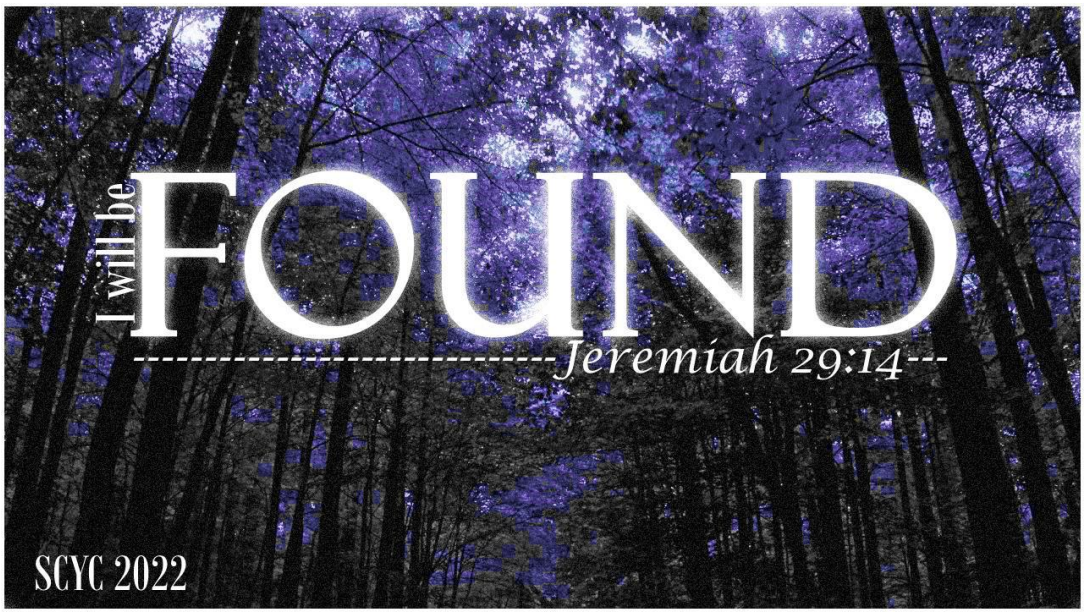
Camper Application



Sonshine Christian Youth Camp

July 17-23, 2022

scycbandina.com

Applications must be submitted or postmarked **by June 1st**.
Applications submitted or postmarked after June 1st will be assessed the late registration fee.
No applications will be accepted after July 1st.

Dear campers and parents,

We are grateful that you have chosen Sonshine Christian Youth Camp as part of your camper's journey of faith this summer. We are excited to be together again! We hope that you will be in prayer for the ways that God will work through both our campers and our staff.

As you make your preparations for our week together at Bandina Christian Youth Camp, *we would ask that you please read through this camper application completely* before submitting it to ensure that you have the greatest understanding of the expectations and necessities your camper will have during their week with us. Our online resources, scycbandina.com and facebook.com/SCYCBandina, will be extremely valuable to stay current with our session.

SCYC strives for our campers to encounter the love of Christ through various faith building experiences and activities, and through developing lasting friendships. After all, we are a camp family.

As we return to a place that so many hold close to their hearts, we are eager to discover the ways God will be FOUND by your campers this summer. The success of our week depends on us all – staff, campers, families and churches. Together, we have faith that God will work in amazing ways. We look forward to the privilege of sharing part of the summer with your children.

In His Service,

Wes Wilson	*Randy Moore*	*Chelsea Foster*
SCYC Session Director	SCYC Executive Director	SCYC Registrar

REGISTRATION INFORMATION

-Eligible campers must have completed the 4th–12th grade during the 2021-2022 school year.
-Campers will be accepted on a "first come, first serve" basis.
-Each camper must have a representative attending on the SCYC staff.
(youth minister, church member, parent or designated sponsor)

Camp Fees

Applications submitted by **June 1st** = **$205** per camper.
*Application **and** payment must be submitted or postmarked by June 1st.*
After June 1st, the late registration fee will be assessed = **$235** per camper.
A family with three or more children attending will pay full price for the first two campers and $100 for each additional camper.

Applications submitted or postmarked after July 1st will not be accepted.

Postmarked applications and payments should be mailed to:
SCYC
402 Center Way
Lake Jackson, TX 77566
[Checks made out to SCYC]

Refund Policy: Before July 1st – 100% refund. After July 1st – 50% refund.
Returned Checks: A $30 administrative fee will be charged for all returned checks.

The camper fee includes 3 meals per day, lodging, canteen refreshments, crafts, and a t-shirt.
No extra money is needed during camp.

Check-In & Check-Out

Transportation to and from camp must be provided by the camper's family or congregation.
Camper check-in is between 3:00-4:30 pm on Sunday, July 17th. Cabins are not to be occupied until campers have checked-in at the registration tables in the Onstead Center beginning at 3:00pm.
Early arrivals will be asked to wait for registration to begin at 3:00pm. Please plan accordingly.
Any remaining payments or signed forms that were previously emailed or faxed should be brought to camp.

ALL MEDICATIONS (prescription & non-prescription),
must be checked in to the medical staff at registration.
To help speed up the check-in process, please have ALL medications bagged, labeled with campers' name and ready to hand in when you arrive.
(PRESCRIPTION MEDICATIONS MUST BE IN THEIR ORIGINAL CONTAINERS)
Any updated *health protocols* or *additional forms* will be available on scycbandina.com

Camper check-out is at 10:00am, Saturday, July 23rd.
Campers will be dismissed once their cabins have been inspected and approved by the director.
Should your child need to leave early from camp, you must check them out with Wes Wilson *and* Chelsea Foster before leaving camp.

Camp mailing address for during camp:
(Camper's Name)
c/o Bandina Christian Youth Camp
320 Bandina Ranch Road
Bandera, TX 78003

REGISTRATION INFORMATION (CONTINUED)

What to Bring

- Bible, pen or pencil, notebook or paper
- Outdoor clothes (pack ***dress code appropriate*** shorts and shirts)
- Swim wear, including water shoes to wear in the river (shirts must be worn to and from the river).
- Personal care items (toothbrush, deodorant, shampoo, etc.)
- Towels, wash cloths, sunscreen, chapstick
- Bedding (twin sheets, blanket, sleeping bag, pillow)
- Personal medications **(all prescriptions and non-prescriptions must be checked in with the medical staff at registration)**
- Personal music devices are allowed in cabins only. In-cabin use of such devices will be determined by cabin counselors.
- A container or two of oatmeal for the oatmeal battle

****Check scycbandina.com for updates and theme days****

Do Not Bring: money, weapons, illegal products, skateboards, hover boards, laptops, energy drinks.

DRESS CODE:

All clothing must be modest and in good taste. We trust you will thoughtfully consider the clothing you bring to camp to be sure it is appropriate for the activities you will be involved in.

- ***All shirts must have sleeves*** (no cut-offs or tank tops).
- ***All shorts must reach mid-thigh***.
- ***No leggings or yoga pants*** will be allowed.
- No jeans/pants/shorts with excessive rips, tears or holes above the knee.
- Shirts must be worn to and from the river at swim time.

CELL PHONE POLICY:

We highly recommend that cell phones be left at home. If you arrive with a cell phone, it is not to be used during **ANY** scheduled activities (this includes having it out during worship times and classes). **ANY** misconduct involving cell phones will result in phones being confiscated and will be returned at the staff and/or director's discretion. Parents should encourage their camper to minimize (or even avoid) phone use during the week. We appreciate your support and understanding.

Campers are personally responsible for all items they bring.

Visitation Policy for SCYC 2022

-----SCYC WILL BE A CLOSED CAMPUS TO ALL VISITORS-----

This provides the safest, healthiest and most fulfilling environment for our campers and staff.
We will make appropriate exceptions regarding baptisms.

Contact Information:

Session Director: Wes Wilson – **director.scyc@gmail.com**
Camp Registrar: Chelsea Foster – **registrar.scyc@gmail.com** or **(979) 824-3847**
Website: **www.scycbandina.com**
For emergencies only, you can call the camp at (830) 796-4113.

For Camp Registration Only! Cabin: _____

Camper Information

Full Name: _____
Last First Name camper goes by if different

Address: _____
Street Address Apartment/Unit

_____
City State Zip Code Cell Phone Number

_____
Home Phone Home Church & Contact

Grade in Fall 2022: _____ Birth Date: _____ Age: _____ Gender: _____

T-shirt size: Small Medium Large X-Large XX- Large Other _____
Circle one- Adult sizes only

If possible, camper would like to room with: _____
Campers are assigned to cabins according to gender and grade level. We cannot guarantee your requests, but we will do our very best during placement.

Parent/Guardian and Emergency Contacts Information

Name(s): _____

Daytime Phone: _____ Evening Phone: _____

For email confirmation of receipt of application, please include email address: _____

Camper Contract

I, as a camper, have read the "Registration Information" portion of this application and understand what I can/cannot bring with me to camp. I understand any unauthorized items I bring to camp will be confiscated and possibly not returned. I agree to follow camp rules and policies in this application, cabin instructions, and daily schedules to the best of my ability as doing so will ensure my overall safety. I understand that my failure to comply with camp policies may result in my parents/guardians being notified and my being sent home. Furthermore, this dismissal from camp may also impact my opportunity to attend camp in future years.

_____ _____
Signature of Camper Date

Parental Consent to Attend Camp and Policy Agreement

I, as a parent/guardian of the above mentioned camper, give permission for my child to attend Sonshine Christian Youth Camp for the week of July 17-23, 2022. *I have read the complete registration form.* I understand and agree that my camper will abide with the listed camp policies and information, including, dress code, cell phone policy and items to not bring. I agree to accept the consequences deemed necessary by the camp director if these policies are not adhered to.

_____ _____
Signature of Parent (or Legal Guardian) Date

Picture/Video Release

I, hereby authorize Sonshine Christian Youth Camp to publish photographs and videos taken of my child for the use of promotional/informational website or social media purposes.

I Do Do Not give SCYC permission to use my child's picture and/or video on its website or social media.

_____ _____
Signature of Parent (or Legal Guardian) Date

Parental Consent and Acknowledgement Regarding Swim Conditions

I, as a parent or legal guardian, of the camper, understand that swimming occurs in the Medina River and not in a swimming pool. I also understand that lifeguards will be present during swim times, boys and girls have separate swim times, campers will have to demonstrate swimming ability before they are allowed to swim, and inexperienced swimmers will be limited to only shallow areas near the river's bank.

Camper's Swimming Ability (circle one): None Beginner Intermediate Advanced

Regardless of my child's ability (circle one): I Do I Do Not give my child permission to swim at camp.

_____ _____
Signature of Parent (or Legal Guardian) Date

For Camp Registration Staff Only! (Do not write in this box)

Date Application was Received ____/____/____

Check # Money Order #

Amount Paid: _____ Method of Payement Cash _____ _____ Balance Due: $_____

Bandina Christian Youth Camp – Camper Medical Information Form

Please Print Neatly **This Box For Camp Administration Use Only**

Camper Name: _____ _____ Emergency Notations: _____

Date of Birth (mm/dd/yyyy):_____ _____ Location on Campus:_____

Address _____

Parent/Guardian's Name: _____ Daytime Number Phone (w/area code) _____

Parent/Guardian's Address (if different): _____ _____

Parent/Guardian's Cell Phone (w/area code) _____ _____

Family Doctor: _____ Doctor's Phone (w/area code) _____

Insurance Company: _____ Policy Number: _____

Medical History – Please answer **Yes** or **No** to each. If yes, please explain.

Severe allergic reaction?	Y	N	Neurological, Mental, Emotional	Y	N	Current Immunizations		
Medication, food, other allergies?	Y	N	Stomach/Intestine/Liver	Y	N	Measles	Y	N
Heart Problems	Y	N	Communicable Disease	Y	N	Mumps	Y	N
Lung (i.e. asthma, etc.)	Y	N	Tetanus Shot in last 6 months	Y	N	Chicken Pox	Y	N
Diabetes	Y	N	Surgery in the last year	Y	N	Diphtheria	Y	N
Thyroid	Y	N	Have or Use an Epi pen?	Y	N	Whooping Cough	Y	N
Kidney or Bladder Problems	Y	N	Physical Limitations?	Y	N	Other (COVID)	Y	N

If yes to Any, Please Explain: _____

_____

Known Allergen(s): _____

Type of reaction (e.g. rash, difficulty breathing, etc.)? _____

Will you bring medication to camp? Y N **List all medications (prescription and non-prescription).**

Name of Medication	Strength (mg)	Time to be Taken	Condition Requiring Medication

Note: All medications must be in original containers. All prescription medications must have original pharmacy label on containers with camper's name in order to be dispensed at camp.

If your child requests or needs over the counter medicines for headaches or stomach aches, do you give permission for the camp nurse to administer proper doses to your child? Y N **Call First**

I understand that my child's health information may need to be shared with camp staff to ensure a safe camp experience. I hereby give permission for the director and/or camp nursing staff to take my child to the hospital and/or to see a doctor in case of sickness and/or an accident. I also give authority and consent for medical and surgical treatment as needed in the judgement of treating physicians. I agree the youth camp and its staff will not be held responsible for any accident or sickness incurred. I agree not to bring legal action against Bandina Christian Youth Camp, Inc. I understand that pre-existing conditions, injuries or illnesses will not be covered by camp insurance. I also understand that my personal insurance is primary and camp insurance is secondary.

Parent Signature: _____ Date: _____

BANDINA CHRISTIAN YOUTH CAMP, INC.

CAMPER CONSENT AND RELEASE FORM

DATES OF CAMP SESSION___July 17-23, 2022_____

I voluntarily agree to assume all risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness damage, loss, claim, liability or expense of any kind, that I or my child(ren)may experience or incur in connection with my child(ren)'s attendance at Bandina Christian Youth Camp, Inc., or participation in camp("Claims"). On my behalf, and on behalf of my child(ren), I hereby release, covenant not to sue, discharge, and hold harmless the camp, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions or negligence of Bandina Christian Youth Camp, Inc., its employees, staff, volunteers agents, and representatives, whether occurring before, during or after participation in any camp program.

_____ _____

PRINT CAMPER NAME SIGNATURE OF PARENT/GUARDIAN DATE

_____

18 YEAR OF AGE CAMPER SIGNATURE DATE