



2025 SAM DAVIS CHRISTIAN YOUTH CAMP EAST REGISTRATION CAMPER FORM (for youth ages 12 through 17 years old)

South Carolina Camp – JUNE 22nd – 28th, 2025 – Mullins, SC

Return to: **Carlton Payne, SDCYC East**
P.O. Box 4143 or carltonroyce@outlook.com
Lynchburg, VA 24502

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 name tag)

Address: _____
City State Zip

Email address: _____

Phone _____ Alternate phone# _____

Boy / Girl Birth date: ____/____/____ Current Age: ____
(Must be born before June 22, 2013)

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 cell phone 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/Video 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 confirm the accuracy of all the information provided and agree to the Photo/Video Release.

Camper Signature: _____

Signature of Parent/Guardian _____ **Date** _____

Fees \$500 for Campers Late Fee (received after June 12th, 2025) + \$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 a 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 12th, 2025)

TOTAL DUE: \$_____

AMOUNT ENCLOSED: \$_____ AMOUNT DUE \$_____

PARENTS AND CAMPERS SHOULD REVIEW THIS MESSAGE AND POLICIES

Sam Davis Christian Youth Camp East, hereafter referred to as "Camp", has taken the safety and well-being of our campers very seriously. After all, giving your child 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 do. We aim to do everything we 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 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 ANY ELECTRONIC DEVICES** capable of recording video or taking pictures at camp. As always, we invite you to call us if you have any questions or concerns about any of these policies. Parents/Guardians will be provided a contact number to reach a director at camp.

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 resources at camp

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 for 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 ANY ELECTRONIC DEVICES THAT CAN DOWNLOAD OR CREATE VIDEO OR TAKE PICTURES/IMAGES

Due to the capability of such devices to download and store 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 take hundreds of appropriate photo images during each day and edit them onto a flash/thumb drive that can be available to campers and/or parents after camp, upon request.

COMPUTERS & THE INTERNET - WE HAVE A NO-LAPTOP or ELECTRONIC DEVICE POLICY

Campers do not have the capability to send or receive email, instant message, or play CD's/DVD's on our computers.

FANS - WE HAVE A NO-ELECTRIC FAN POLICY

Each camper's cabin is air conditioned. The use of additional fans brought by campers is dangerous because of tripping and falling hazards in confined spaces. There is also the potential danger of over-utilized extension cords that can overheat electric circuits. 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 must wear one-piece bathing suits or a 2-piece with a T-shirt. Boys will wear a T-shirt with their bathing suits. No tight form fitting clothing, including but not limited to, yoga pants, leggings, biker shorts, etc. No spaghetti string tops are allowed. Fingertips must touch the bottom edge of shorts or skirts while standing. Sleep wear can only be worn inside cabins. Sandals or flip flops may ONLY be worn to & from swimming activities.

DAMAGE POLICY

Property damage 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 policies regarding cell phones, NO electronic device(s) capable of downloading or creating images, fans, clothing & damage. I also 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

www.samdavischristian.org

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: Yes No If yes, Explain: _____

Immunizations:

My child's immunizations are up-to-date according to our state of residence: Yes No

(If available, please **attach Immunization Record**)

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 their original bottle, with the prescribing physician's details, medication name, dosage, and administration frequency.**

This person takes medications as follows: (Use back of form if needed)

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..... Acetaminophen/Anti-inflammatory..... Yes No
- Bites/Rashes.....Antihistamine..... Yes No
- Upset Stomach.....Antacid..... Yes No
- Diarrhea.....Anti-diarrhea..... Yes No
- Menstrual Cramps.....Anti-inflammatory..... Yes No
- Poison Ivy..... Anti-Itch Cream..... Yes No
- Ear Infection from Swimming..... Swimmer's Ear Drops..... Yes No
- Coughing.....Cough Syrup..... Yes No

General Health Info Height _____ Weight _____

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 _____

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: _____

• It is understood that all Sam Davis Christian Youth Camp East attendees will abide by the rules of the location and SDCYC camp. If any attendee does not abide, the privileges of participating in the activities will be taken away; or in the case of a serious violation, the member will be expelled.

• By signing this form, I verify my child (camper) is _____ 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 issue or serious condition that affects the camper, counselors, or others at the camp, is grounds to dismiss a camper or counselor from Camp. Picking up the dismissed camper is the responsibility of the parents/guardians.**

Emergency Authorization: I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes to procure medical services for any emergency, illness, or injury that may occur during my child's camp attendance or participation.

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