



**2024 SAM DAVIS CHRISTIAN YOUTH CAMP EAST REGISTRATION
CAMPER FORM (for youth ages 12 through 17 years old)**

North Carolina Camp – JUNE 23rd – 29th, 2024 – Providence, NC

Return to: Tracy Clary, SDCYC East
1019 Matthews Chapel Rd or brunswickreb@gmail.com
Lawrenceville, VA 23868

When your registration has been received and processed, you will receive a confirmation e - mail with details regarding camp facilities and scheduled activities, check-in times, what to bring, etc.

Name: _____
PRINT FULL NAME (as it would appear on a nametag)

Address: _____
City State Zip

Email address: _____

Phone _____ Alternate phone# _____

Boy / Girl Birthdate: _____/_____/_____ Current Age: _____
(Must be born before June 24, 2012)

Parent or Guardian with Whom Camper Lives: _____

Camp Commitment

(Please Parent (P) and Camper (C) initial to show agreement)

P____C____I agree that I am not to have/use any form of tobacco, alcoholic beverage, drugs, fire crackers or unreported firearms.

P____C____I will conduct myself with respect toward all others at all times and will cooperate with the camp counselors and staff.

P____C____I understand that areas are restricted to boys in the boy's cabin area and girls in the girl's cabin area.

P____C____I will not deface or destroy any camp property.

P____C____My parents will be held financially responsible for any property I break or destroy through recklessness or maliciousness.

P____C____If I violate the cellphone policy I understand that my phone will be confiscated and held until the end of camp, and I may even be sent home.

P____C____If I break any part of this agreement or if my application contains a false or misleading statement, I and my parents, who sign below, understand I will be sent home (my parents will pick me up) without refund, at my own expense.

Photo Release Photographic Permission:

Sam Davis Christian Youth Camp East, Inc. has my permission to use video or photography of my child for camp promotional purposes.

I agree to the foregoing and that all provided information is correct.

Camper Signature: _____

Signature of Parent/Guardian _____ Date _____

Fees \$500 for Campers Late Fee (received after June 13th, 2024) + \$25.00

Make checks payable to: Sam Davis Christian Youth Camp East, Inc.

I have been Awarded a Scholarship for \$_____ from a local heritage group.

My scholarship has been awarded from:

CHECK ONE: SCV Camp____ UDC Chapter____ OCR Chapter____ DAR Chapter____ Other____

CHECK ONE:

SCHOLARSHIP CHECK IS ENCLOSED ____ or SCHOLARSHIP CHECK WILL BE SENT FROM GROUP ____

Please provide contact information for the group which has awarded your scholarship:

Complete name of group _____
(For example: Palmetto Sharpshooters Camp # 1428 - SCV)

Address _____

City _____ State _____ Zip _____

Contact Person _____

Phone _____ Email _____

NOTE: Sam Davis Christian Youth Camp East does not provide Scholarships.

Scholarships must come from heritage groups such as local DAR Chapters, SCV Camps, UDC and OCR Chapters. Our desire is that financial circumstances should never prevent a deserving youth from attending camp. Please contact the Camp Director for more assistance if financial help is genuinely needed. Director – Tracy Clary, brunswickreb@gmail.com 434-774-4341

PAYMENT

Registration Fee: \$500 + Late Fee: \$_____ (\$25 if after deadline. (June 13th, 2024)

TOTAL DUE: \$ _____

AMOUNT ENCLOSED: \$ _____ AMOUNT DUE \$ _____

A MEDICAL FORM MUST BE COMPLETELY FILLED OUT AND MAILED IN WITH THE APPLICATION.

PARENTS AND CAMPERS SHOULD REVIEW THIS MESSAGE AND POLICIES

We at Sam Davis Christian Youth Camp East (will be referred to as "Camp") have taken the safety and well-being of our campers very seriously. After all, giving your child over to the care of other people, even those that you have come to know is perhaps the greatest act of trust you as a parent can engage in. We aim to do everything we humanly can to earn and keep that trust. We also know we cannot do this without your help. With more and more children using the Internet, cell phones, iPods and other technologies at younger ages, we appeal to both parents and campers to partner with us to ensure that our campers continue to have the safest, most wholesome experience as possible at camp.

This message will help you understand the challenges some technologies pose to the continued health and safety of our camp community. Please review the following policies regarding **CELL PHONES, IPODS, CAMERAS, INTERNET AND ELECTRONIC EQUIPMENT** use at camp. As always we invite you to call us if you have any questions or concerns about any of these policies.

CELL PHONE POLICY

Dear Parent,

As stated above, the Sam Davis Christian Youth Camp has always taken the safety and well-being of our campers very seriously and we need your help in continuing this practice. Please read this new cell phone policy carefully as it will help you understand the challenges cell phones can present to our youth camp experience and the enjoyment of our group as a whole.

THE SAM DAVIS CHRISTIAN YOUTH CAMP STRONGLY ENCOURAGES YOU TO "LEAVE YOUR CELL PHONES AT HOME"!

Having a cell phone at camp can create a whole host of challenges for everyone in attendance, including but not limited to:

- Inappropriate and frequent usage
- Focusing on friends via the phone instead of friends at camp
- Preventing campers from problem solving
- Lost, stolen or damaged phones and equipment
- Distractions from camp activities, instructors and fellow campers
- Campers seeking advice from parents or friends via the phone instead of counselors, leaders or directors

Should you feel the need to send a cell phone with your child to camp, you may do so under the following terms and conditions:

- You will assume full responsibility and liability of loss or damage of the phone
- All cell phones will be collected upon arrival, on the day of check-in and safely stored
- We will schedule, at the discretion of the Directors, short, daily supervised "device times" solely intended for short communication.
- Any inappropriate usage of cell phones will result in the confiscation of the phone until the end of the camp week, and could result in being sent home. **THIS WILL BE STRICTLY ENFORCED!**

IPODS & VIDEO DOWNLOAD DEVICES – WE HAVE A POLICY BANNING THE USE OF IPODS OR OTHER DEVICES THAT CAN DOWNLOAD VIDEO

Due to the capability of such devices to download and store in a private manner easily available sexually explicit, degrading, foul and vulgar content, they are inappropriate for use at camp. In addition it is our aim to promote activities, whether formally planned, informal, or spontaneous during free time that are inclusive and group oriented rather than exclusionary for private personal use or benefit.

CAMERAS - WE HAVE A NO-VIDEO-CAMERA POLICY

We strongly recommend the use of disposable film cameras if a camera is desired at camp. Although permissible, the camp environment is not kind to the sensitive mechanism of an expensive digital still camera. Our staff is acutely aware of campers using cameras during the wrong situations, and or, in the wrong places. When we suspect that this has occurred, our policy is to confiscate the camera, destroy the film or card and hold the camera until departure. You should know that any camper (and their parent) that takes a compromising photo of another camper or staff member and uploads it on the Internet or makes it public in any way after leaving camp may be subject to legal action and may not be allowed to return to the Sam Davis Youth Camp East. Remember, we take hundreds of appropriate photo images during each session and edit them onto a flash/thumb drive that is made available to campers after camp.

COMPUTERS & THE INTERNET - WE HAVE A NO-LAPTOP & HAND PDA TYPE DEVICE POLICY Campers do not have the capability to send or receive email, instant message, or play CD's or DVD's on our computers.

FANS - WE HAVE A NO-ELECTRIC-FAN POLICY

Each camper cabin is air conditioned. The use of additional fans brought by campers is dangerous because of tripping and falling hazard of electric wires in a confined space and the potential danger of over-utilized extension cords that can overheat and trip electric circuits used for lighting and the installed fans. Hairdryer use is limited to the Cabin Dorm Rooms and not the Bathrooms.

MODEST CLOTHING ONLY

Campers will dress modestly – no suggestive immodest clothing will be worn. Girls will wear one piece bathing suits or 2 piece with a t-shirt. Boys will wear a t shirt with their bathing suits. No short shorts. Sandals or flip flops may only be worn at the pool.

BREAKAGE POLICY

Property broken through maliciousness, negligence or recklessness will be paid for by the Camper's parents/guardians.

I have read and understand the Sam Davis Christian Youth Camp East Policies, especially the policy regarding cell phones, NO Ipods or video download devices, NO video camera and NO Computer/laptop/pda Devices, Fans, Clothing & Breakage and understand that violation of any of these policies may result in my parents being called and me being sent home.

CAMPER SIGNATURE: _____ **Date:**_____

PARENT/GUARDIAN SIGNATURE:_____ **Date:**_____

PARENT/GUARDIAN PRINT NAME : _____

RETAIN A COPY FOR YOUR RECORDS

2024 Health History and Enrollment Sam Davis Christian Youth Camp East, Inc.

NORTH CAROLINA CAMP * JUNE 23 - 29, 2024 * Providence, NC

- Complete this form **IN INK** answering **ALL** questions. Please **PRINT LEGIBLY**
- **The parent/guardian and camper both must sign this form.**
- Mail to: Tracy Clary, SDCYC - 1019 Matthews Chapel Rd. - Lawrenceville, VA 23868
May be emailed to: brunswickreb@gmail.com
- No one will be allowed to attend a Sam Davis Youth Camp without this completed form received at least 10 days before Camp. **FAILURE TO FILL OUT COMPLETELY WILL BE GROUNDS FOR DISMISSAL.**
USE ADDITIONAL PAPER FOR ANSWERS IF NECESSARY

**MAIL or EMAIL THIS COMPLETED MEDICAL FORM WITH APPLICATION AND.....
PLEASE BRING A PHOTOCOPY OF THIS COMPLETED MEDICAL FORM TO CAMP.**

The information on this form is gathered to assist the Sam Davis Christian Youth Camp East in identifying appropriate care. Health history must be filled out annually by parents/guardians of minors or by adults themselves who serve as camp volunteer, counselor, staff or employee. Attach written documentation verifying health examination within two years from approved licensed medical personnel or have the Health Examination Portion completed and signed by same.

Please check appropriate boxes: **Gender:** M F

Participant's Full Name _____ Preferred Name _____

Birth Date ____/____/____ Age during Camp _____

Address _____
Street Address City State Zip

Custodial Parent or Guardian _____

Home Address _____ Phone() _____
Street Address City State Zip

Parent/Family e-mail _____ Mobile() _____

Business _____ Phone() _____
Name of Company Street Address City State Zip

Second Parent or Guardian _____

Home Address _____ Phone() _____
Street Address City State Zip

Parent/Family e-mail _____ Mobile() _____

Business _____ Phone() _____
Name of Company Street Address City State Zip

If Parent(s) or Guardian not available in an emergency, notify:

Name _____ Relationship _____

Address _____ Phone() _____
Street Address City State Zip
Mobile() _____

Insurance Information

Is the member (camper) covered by family health/medical/hospital insurance? Yes No

Health Insurance Carrier _____ Group/Policy No. _____

Health Insurance Address _____ Phone () _____
Street Address City State Zip

Name of Insured _____ Relationship to Member (camper) _____

Physician/Dentist Information

Physician's Name _____ Phone () _____
Street Address City State Zip

Dentist's Name _____ Phone () _____
Street Address City State Zip

Allergies/Dietary Restrictions

List all known Allergies to medication, food, other (including insect stings, hay fever, penicillin, animal dander, plant allergies, etc.)

Any medical or religious meal plan or dietary restriction: No Yes If yes, Explain: _____

Immunizations: (must be completed or **attach Immunization Record**)

Date of last Tetanus shot _____

Which of the following has the participant had?

	Vaccine:	Dates:	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr
<input type="checkbox"/> Measles	DTP		_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Chicken Pox	TD (tetanus/diphtheria)		_____	_____	_____	_____	_____	_____
<input type="checkbox"/> German Measles	Tetanus		_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Mumps	Polio		_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Hepatitis A	MMR		_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Hepatitis B	or Measles		_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Hepatitis C	or Mumps		_____	_____	_____	_____	_____	_____
	Or Rubella		_____	_____	_____	_____	_____	_____
TB Mantoux Test	Haemophilus influenza B		_____	_____	_____	_____	_____	_____
Date of last test _____	Hepatitis B		_____	_____	_____	_____	_____	_____
Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative	Varicella (Chicken Pox)		_____	_____	_____	_____	_____	_____

List approximate date if participant has had or has been exposed to:

Chicken Pox _____ Tuberculosis _____ Measles _____

If immunizations are not up-to-date, please explain: _____

My child has not had any immunizations due to parental religious beliefs and/or other beliefs Yes No

Medications Please list ALL medications (including over-the-counter or nonprescription drugs) taken routinely. Bring enough medication to last entire time at camp. **All prescription medications must be in original bottle, identifying prescribing physician (if a prescription drug), showing name of medication, dosage, and frequency of administration.**

This person takes medications as follows:

Med #1 _____ Dosage _____ Specific Time _____

Reason _____

Med #2 _____ Dosage _____ Specific Time _____

Reason _____

Med #3 _____ Dosage _____ Specific Time _____

Reason _____

This person takes NO medications on a routine basis.

Sam Davis Christian Youth Camp East is hereby granted permission to administer the following over-the-counter medications if the designated camp medical personnel deem it necessary Dosages will be administered to directions on the bottle unless a physician directs otherwise.

Headache.....Tylenol/Ibuprophen/Aleve..... Yes No

Bites/Rashes.....Antihistimine/(Benadryl/Claritin)..... Yes No

Upset Stomach.....Pepto Bismol/Tums/Roloids..... Yes No

Diarrhea.....Immodium AD..... Yes No

Menstrual Cramps.....Ibuprophen or Aleve..... Yes No

Poison Ivy.....Calamine Lotion or CortAid..... Yes No

Ear Infection from Swimming.....Swim Ear-Rx..... Yes No

Coughing.....Robitussin Cough Syrup..... Yes No

General Health Height _____ Weight _____

(Explain "yes" answers below)

Has/does the participant:

1. Had any recent injury, illness or infectious diseases, Measles, mumps, mononucleosis? Yes No

2. Have a chronic or recurring illness or condition ear infections, heart condition? Yes No

3. Had any loss of consciousness, convulsion, Or concussion? Yes No

4. Have any medically prescribed meal plan or Dietary restrictions? Yes No

5. Have any bleeding or clotting? Yes No

6. Have hypertension? Yes No

7. Have hepatitis? Yes No

8. Have asthma? Yes No

9. Have epilepsy? Yes No

10. Have diabetes? Yes No

11. Had chicken pox? Yes No

12. If female, have an abnormal menstrual history? Yes No

13. Wear glasses, contacts or protective eye wear? Yes No

14. Currently under physician's care? Yes No

Explain any "yes" answers, noting the number of the question. _____

Check below if participant is subject to:

___ Frequent Sore Throats

___ Headaches

___ Fainting

___ Sleep Walking

___ Sinusitis

___ Frequent Colds

___ Convulsions

___ Kidney Trouble

___ Athlete's Foot

___ Diarrhea

___ Epileptic Seizures

___ Constipation

___ Heart Trouble

___ Bronchitis Cramps

___ Ear Infections

___ Home Sickness

___ Bed Wetting

Other – Specify _____

Mental, Emotional and Psychological Health

Has/does the participant:

1. Have an emotional health concern that will impact
Camp participation? Yes No

2. Have a psychiatric diagnosis such as depression,
OCD, panic/anxiety disorder? Yes No

3. Have a significant life event that continues to
affect the camper's life/health?..... Yes No

4. Use an individualized learning plan
at school?..... Yes No

5. Diagnosed or treated for Attention Deficit Disorder
(ADD)..... Yes No

Information about participant's physical, emotional, or mental health behavior, including sexual abuse, depression or suicide, of which the camp should be aware:

Does the Participant have a Criminal/Juvenile Record or serious school disciplinary record? Yes No

If yes, please explain _____

**Health Examination by Licensed Medical Physician, Physician's Assistant or (in some states*)
Certified Nurse Practitioner**

*Check with your state health department to determine if a certified nurse practitioner is considered "licensed medical personnel."

Date of examination: _____

I have examined the camp applicant and, in my opinion, he/she is is not able to participate in an active camp program.

The applicant is under the care of a physician for the following condition(s): _____

Recommendations and Restrictions at Camp for Health Reasons

Description of any limitation or restriction on camp activities: _____

Treatment to be continued at camp: _____

Signature of Licensed Medical Personnel _____ Title _____

Doctor's Office/Clinic _____ Phone _____
Street Address City State Zip

- It is understood that all Sam Davis Christian Youth Camp East members in attendance will abide by the rules of the lodge and camp. If any member does not, the privileges of participating in the activities will be taken away; or in the case of a serious violation, the member will be returned home.
- By signing this form, I verify my child (camper) is at least 12 years of age.
- **This health history is complete and correct so far as I know, and the person herein described has permission to engage in all camp activities except as noted. False, misleading, deliberately incomplete answers or failure to disclose a serious or serious condition that affects the camper, counselors or others at the camp, is grounds to dismiss a camper or counselor from Camp. For Camper, picking up the dismissed camper is the responsibility of the parents/guardians.**

Personal Release: I hereby irrevocably grant to Sam Davis Christian Youth Camp East the right to use, publish or distribute my and/or my child's image, name, voice and/or likeness, in whole or in part, for the purposes of promotion, education or marketing use by Sam Davis Christian Youth Camp East. I waive the right to inspect, approve or be compensated for the use to which it may be applied. I release Sam Davis Christian Youth Camp East for myself, my heirs, and executors, from all claims, demands or liabilities that may arise regarding the use of my and/or my child's image, name, voice or likeness. I have read and understand this Personal Release.

Emergency Authorization: I hereby give permission to the medical personnel selected by the camp director to order x-rays, routine tests and treatment for me as a volunteer, counselor, staff or employee, or my child in the event I cannot be reached in an emergency. I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child (or myself) as named above, if my child needs treatment for illness or injury which requires that he/she be taken from the camp to seek medical treatment. I understand that I will be notified immediately by the camp director or designee.

I hereby agree (pursuant to 45 CFR 164.510(b)) to the disclosure to camp representatives of the protected health information of the person herein described as necessary: (I) to provide relevant information to the camp representatives related to the person's ability to participate in camp activities; and (II) in the case of minors, to provide relevant information to the camp representatives to keep me informed of my child's health status.

Signature Parent/Guardian Print Name Parent/Guardian Date

Signature Parent/Guardian Print Name Parent/Guardian Date

• I understand and agree to abide by the rules and restrictions placed on my camp activities _____
Signature of Youth Member

• *If for religious reasons you cannot sign this form, contact the camp for a legal waiver, which must be signed for attendance.*