harmony with the members of the group by following and participating in the scheduled meetings, activities, and cafeteria assignments.
9. I agree to listen to and adhere to the instructions given by the Youth Leaders.
- **NEW** 10. WHILE IN THE YOUTH PROGRAM, I AGREE TO ABIDE BY THE POLICY of NO YOUTH MAY GO INSIDE CABINS or ANY OTHER NON-YOUTH LODGING, INCLUDING LODGING BELONGING TO PARENTS or RELATIVES.
11. I have read all of the Information Sheets for Youth and agree to abide by them.
12. I agree to have a wonderful week of friends, fellowship, fun and growing in Jesus!!

YOUTH SIGNATURE _____ **Date** _____

SPONSOR _____ (Pastor or Sychar Board Member)

OFF CAMPUS ACTIVITIES PERMISSION FORM

I give permission for my son/daughter, _____ to participate in Camp Sychar recreation activities at the community park, and to go walking with the Camp Sychar youth group and staff to the Nursing Home to present a musical ministry program. If my youth is physically unable to walk to activities, I give my permission for them to ride in a staff member's automobile to the activity.

() YES () NO

I also give permission for my youth to participate in the recreation & swimming activity at the Community Water Park/ Pool with a group of Camp Sychar youth and staff members. () YES () NO

PARENT/LEGAL GUARDIAN _____ **Date** _____

MEDICAL INFORMATION

NAME

BIRTHDATE

List any present illnesses or health conditions _____
Drug ALLERGY _____ Other Allergies _____
Date of Last Tetanus Shot _____ Activity OR Dietary Restrictions? _____
Name of Insurance Company _____ Policy number _____

PARENT AND YOUTH MUST MEET WITH CAMP NURSE UPON ARRIVAL IF ANY MEDICATION IS REQUIRED. If youth is on medication, they must be mature and responsible for coming to the clinic for regularly scheduled doses as ordered by physician. Each medication *must be in original labeled containers* with name of youth and medication, dose and times, and doctor's name. **IF DOSE HAS BEEN CHANGED FROM LABEL, YOUTH MUST HAVE A STATEMENT FROM THE DOCTOR.** The Nurse is required to keep ALL medications secured. PARENTS must pick up medications from the nurse at end of Camp. List any medications required to be given by the Camp Nurse:

(1) _____ (2) _____ (3) _____

PARENT AUTHORIZATION AND EMERGENCY MEDICAL FORM

I give permission for my child (print full name) _____ to participate in the full range of activities of Camp Sychar. I understand that a private car for transportation will be used only when physically necessary for a youth to be able to attend off-campus activities during camp, or in an emergency. Possible off-campus activities during camp, but not limited to the events listed, will be walking to a nearby nursing home, and recreational activities at the city park and swimming pool across the street from Camp Sychar.

I have read all of the Parent & Youth Information Sheets, including the Housing Policy statement that while in the Youth Program youth are assigned living quarters in youth dormitories, and youth are not permitted inside cabins or any other non-youth lodging.

I understand that all reasonable safety precautions will be taken by Camp Sychar and its agents during camp activities. I understand the possibility of unforeseen hazards and the inherent possibility of risks. I agree to not hold Camp Sychar, its leaders, officers, employees, or voluntary staff liable for damages, losses, diseases, illnesses or injuries incurred by the youth subject of this form.

I understand that my child may be the subject of photographs or videos taken by the camp for publicity purposes and authorize the use of these photographs or videos.

****PARENT/ LEGAL GUARDIAN _____ DATE _____**

I hereby authorize the Camp Sychar Nurse or designated youth staff person to give the following over the counter medications (may be generic) to my child for minor illnesses as necessary. I have checked the medications below which my child (full name) _____ may receive as needed:

___ Tylenol ___ Advil ___ Antacid ___ Sudafed for congestion ___ Cough drops for sore throat
___ Neosporin cream or bactine for cuts ___ Benadryl for allergy ___ Caldryl for poison ivy

I understand that in the event medical intervention is needed, every attempt will be made to contact me. If I cannot be reached in an emergency, I hereby authorize emergency medical treatment, injection, anesthesia, surgery, or dental care to be given to my son/daughter, as considered advisable or necessary in the judgment of an emergency medical professional or physician.

I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed. Coverage by Camp Sychar through its accident policy will be used as secondary coverage.

****PARENT/LEGAL GUARDIAN _____ DATE _____**