



2024 SAM DAVIS CHRISTIAN YOUTH CAMP EAST COUNSELOR REGISTRATION

(For ADULTS age 18 and older) * Jr.counselors, counselors, staff

North Carolina Camp - JUNE 23rd TO 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.

Junior Counselor (18-20) _____ or Counselor/Staff (21 and over)_____

Please provide SSN for criminal background check:

_____ SSN _____ - _____ - _____
First M.I. LAST

Address: _____
City State Zip

Email address: _____

Phone _____ Alternate phone# _____

M _____ F _____ Birthdate: _____ Current Age: _____
(Jr Counselor must be at least 18 yrs. old)

Drivers License # _____ issued by State: _____

Parent or Guardian with whom Junior Counselor lives _____

Please attach two (2) letters of recommendation from your Pastor and/or a current officer of the SCV, UDC, OCR, SAR/DAR or other approved heritage organization.

Have you been a Youth Counselor before? Yes _____ No _____

If yes, how many years? _____ Where? _____

What experience have you had working with children 12-17? _____

Have you been convicted of a misdemeanor or felony or used illegal drugs in the last seven years?

If yes, please give date, nature and disposition of offense or use _____

Fees: \$300 for Counselors Late Fee (received after June 13th, 2024) + \$25.00

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 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 junior counselor/counselor/staff member 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

Registration Fee: \$300.00 Late Fee*: plus: \$_____ = TOTAL DUE: \$_____

Late Fee of \$25 if past application deadline. (June 13th, 2024)

AMOUNT ENCLOSED: \$_____ AMOUNT DUE \$_____

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

WALK-ONS NOT PERMITTED

MAKE CHECKS PAYABLE TO: SAM DAVIS CHRISTIAN YOUTH CAMP EAST, Inc.

I authorize the references listed above to provide to the Sam Davis Christian Youth Camp East any and all information related to my background. I knowingly and voluntarily release and hold harmless these references from any and all claims of any kind whatsoever that I may have because they provide, or attempt to provide, any such information. I hereby expressly voluntarily release and hold harmless the Sam Davis Christian Youth Camp East and members of the Sam Davis Christian Youth Camp East Committee or any employee, or agent of them, from and against any and all claims of any kind whatsoever that I may have because of the request, receipt, or use of any such information. I understand that the misrepresentation or omission of information requested is just cause for non-appointment as a SDCYC East Counselor or Junior Counselor. If appointed as a SDCYC East Counselor or Junior Counselor, I agree to abide by or enforce the policies of the Sam Davis Christian Youth Camp East and the Standards of Behavior (which I have read and are outlined below) and to fulfill my responsibilities to the best of my ability.

I further request that I be tendered a Contract to serve as a Sam Davis Christian Youth Camp East Counselor or Junior Counselor.

Applicant signature: _____ Date: _____

Applicant Print Name: _____

POLICIES

PARENTS, COUNSELORS 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. Alter 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 FOR OUR YOUTH, (Age 17 & under)

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 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 will be subject to legal action and may not be allowed to return to the Sam Davis Christian Youth Camp East. Remember, we take hundreds of appropriate photo images during each session and edit them onto a memory CD that is made available to campers for a nominal charge before they depart and/or post them online for download.

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 & HAIRDRYERS - 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. Additional fans give the false sense of cooling; rather they produce more heat and annoying noise as well as the above mentioned potential hazards. Hairdryer use is limited to the Cabin Dorm Rooms and not the Bathrooms. The camper cabin electrical circuits will not support the high-energy usage of hairdryers, plus hairdryers add to the heat and humidity load of the cabins.

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 or Councilor's parents/guardians.

COUNSELOR, JUNIOR COUNSELOR STANDARDS OF BEHAVIOUR

This Standards of Behavior is a contractual agreement accepted by Sam Davis Christian Youth Camp East Counselors and Junior Counselors who commit to the Sam Davis Christian Youth Camp East program. The Standards shall guide their behavior during their involvement in the Sam Davis Christian Youth Camp East. A Counselors involvement in the Sam Davis Christian Youth Camp East is a privilege and a responsibility, not a right.

The Sam Davis Christian Youth Camp East program provides quality educational programs accessible to all eligible youth. The primary purpose of this Standard of Behavior is to insure the safety and well-being of all Sam Davis Christian Youth Camp East participants. Sam Davis Christian Youth Camp East Counselors and Junior Counselors are expected to function within the guidelines of the Sam Davis Christian Youth Camp East program. The Sam Davis Christian Youth Camp East Counselors and Junior Counselors shall be individuals of personal integrity.

Sam Davis Christian Youth Camp East Counselors and Junior Counselors will:

- Uphold a camper's right to dignity, self-development, and self-direction.
- Accept supervision and support from the Camp Director and his designees while involved in the program.
- Accept the responsibility to represent Sam Davis Christian Youth Camp East program with dignity and pride by being positive mentors for the youth with whom they work.
- Conduct themselves in a courteous and respectful manner, exhibit good sportsmanship and provide positive role models for all youth.
- Respect, adhere to, and enforce the rules, policies and guidelines established by the Sam Davis Christian Youth Camp East program.
- Strictly abide by the Sam Davis Christian Youth Camp East Child Protection Policy and not abuse any Camp participant by physical or verbal means and will report such abuse, if observed or suspected, as outlined in the Sam Davis Christian Youth Camp East Youth Protection Policy.
- Sam Davis Christian Youth Camp East Child Protection Policy will insure that all Camper interaction (especially individual interaction), including counseling, discipline, teaching or supervising will include two counselors present at all times or at the very least one counselor and one junior counselor.
- Not commit a criminal act.
- Comply with equal opportunity and anti-discrimination laws.
- Perform duties in a responsible and timely manner.
- Report immediately any threats to a Camper's emotional or physical well-being to the Camp Director or his designee.
- Accept the responsibility to promote and support the Sam Davis Christian Youth Camp East.

RETAIN A COPY FOR YOUR RECORDS

2024 Health History and Enrollment - Adult Form

Sam Davis Christian Youth Camp East

NORTH CAROLINA CAMP * JUNE 23RD to 29TH, 2024 * Providence, NC

- Complete this form **IN INK** answering **ALL** questions. Please **PRINT LEGIBLY**
- 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 East 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 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

Staff/Employee/Officer **Junior Counselor (18-20)** **Counselor /Volunteer (21 and over)**

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/Rolaid..... 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | 7. Have hepatitis? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Have a chronic or recurring illness or condition ear infections, heart condition? <input type="checkbox"/> Yes <input type="checkbox"/> No | 8. Have asthma? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Had any loss of consciousness, convulsion, Or concussion? <input type="checkbox"/> Yes <input type="checkbox"/> No | 9. Have epilepsy? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Have any medically prescribed meal plan or Dietary restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No | 10. Have diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Have any bleeding or clotting? <input type="checkbox"/> Yes <input type="checkbox"/> No | 11. Had chicken pox? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Have hypertension? <input type="checkbox"/> Yes <input type="checkbox"/> No | 12. If female, have an abnormal menstrual history? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | 13. Wear glasses, contacts or protective eye wear? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | 14. Currently under physician's care? <input type="checkbox"/> Yes <input type="checkbox"/> 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.

• **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 Print Name Date

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

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