

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 Off Campus Permission, Parent Authorization and Emergency Medical Form. Mail your application (do not email☺), 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. Scott Campbell, 403 E. Crawford St., Van Wert, OH 45891

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 be on: Worship Drama Team? YES () NO () SITs: Servants In Training? YES () NO ()

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 follow the dress code and 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.*
- 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)**

NAME(please print) _____

Environmental Allegies (including insect) _____

Activity OR Dietary Restrictions? _____

SUPERVISED OFF CAMPUS GROUP ACTIVITIES PERMISSION FORM

(Please mark (X) and sign below to give your youth permission to participate in these activities)

I give permission for my son/daughter, _____ to participate in:

- 1) ___ Camp Sychar group recreation activities at the community park across the street,
- 2) ___ Walking with Camp Sychar youth and staff to a Nursing Home or other nearby site, to do a ministry outreach program,
- 3) ___ Swimming and recreation activities at the Hiawatha Community Pool with a Sychar group
- 4) ___ If my youth is physically unable to walk to group activities, I give my permission for them to ride in an automobile driven by a staff member, to and from these activities (no less than 3 people per car).

PARENT/LEGAL

GUARDIAN _____

Date _____

PARENT AUTHORIZATION AND WAIVER

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 or other site for an outreach program, 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 _____

MEDICAL INFORMATION FOR CAMP NURSE
(please complete and return with application)

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

Address/City/Zip _____

Parent/Legal Guardian _____ Phone: _____ Cell: _____

Emergency contact: _____ Relationship: _____ Phone: _____

List any present illnesses or physical restrictions: _____

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:

Tylenol() Motrin() Tums() Sudafed() Cough drops() Benadryl() Pepto Bismol()

Caladryl() Neosporin or Bactine for cuts() Imodium for diarrhea() Hydrocortisone cream()

Aloe for burns() Colace for constipation() Robitussin DM for cough/congestion()

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 it's accident policy will be used as secondary coverage.

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