

SCIOTO YOUTH CAMP CAMPER REGISTRATION FORM 2017

MUST BE FILLED OUT BY PARENT OR GUARDIAN - PLEASE TYPE OR PRINT

Gates Open at 1:00 p.m. - Please do not block driveway when waiting for the gates to open.

Pickup time on Saturday as soon as possible after breakfast at 8:00 a.m.

Name _____ Sex: male female
(Last) (First) (Middle initial)

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

Age _____ Grade of school just completed _____ Date of Birth ____/____/____

Parent or Guardian: _____ Phone (____) _____ Work/Cell Phone (____) _____

Alternate Contact: _____ Phone (____) _____ Work/Cell Phone (____) _____

Home Church _____ City _____ State _____

Has camper ever attended Scioto Youth Camp before? Yes No

Camp to be attended: (Please do not ask to come to a camp other than the week for which you are eligible)

- Senior High June 18 - June 24 Grades 9,10,11 & 12 completed
- Junior High June 25 - July 01 Grades 6, 7, 8 completed
- Junior July 09 - July 15 Grades 4 & 5 completed
- Primary July 16 - July 22 Grades 1, 2 & 3 completed

May camper leave campgrounds under supervision? Yes No

In case of an emergency I give the Director or Medical personnel permission to make what he or she feels to be the best decision or treatment for your child until you can be contacted? Yes No

Your insurance will be the primary coverage for your child.

Scioto Youth Camp carries excess medical coverage insurance. We endeavor to carry what we feel to be adequate insurance on each Camper and Staff member. Yet it is difficult to determine what is adequate in the minds of many people. Therefore, we ask you to sign the following: "We, the undersigned, hereby relieve the Camp, it's Staff and Workers, it's Directors, the Scioto Camp Board and the Church of the United Brethren in Christ, of any liability in excess of the amounts of insurance."

Signed _____ **Date** _____
(Parent or Guardian)

I have read the rules of Scioto Youth Camp on Pages 4 & 5 and I agree to comply with them fully.

Signature of Parent or Guardian _____

Signature of Camper _____

I would like an email verification that my Camp Director has received this application.

PLEASE PRINT CLEARLY email _____

Please mail **Page 1** and **Page 2** to the appropriate Director for your week of Camp. Please See **Page 5**.

SCIOTO YOUTH CAMP MEDICAL SCREENING FORM

Parent or Guardian Please fill out and mail in with your Registration Form

Camper's Name _____	Date of Birth ____/____/____																												
Parent or Guardian's Name _____	Home Phone _____ Work Phone _____ Cell Phone _____																												
<p>Does your child take any medication at the present time? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If yes, please list the medication, dosage and time to be taken. If prescription, the pills must be in their original container with the camper's name on it. If sample drugs from a doctor, you must have a written prescription from the doctor accompanying them.</p> <p>Medication List: _____</p> <p style="text-align: right;">Continue on back</p>																													
<p>Scioto Youth Camp Asthma Inhaler Policy: Inhalers are to be kept in the First Aid Room at all times unless their doctor requires that the camper have it with them all the time. In this case the camper must have a note or prescription from the doctor and the inhaler be kept on their person and not let anyone else use it.</p>																													
<p>Does your child have any allergies to drugs or food? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If yes, please list the allergies: _____</p>																													
<p>Does your camper have a history of any of the following? (check all that apply) <input type="checkbox"/> NONE</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Diabetes</td> <td><input type="checkbox"/> Asthma</td> </tr> <tr> <td><input type="checkbox"/> Heart Disease</td> <td><input type="checkbox"/> Environmental Allergies</td> </tr> <tr> <td><input type="checkbox"/> Seizures</td> <td><input type="checkbox"/> Recent Surgeries (please list surgery and date)</td> </tr> </table>		<input type="checkbox"/> Diabetes	<input type="checkbox"/> Asthma	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Environmental Allergies	<input type="checkbox"/> Seizures	<input type="checkbox"/> Recent Surgeries (please list surgery and date)																						
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<p>This area to be filled out by the camp medical person when registering</p> <p>If child has been exposed to any of the following within 14 days before coming to camp, please notify the medical personnel before registering.</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Sore/Strep throat</td> <td><input type="checkbox"/> Ringworm</td> <td><input type="checkbox"/> NONE</td> </tr> <tr> <td><input type="checkbox"/> Childhood diseases</td> <td><input type="checkbox"/> Hepatitis</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Lice</td> <td><input type="checkbox"/> Scabies</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Mononucleosis</td> <td><input type="checkbox"/> Any other communicable diseases</td> <td></td> </tr> </table> <p>Does your child have complaints of any of the following? (Check all that apply)</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Sore throat</td> <td><input type="checkbox"/> Upset stomach</td> <td><input type="checkbox"/> Temperature over 100</td> <td><input type="checkbox"/> NONE</td> </tr> <tr> <td><input type="checkbox"/> Earache</td> <td><input type="checkbox"/> Vomiting</td> <td><input type="checkbox"/> Open sores</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Stuffy nose</td> <td><input type="checkbox"/> Rash</td> <td><input type="checkbox"/> Itching</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Cough</td> <td><input type="checkbox"/> Diarrhea</td> <td><input type="checkbox"/> Nits</td> <td></td> </tr> </table>		<input type="checkbox"/> Sore/Strep throat	<input type="checkbox"/> Ringworm	<input type="checkbox"/> NONE	<input type="checkbox"/> Childhood diseases	<input type="checkbox"/> Hepatitis		<input type="checkbox"/> Lice	<input type="checkbox"/> Scabies		<input type="checkbox"/> Mononucleosis	<input type="checkbox"/> Any other communicable diseases		<input type="checkbox"/> Sore throat	<input type="checkbox"/> Upset stomach	<input type="checkbox"/> Temperature over 100	<input type="checkbox"/> NONE	<input type="checkbox"/> Earache	<input type="checkbox"/> Vomiting	<input type="checkbox"/> Open sores		<input type="checkbox"/> Stuffy nose	<input type="checkbox"/> Rash	<input type="checkbox"/> Itching		<input type="checkbox"/> Cough	<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Nits	
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<p>Primary Coverage</p> <p>Camper's Health Insurance Co. _____ Group No. _____</p> <p>Phone No. _____ Policy Holder _____ Member ID _____</p>																													
<p>Secondary Coverage</p> <p>Scioto Youth Camp Insurance Company: Church Mutual Insurance Company Policy Number 023722 Phone Number 614-868-8980</p>																													
<p>Please indicate any specific medication or treatment instructions not included above.</p> <p style="text-align: right;">Continue on back</p>																													
Signature of medical reviewer _____	Date ____/____/____																												

SCIOTO YOUTH CAMP

Mailing Address: P.O. Box 2 Rockbridge, Ohio 43149
Physical Address: 3880 State Route 37 West, Junction City, Ohio 43748.
One mile west of Junction City in Perry County Ohio
Camp phone during camp only (740) 987-8000

Head Lice Policy

Campers will be checked for head lice or nits by the camp medical personnel or another qualified person before signing in on Sunday. Anyone else who will be staying overnight in a cabin with the campers will be required to have their head checked before putting their belongings in the cabin.

If you are found to have either head lice or nits, you will not be permitted to stay. You will be given a set of instructions on what will need to be done before you can return to camp. After following all the instructions that are given, you may return to camp the next morning. You will be checked again by the camp medical personnel. If you are found to be free of any lice or nits, you may stay at camp. If you are found to still have any lice or nits, you will not be permitted to stay, but may come back the next morning, after following all the cleaning instructions again. You will again be checked by the camp medical personnel and if you are free of lice or nits you may stay, but will be checked again later in the week.

If you are found to have either lice or nits after being checked the third time, you will not be permitted to stay at camp this year.

Scioto Youth Camp Board

Registration Policy

Pre-registrations must be received 2 weeks before the week of camp that you want to attend. You may bring your registration on the day your camp starts, but be aware some weeks of camp fill up and you may be placed on a waiting list. All pre-registrations will be held until 4:00 p.m. on Sunday the day your camp begins. At 4:00 p.m. if you have not arrived at camp, the camp Director will try to contact you to see if you are still planning to attend. If the Director is unable to contact you, the registration will be held until 4:30 p.m. and after that your bed will be given to a camper on a waiting list. If you know that you won't be there until after 4:00 p.m. or until Monday, please contact the Director (see page 5) for your week of camp to make these arrangements.

Note: The Living Word Ministries Church below the Camp grounds, is not a part of our Camp. Please do not use their facilities while waiting for our gates to be opened.

Note: No Pets are allowed on the Camp property during Camp

Scioto Youth Camp Board

SCIOTO YOUTH CAMP RULES

The following regulations are set forth as a guideline to maintain the spiritual quality of SYC:

1. Failure to cooperate with the camp staff or abide by the camp rules will result in the camper being sent home.
2. All injuries must be reported to your Shepherd, Director, or the Camp Medical Personnel.
3. A camper must have a written letter of permission, (signed by parent or legal guardian) to leave the camp grounds for activities other than scheduled Scioto Youth Camp activities. A camper must notify his or her Director and sign out when leaving and sign in when returning.
4. All campers must have an application, SIGNED BY PARENT OR LEGAL GUARDIAN, on file with the Director. The application must be verified before the parent or guardian leaves the camper on the camp grounds.
5. Campers must attend all classes, worship services, meals, and group recreational activities unless permission is given by the Director or the Camp Medical Personnel.
6. Primary, Junior and Junior High campers may be asked or required to put their money in a bank, set up by their Director. Their money would then be given to them in equal amounts before the market place is opened. The Director and the camp will not be responsible for any money that a camper may keep if it is lost or stolen.
7. Campers are not to bring anything to camp that will detract from the spiritual emphasis of the camp; fireworks, tape players, radios, magazines, toys, playing cards, water pistols, shaving cream (except for use when shaving), tobacco products, alcoholic beverages, matches, lighters, drugs (unless prescribed by your doctor, and they will be given to the camp medical personnel to give to you as prescribed), pagers, cell phones, or any electronic devices. If any of these items are brought, they will be taken and not given back until you leave to go home. Also vulgar language will not be permitted on the camp grounds at any time.
8. Campers must stay within the lighted areas of the camp at night, unless otherwise directed by their director. Violators will be disciplined by the Director.
9. Campers must be on time to all camp activities. A camper who is persistently tardy will be disciplined by his or her Director.
10. Campers with automobiles are not permitted to use them without permission of their Director. Automobiles must be kept closed and locked at all times, and campers are not to be in them unless they are coming to camp or leaving camp.
11. Certain places and areas of the camp grounds are designated specifically for girls or boys. These places must be respected, or disciplinary action will be taken by the Director. Campers are NOT to be in the cabins or restrooms of the opposite sex or in the doorways or under the windows of the cabins of the opposite sex.

Camp Rules Continued

12. Boy-girl relationships, contact, and conduct shall be kept to the very minimum. A camper will have only one short week's stay at Scioto Youth Camp, the time should be used wisely. Scioto Youth Camp is a place to establish good friends and to grow in Christ.
13. The Market Place will be closed on Sundays.

Please note the dress code has been updated from recent years.

14. **Scioto Youth Camp believes in a policy of modest dress for both boys and girls (men and women). Therefore, we believe the following articles or types of clothing have no place at Scioto Youth Camp. Short shorts (must be at least 2 inches below the bottom), short skirts (must be as long as your arms at resting position), bra straps must be covered, no loose fitting shirts over a sports bra that is exposed. Leggings and yoga pants are discouraged. If leggings or yoga pants are worn, the bottom must be covered by a long shirt or shorts. Tank tops and sleeveless shirts are permitted but must cover all undergarments. Shirts and shoes are to be worn at all times outside the cabins. Flip flops are permitted. Swimwear is also to be of modest dress. Bikinis will be covered with a T-shirt. Directors have discretionary authority and my ask you to change your clothing.**
15. The camp telephone is for EMERGENCY USE ONLY! The camper is not to ask to use the phone unless he or she has an emergency. If the camper does have an emergency he or she should tell his or her Shepherd or the Director. If they determine that the camper does have an emergency, the camper can have the Director or a Shepherd place a credit card call, a collect call, or a local call for the camper. A CAMPER WILL NOT BE PERMITTED TO MAKE THE CALL HIMSELF OR HERSELF.
16. The camp Director is in charge of a camper's week of camp. He or she is working under the authority of the Scioto Youth Camp Board and has the responsibility to uphold the rules of the Scioto Youth Camp.

Please Mail your **REGISTRATION FORM (Page 1)** and **MEDICAL SCREENING FORM (Page 2)**
TO THE APPROPRIATE DIRECTOR BELOW FOR THE CAMPING YEAR **2017**

Senior High - Grades 9, 10, 11 & 12 Completed

Jeff & Lisa Worbs 14495 Fancher Rd. Johnstown, OH 43031 Phone 614-746-8831

Junior High - Grades 6, 7 & 8 Completed

Mike Palmer 7440 Oakthorpe Rd. Thornville, OH 43076 Phone 740-409-3085

Junior Camp - Grades 4 & 5 Completed

Angie Griggs 5171 Marietta Rd. SW. Junction City, OH 43748 Phone 740-569-4992

Primary Camp - Grades 1, 2 & 3 Completed

Patty Watkins 3972 Orders Rd. Grove City, OH 43123 Phone 614-595-2876

Keep this page

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SUGGESTED ARTICLES TO BRING TO CAMP

Boys and Girls

Sleeping Bag or Twin Sheet and Blankets
Pillow
Week's Supply of Towels and Washcloths
Soap
Toothpaste and Toothbrush
Shampoo, Conditioner, Comb or Brush
BUG / MOSQUITO SPRAY
Dress Clothes for Chapel – Encouraged, not Required
Bible
Pen / Pencil and Paper
Money for Offering and Concession Stand
Clothes for Water Games

Optional

Flashlight
Ball Glove
Swimsuit (for water games, see dress code)



**BRING
YOUR BIBLE
and a
FRIEND!**

Keep this page

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