

Simpson County Youth Camp - 2024

3rd-12th Grade Campers Fee (2023-2024 School Year)
\$125 for 1st Camper / \$115 for 2nd Camper & each additional
Pre-Camper Fee - \$50 (K-2nd) / No Fee (0-5 years old/PreK)
(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 ('23-'24): _____

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, May 29th**

Camp applications received after
Wednesday, May 29th 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 2024

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

Release and Authorization

In consideration of Simpson County Youth Camp allowing my child to participate in youth camp in June of 2024. 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 representatives** to sign in my behalf for any medical treatment and agree to hold **Steven Kirby or his representatives** harmless for acting on my behalf.

_____ I **do** release and give authorization to Steven Kirby or his SCYC representatives.

_____ I **do not** release and give authorization to Steven Kirby or his SCYC representatives.

Parent Signature: _____ Date: _____

Simpson County Youth Camp - June 18-23, 2023 - 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.

Other Important Information:
