

# Simpson County Youth Camp - 2021

3<sup>rd</sup>-12<sup>th</sup> Grade Campers Fee (2020-2021 School Year)  
 \$100 for 1<sup>st</sup> Camper / \$90 for 2<sup>nd</sup> Camper & each additional  
 Pre-Camper Fee - \$25 (K-2<sup>nd</sup>) No Charge (0-5 years old)  
 (Fees include: housing, food, activities, & t-shirt)

By signing this application you agree to follow all the guidelines and requirements set by the SCYC Director and Staff.

Name: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ School Grade Finished ('18-'19): \_\_\_\_\_

Congregation: \_\_\_\_\_ Have you been baptized? : \_\_\_\_\_ Yes \_\_\_\_\_ No

Cabin/Bunkmate Request: 1st Choice: \_\_\_\_\_ 2nd: \_\_\_\_\_

Guest of: \_\_\_\_\_

Parents Special Request for Camper: \_\_\_\_\_

Contact Information: Parents/Guardians: \_\_\_\_\_

Family Email Address: \_\_\_\_\_

Mother's Cell #: \_\_\_\_\_ or Other #: \_\_\_\_\_

Father's Cell #: \_\_\_\_\_ or Other #: \_\_\_\_\_

Please list one other contact person: Name: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_ Phone: (C) \_\_\_\_\_ or (O) \_\_\_\_\_

**SCYC Applications are due  
by Wednesday, June 2<sup>nd</sup>**

Camp applications received after  
June 2<sup>nd</sup> will be assigned to any open or  
available spots.

**Mail/Give Applications & Fee to:**

Steven Kirby, SCYC Director  
700 S. Main St., PO Box 511  
Franklin, KY 42135  
or turn into your local church.

NOTE: Make checks payable to the  
Franklin Church of Christ  
Memo: SCYC 2021

**Camp Use Only:**

Date Received: \_\_\_\_\_  
Amount Paid: \_\_\_\_\_ Ck # \_\_\_\_\_

**Camp T-Shirt Orders:** \_\_\_\_\_ Youth Small \_\_\_\_\_ Youth Medium \_\_\_\_\_ Youth Large \_\_\_\_\_ Youth X-Large  
 \_\_\_\_\_ Adult Sm. \_\_\_\_\_ Adult Md. \_\_\_\_\_ Adult Lg. \_\_\_\_\_ Adult XLg. \_\_\_\_\_ Adult XXLg. \_\_\_\_\_ Other

## Notarized Release and Authorization

This release form must be signed in the presence of a **NOTARY PUBLIC**. No exceptions allowed.

In consideration of Simpson County Youth Camp allowing my child, \_\_\_\_\_, to participate in youth camp in June of 2021. I hereby release Simpson County Youth Camp and its supporting congregations and the camp staff from any and all liability in regard to this activity. I further authorize **Steven Kirby or his representative** to sign in my behalf for any medical treatment and agree to hold **Steven Kirby or his representative** harmless for acting on my behalf.

Parent Signature: \_\_\_\_\_

State: \_\_\_\_\_ County: \_\_\_\_\_

Subscribed and sworn before me by \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_, 2021.

Notary Public: \_\_\_\_\_ My commission expires: \_\_\_\_\_

**Simpson County Youth Camp - June 20-25, 2021 - Taylor Christian Camp, Holland, KY**

Name of Camper: \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Height : \_\_\_\_\_ Weight: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone : \_\_\_\_\_

Family Insurance Co.: \_\_\_\_\_ Policy #: \_\_\_\_\_

**Medical Information:**

Please list all of the medical information at the bottom that the camp director and staff might need to know about yourself. This includes all conditions, allergies, prescription drugs, etc. that the director, staff nurse, or other staff members need to know.

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**Other Important Medical Information:**

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