

## Camp Sychar 2023 Youth Application

We are so excited that you will be joining us for these 10 exciting and life changing days! Please make sure that you complete all portions of the application. Camp fee is \$110 for all campers. Please plan to make payment when youth check-in at camp. Applications can be mailed to the Youth Program mailing address (1083 Carousel Ct. Westerville, Ohio 43081). Payments may also be mailed to the address above. Please note any mailed payments will not be processed until camp begins.

### Youth Information

Youth Name: \_\_\_\_\_ Gender (Circle): Male Female Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Youth Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Youth Email: \_\_\_\_\_ Youth Cell #: \_\_\_\_\_

Are you bringing a "First time Friend" (Circle): Yes No Friends Name: \_\_\_\_\_

### Parent/Guardian Information & Emergency Contacts

Parent/Legal Guardian Name: \_\_\_\_\_ Guardian Phone #: \_\_\_\_\_

Guardian Cell Phone (if different): \_\_\_\_\_ Guardian Email: \_\_\_\_\_

2<sup>nd</sup> Emergency Contact Name: \_\_\_\_\_ 2<sup>nd</sup> Emergency Contact Relationship: \_\_\_\_\_

2<sup>nd</sup> Emergency Contact Phone Number: \_\_\_\_\_

### General Questions

Will student be at camp all 10 days (Circle): Yes No

If "No" please check the dates they will be attending: \_\_\_\_\_ 7/20 \_\_\_\_\_ 7/21 \_\_\_\_\_ 7/22 \_\_\_\_\_ 7/23 \_\_\_\_\_ 7/24 \_\_\_\_\_ 7/25  
\_\_\_\_\_ 7/26 \_\_\_\_\_ 7/27 \_\_\_\_\_ 7/28 \_\_\_\_\_ 7/29 \_\_\_\_\_ 7/30

Request to serve on Tractor Crew (Must be able to lift and arrive at the Monday before camp): Yes No

### Youth Covenant

As a participant in the Camp Sychar Youth Program, I agree to abide by the following expectations and guidelines:

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

By Signing here, I agree to the Youth Covenant listed above: \_\_\_\_\_

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### Supervised Off Campus Group Activities Permission Form

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I give permission to participate in Camp Sychar group recreation activities at the community park across the street (Circle): Yes No

I give permission to participate in swimming at the Hiawatha Community Pool across the street with the Sychar youth (Circle): Yes No

I give permissions for my son / daughter to participate in the following activities selected above:

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### Youth and Parent Information

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Dear Youth and Parent, The Camp Sychar Youth Staff has been praying and planning for your youth's arrival for months. As we begin the 153rd year of ministry at Camp Sychar, we know that God is in this place. Please be praying for your youth these ten days that their relationship with Jesus will be strengthened and refreshed, and that they may know how much God loves them. This letter is to request your help in some specific areas of concern to both youth staff and parents. These issues relate to the health and safety of youth while at Camp.

- If your youth is on prescription medication, both the parent and youth must meet with the Camp Nurse on arrival. Also, the parent must pick up any extra medication from the nurse at the end of Camp.
- Policy for Personal Electronics: Parents & youth take responsibility for risk of having cell phones or any electronic devices at camp. We are not responsible if they are lost, damaged, stolen or left at camp. Youth may not use cell phones in any worship service.
- Youth cannot go off the grounds anytime unless they are accompanied by staff members, as in during the recreation times.
- The only exceptions to the "NO off-campus rule" are for youth who have written parental permission to attend work or required school programs. Youth must sign-out and back in with the designated registrar anytime they leave, even if it is with a parent's permission.
- If parents want to take youth off grounds for a meal, plan it at lunch if it is not their working shift in the cafeteria. No youth are permitted to be off the grounds after dinner. The big deal is staff ability to monitor where the youth are (on or off grounds) and fairness to other youth whose parents are not on the grounds!
- **Housing Statement:** Youth Program youth are assigned living quarters in youth dormitories, and youth are not permitted inside cabins or any other non-youth lodging. Youth are not permitted inside any camp residences, i.e., cabins, trailers or non-youth rooms, even if it is with a relative. Last year, only 1/4th of our youth had a parent on the grounds. Obviously, we cannot have different rules for youth with parents on the grounds than for youth whose parents are not. We cannot see into the cabin/room and we do not know what person may or may not be in the residence, or what may occur. We appreciate your parental cooperation and please remind youth of this rule for everyone's safety!
- At the end of Camp, parents please sign-out and pick-up your youth between 1:30- 3:00pm on the last Sunday. Do not come before as they will still be in a worship service (which we don't want to disrupt), or serving in the cafeteria! Youth clean and vacuum their area, and have it checked by their counselor before they leave. Ten days is a long time and "stuff" collects!

To reach your youth in an emergency, you may contact Zach Riggs at (614) 313-8475

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### Parent Authorization and Waiver

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I give permission for my child to participate in the full range of activities and recreational events of Camp Sychar. I understand that a private car for transportation will be used only in an emergency.

I understand that all reasonable safety precautions will be taken by Camp Sychar and its employees and/or agents during camp activities. I further understand the possibility of unforeseen hazards and the inherent possibility of risks involved in the participation of my child in these activities.

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.

I have read all of the Parent & Youth Information Sheets, including the Housing Policy statement, and understand 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.

Please Circle: Agree

Disagree

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## MEDICAL INFORMATION FOR CAMP NURSE

Youth Name: \_\_\_\_\_ Gender (Circle): M F Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Address/City/Zip \_\_\_\_\_

Parent/Legal Guardian \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

List any present illnesses or physical restrictions:

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List any health conditions: \_\_\_\_\_

List any allergies to food or medications: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Name of insurance company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

List any medications required to be given by the camp nurse: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

If youth takes medications for sleep please keep in mind that the camp schedule can be very hard to keep up with if they are required to take these medications every night. Consider contacting youth's family doctor to request a written order that these medications may be given as needed instead of every night during camp, it must be in writing.

Parent and youth must meet with camp nurse upon arrival IF any medication is required. If youth is on prescription medication, youth 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 statement from doctor. The nurse is required to keep ALL medications secured. Youth may NOT keep any medications, even over the counter medications with them in the dorms.

### PARENT MEDICAL AUTHORIZATION

I hereby authorize the Camp Sychar nurse or designated youth counselor to give over the counter medication (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:

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|--|--|
| <input type="checkbox"/> <b>TYLENOL</b>      | <input type="checkbox"/> <b>IMODIUM</b>                                  |
| <input type="checkbox"/> <b>MOTRIN</b>       | <input type="checkbox"/> <b>COLACE FOR CONSTIPATION</b>                  |
| <input type="checkbox"/> <b>TUMS</b>         | <input type="checkbox"/> <b>HYDROCORTISONE CREAM</b>                     |
| <input type="checkbox"/> <b>COUGH DROPS</b>  | <input type="checkbox"/> <b>ALOE FOR BURNS</b>                           |
| <input type="checkbox"/> <b>BENADRYL</b>     | <input type="checkbox"/> <b>NEOSPORIN ORIMODIUM FOR BACTINE FOR CUTS</b> |
| <input type="checkbox"/> <b>PEPTO BISMOL</b> | <input type="checkbox"/> <b>NONE OF THE ABOVE</b>                        |
| <input type="checkbox"/> <b>CALADRYL</b>     |  |

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: \_\_\_\_\_