



SAM DAVIS CHRISTIAN YOUTH CAMP 2024

LONE OAK RETREAT
GAINESVILLE, TEXAS

JUNE 30-JULY 6, 2024 AD

May 1, 2024 A.D.

Dear Campers and Parents:

Greetings! Thank you for your interest in Sam Davis Christian Youth Camp -Texas!

Sam Davis Christian Youth Camp - Texas offers an adventure-filled and Christ-centered week-long encampment for youth **ages 12 through 17**, in a beautiful North Texas setting. This annual event is comfortably hosted at a scenic privately owned Christian retreat near Gainesville, TX, just 55 minutes north of DFW Airport.. All of which reflects the beauty of God's creation. **This is our 15th year!** Come learn about our Confederate Culture and Heritage in a fun filled environment. Camp is all about making new friends, building a stronger faith, and doing all kinds of amazing activities: swimming, hiking wooded trails, fishing, wild & crazy games, crafts, petting zoo, gaga ball, pickle ball, basketball, archery, black powder rifles, music, snacks, learning how to defend your Confederate Heritage, Christian Faith & more!

* (18-21 for Jr. Counselors - contact us for that application)

Enclosed you will find:

A. **REQUIRED Medical and Camp Enrollment Forms.**

B. **Camp Policies - please go over these with your camper.**

C. **Places that require signatures by the Parent/Guardian and the Camper. Please read everything carefully and sign or initial where required. INCOMPLETE applications will be returned.**

IMPORTANT:

FAILURE TO FILL OUT ALL FORMS COMPLETELY WILL REQUIRE US TO RETURN THE APPLICATION

These Forms MUST BE RECEIVED NO LATER THAN 10 days BEFORE START OF CAMP (June 20th). WALK-ONS NOT PERMITTED. Failure to return these forms by **due date (June 20th) may result in **cancellation and refund of your fees.****

Questions? email us at sltexas7@earthlink.net

NOTE: SDCYC does not have scholarship funds, however many SCV, UDC, OCR and other Heritage organizations will often provide financial support for youth when asked. For ideas on raising funds, see our webpage at <https://www.belocamp.com/sam-davis-christian-youth-camp-texas>

**2024 SAM DAVIS CHRISTIAN YOUTH CAMP REGISTRATION
CAMPER FORM (for youth ages 12 through 17 years old)**

TEXAS CAMP -June 30-July6, 2024 - Gainesville, TX

Return to: SAM DAVIS CHRISTIAN YOUTH CAMP, PO Box 589, DECATUR, TX 76234

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: _____
First M.I. LAST

Address: _____
City State Zip

Email address: _____ t-shirt size: S M L XL XXL

Phone _____ Alternate phone# _____

Boy / Girl Birthdate: ____/____/____ Current Age: ____
(Must be born before July 2012)

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 no-cellphone policy I understand that my parents will be called and I will 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 Release Photographic Permission:

Sam Davis Christian Youth Camp, Inc. has my permission to use video or photography of my child for camp promotional purposes.

I agree to the foregoing and that all provided information provided is correct.

Camper Signature: _____

Signature of Parent/Guardian _____ Date _____

IMPORTANT: NO APPLICATIONS WILL BE ACCEPTED that are received after June 20, 2024.

Fees \$495 for Campers

(Less \$10 for each additional child). Late Fee (received after **July 1st**) +15.00

Checks made payable to: Sam Davis Christian Youth Camp - Texas.

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____ 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:

(All funds must be received prior to checking in to camp)

Complete name of group _____
(For example: Col. J.A. Davis Camp 112 SCV)

Address _____

City _____ State _____ Zip _____

Contact Person _____

Phone _____ Email _____

NOTE: Sam Davis Christian Youth Camp INC DOES NOT PROVIDE Scholarships.

Sponsorships must come from heritage groups such as local SCV Camps, UDC and OCR Chapters. Please see our webpage for links to local organizations in your area who may provide scholarships and for other ideas for raising money for camp. **Our desire is that financial circumstances should never prevent a**

deserving youth from attending camp. Hardship circumstances contact: sltexas7@earthlink.net

PAYMENT

Registration Fee: \$495 Discount*: minus \$_____ Late Fee**: plus: \$_____

TOTAL DUE: \$_____

*Discount of \$10 if additional child in camp.

**\$15 if past application deadline. (June 20th, 2024)

AMOUNT ENCLOSED: \$_____ AMOUNT DUE \$_____

A MEDICAL FORM MUST BE COMPLETELY FILLED OUT AND MAILED IN*

***MEDICAL FORM MUST BE RECEIVED NO LATER THAN 10 DAYS BEFORE START OF CAMP. WALK-ONS NOT PERMITTED**

Questions? email us at sltexas7@earthlink.net

PARENTS AND CAMPERS SHOULD REVIEW THIS MESSAGE AND POLICIES

We at Sam Davis Christian Youth Camp (will be referred to as "Camp") have taken the safety and well-being of our campers very seriously. After all, giving your child over 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 engage in. We aim to do everything we humanly 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 as 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 ELECTRONIC EQUIPMENT use at camp. As always we invite you to call us if you have any questions or concerns about any of these policies.

CELL PHONES — WE HAVE A NO-CELL-PHONE POLICY

DO NOT BRING A CELL PHONE TO CAMP! Cell phones found at camp after Registration and Admission on the first day of camp, whether by accident or planned will be taken and held until departure day. **Cell phones found after the first day will result in the owner's parents being called and the camper being sent home!** Aside from the fact that cell phones are expensive and can get lost or stolen and that the physical camp environment is not kind to such items, there is a fundamental problem with campers having cell phones at camp, and that is trust.

When children come to camp, they and their parents are making a leap of faith, temporarily transferring primary care from parents to us. This is one of the growth-producing, yet challenging aspects of camp. As children learn to trust other caring adults, they grow and learn to solve some of their own challenges. This emerging independence is one of the greatest benefits of camp. It is one important way your child develops greater resilience. Contacting the parent often by phone essentially means they have not made this transition. It prevents us from getting to problems that may arise and addressing them quickly. Sending a cell phone to camp is like saying to your child that you as the parent haven't truly come to peace with the notion of them being away from you and in our care. We agree to tell you immediately if your child is experiencing a challenge in their adjustment to camp. Parents can help by talking with their child before they leave for camp and telling them that there is always someone they can reach out to, whether it be their Counselor, Director or Medic. We are all there to help, but if you don't trust us, your children certainly won't, and your trust as parents is what we seek before your child comes to camp.

Another problem with cell phones at camp is that many of them have built-in cameras. Through the Internet you may have been witness to digital images (ranging from marginally appropriate to comical to indecent, vulgar and illegal) that have been uploaded via camera equipped cell phones. It has happened at many camps (not SDCYC) that children have secretly taken photos of other campers or staff during changing, showering, bathroom use, etc. and uploaded those images to the Internet.

If you belong to a health club, chances are it has a "no cell phone" policy. We choose to avoid these unfortunate by-products of cell phone use by eliminating cell phones at Sam Davis Christian Youth Camps.

IPODS & VIDEO DOWNLOAD DEVICES – WE HAVE A POLICY BANNING THE USE OF IPODS OR OTHER DEVICES THAT CAN DOWNLOAD VIDEO

Due to the capability of such devices to download and store in a private manner easily available 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

Again, for many of the same reasons for the no-cell-phone policy, we strongly recommend the use of disposable film cameras if a camera is desired at camp. Although permissible, the camp environment is not kind to the sensitive mechanism of an expensive digital still camera. Our staff is acutely aware of campers using cameras during the wrong situations, and or, in the wrong places. When we suspect that this has occurred, our policy is to confiscate the camera, destroy the film or card and hold the camera until departure. You should know that any camper (and their parent) that takes a compromising photo of another camper or staff member and uploads it on the Internet or makes it public in any way after leaving camp may be subject to legal action and may not be allowed to return to the Sam Davis Youth Camp. Remember, we take hundreds of appropriate photo images during each session and edit them onto a memory CD that is made available to campers for a nominal charge before they depart.

COMPUTERS & THE INTERNET - WE HAVE A NO-LAPTOP & HAND PDA TYPE DEVICE POLICY Campers do not have the capability to send or receive email, instant message, or play CD's or DVD's on our computers.

FANS - WE HAVE A NO-ELECTRIC-FAN POLICY

Each camper cabin is air conditioned. The use of additional fans brought by campers is dangerous because of tripping and falling hazard of electric wires in a confined space and the potential danger of over-utilized extension cords that can overheat and trip electric circuits used for lighting and the installed fans. 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 will wear one piece bathing suits or 2 piece with a t-shirt. Boys will wear a t shirt with their bathing suits. No short shorts. Sandals, Zorries or flip flops may only be worn at the pool. Sabine Creek has a policy that campers wear **only** closed toe shoes or boots on the camp ground.

BREAKAGE POLICY

Property broken through maliciousness, negligence or recklessness will be paid by the Camper's parents/guardians.

I have read and understand the Sam Davis Christian Youth Camp Policies, especially the policy regarding NO cell phones, NO Ipods or video download devices, NO video camera and NO Computer/laptop/pda Device, Fans, Clothing & Breakage and understand that violation of any of these policies will 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

2024 Health History and Enrollment
Sam Davis Christian Youth Camp for Youth
 TEXAS CAMP * June 30th - July 6th, 2024 * Gainesville, TX

- Complete this form **IN INK** answering **ALL** questions. Please **PRINT LEGIBLY**
 - The parent/guardian and camper both must sign this form.
 - Mail to **SAM DAVIS CHRISTIAN YOUTH CAMP, PO Box 589, DECATUR, TX 76234**
 - No one will be allowed to attend a Sam Davis Youth Camp without this completed form received at least 10 days before Camp. **FAILURE TO FILL OUT COMPLETELY WILL BE GROUNDS FOR DISMISSAL.**
- USE ADDITIONAL PAPER FOR ANSWERS IF NECESSARY

**MAIL or EMAILTHIS COMPLETED MEDICAL FORM WITH APLICATION AND.....
PLEASE BRING A PHOTOCOPY OF THIS COMPLETED MEDICAL FORM TO CAMP.**

The information on this form is gathered to assist Sam Davis Christian Youth Camp in identifying appropriate care. Health history must be filled out annually by parents/guardians of minors or by adults themselves who serve as camp volunteer, counselor, staff or employee. Attach written documentation verifying health examination within two years from approved licensed medical personnel or have the Health Examination Portion completed and signed by same.

Please check appropriate boxes: **Gender:** ☐ M ☐ F

Participant's Full Name _____ Preferred Name _____

Birth Date _____ / _____ / _____ Age during Camp _____

Address _____
Street Address City State Zip

Custodial Parent or Guardian _____

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

Parent/Family e-mail _____ Mobile() _____

Business _____ Phone() _____
 Name of Company Street Address City State Zip

Second Parent or Guardian _____

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

Parent/Family e-mail _____ Mobile() _____

Business _____ Phone() _____

Name of Company Street Address City State Zip

If Parent(s) or Guardian not available in an emergency, notify:

Name _____ Relationship _____

Address _____ Phone() _____
 Street Address City State Zip

Mobile()_____

Insurance Information

Is the member (camper) covered by family health/medical/hospital insurance? ☐ Yes ☐ No

Health Insurance Carrier _____ Group/Policy No. _____

Health Insurance Address _____ Phone () _____
Street Address City State Zip

Name of Insured _____ Relationship to Member (camper) _____

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: ☐ No ☐ Yes If yes, Explain: _____

Immunizations: (must be completed or **attach Immunization Record**)

Date of last Tetanus shot _____

Which of the following has the participant had?

<input type="checkbox"/> Measles	Vaccine:	Dates:	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr
<input type="checkbox"/> Chicken Pox		DTP	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> German Measles		TD (tetanus/diphtheria)	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Mumps		Tetanus	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Hepatitis A		Polio	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Hepatitis B		MMR	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Hepatitis C		or Measles	_____	_____	_____	_____	_____	_____
		or Mumps	_____	_____	_____	_____	_____	_____
		Or Rubella	_____	_____	_____	_____	_____	_____
TB Mantoux Test		Haemophilus influenza B	_____	_____	_____	_____	_____	_____
Date of last test _____		Hepatitis B	_____	_____	_____	_____	_____	_____
Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative		Varicella (Chicken Pox)	_____	_____	_____	_____	_____	_____

List approximate date if participant has had or has been exposed to:

Chicken Pox _____ Tuberculosis _____ Measles _____

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 original bottle, identifying prescribing physician (if a prescription drug), showing name of medication, dosage, and frequency of administration.**

☐ **This person takes medications as follows:**

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 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.....Tylenol/Ibuprophen/Aleve.....☐ Yes ☐ No
Bites/Rashes.....Antihistimine/(Benadryl/Claritin).....☐ Yes ☐ No
Upset Stomach.....Pepto Bismol/Tums/Roloids.....☐ Yes ☐ No
Diarrhea.....Immodium AD.....☐ Yes ☐ No
Menstrual Cramps.....Ibuprophen or Aleve.....☐ Yes ☐ No
Poison Ivy.....Calamine Lotion or CortAid.....☐ Yes ☐ No
Ear Infection from Swimming.....Swim Ear-Rx.....☐ Yes ☐ No
Coughing.....Robitussin Cough Syrup.....☐ Yes ☐ No

General Health Height _____ Weight _____

(Explain "yes" answers below)

Has/does the participant:

- | | |
|--|--|
| 1. Had any recent injury, illness or infectious diseases,
Measles, mumps, mononucleosis? <input type="checkbox"/> Yes <input type="checkbox"/> No | 7. Have hepatitis? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Have a chronic or recurring illness or condition
ear infections, heart condition? <input type="checkbox"/> Yes <input type="checkbox"/> No | 8. Have asthma? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Had any loss of consciousness, convulsion,
Or concussion? <input type="checkbox"/> Yes <input type="checkbox"/> No | 9. Have epilepsy? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Have any medically prescribed meal plan or
Dietary restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No | 10. Have diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Have any bleeding or clotting? <input type="checkbox"/> Yes <input type="checkbox"/> No | 11. Had chicken pox? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Have hypertension? <input type="checkbox"/> Yes <input type="checkbox"/> No | 12. If female, have an abnormal
menstrual history? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | 13. Wear glasses, contacts or
protective eye wear? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | 14. Currently under physician's care? <input type="checkbox"/> Yes <input type="checkbox"/> No |

Explain any "yes" answers, noting the number of the question. _____

Check below if participant is subject to:

____ Frequent Sore Throats

____ Headaches

____ Fainting

____ Sleep Walking

____ Sinusitis

____ Frequent Colds

____ Convulsions

____ Kidney Trouble

____ Athlete's Foot

____ Diarrhea

____ Epileptic Seizures

____ Constipation

____ Heart Trouble

____ Bronchitis Cramps

____ Ear Infections

____ Home Sickness

____ Bed Wetting

Other – Specify _____

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 _____

**Health Examination by Licensed Medical Physician, Physicians Assistant or (in some states*)
Certified Nurse Practitioner**

*Check with your state health department to determine if a certified nurse practitioner is considered "licensed medical personnel."

Date of examination: _____

I have examined the camp applicant and, in my opinion, he/she ☐ is ☐ is not able to participate in an active camp program.

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: _____

Signature of Licensed Medical Personnel _____ Title _____

Doctor's Office/Clinic _____ Phone _____
Street Address City State Zip

- It is understood that all Sam Davis Christian Youth Camp members in attendance will abide by the rules of the lodge and camp. If any member does not, the privileges of participating in the activities will be taken away; or in the case of a serious violation, the member will be returned home.

- By signing this form, I verify my child (camper) is at least 12 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 or serious condition that affects the camper, counselors or others at the camp, is grounds to dismiss a camper or counselor from Camp. For Camper, picking up the dismissed camper is the responsibility of the parents/guardians.**

Personal Release: I hereby irrevocably grant to Sam Davis Christian Youth Camp the right to use, publish or distribute my and/or my child's image, name, voice and/or likeness, in whole or in part, for the purposes of promotion, education or marketing use by Sam Davis Christian Youth Camp. I waive the right to inspect, approve or be compensated for the use to which it may be applied. I release Sam Davis Christian Youth Camp for myself, my heirs, and executors, from all claims, demands or liabilities that may arise regarding the use of my and/or my child's image, name, voice or likeness. I have read and understand this Personal Release.

Emergency Authorization: I hereby give permission to the medical personnel selected by the camp director to order x-rays, routine tests and treatment for me as a volunteer, counselor, staff or employee, or my child in the event I cannot be reached in an emergency. I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child (or myself) as named above, if my child needs treatment for illness or injury which requires that he/she be taken from the camp to seek medical treatment. I understand that I will be notified immediately by the camp director or designee.

I hereby agree (pursuant to 45 CFR 164.510(b) to the disclosure to camp representatives of the protected health information of the person herein described as necessary: (I) to provide relevant information to the camp representatives related to the person's ability to participate in camp activities; and (II) in the case of minors, to provide relevant information to the camp representatives to keep me informed of my child's health status.

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

- If for religious reasons you cannot sign this form, contact the camp for a legal waiver, which must be signed for attendance.

SAM DAVIS CHRISTIAN YOUTH CAMP PO Box 589, DECATUR, TX 76234

sltexas7@earthlink.net

Please complete these forms in the packet above and mail to:

SAM DAVIS CHRISTIAN YOUTH CAMP
PO Box 589, DECATUR, TX 76234

sltexas7@earthlink.net

These Forms **MUST BE RECEIVED BY THE JUNE 20TH, 2024 DEADLINE**
(10 days BEFORE START OF CAMP, which is JUNE 30TH).

WALK-ONS NOT PERMITTED.

Failure to return these forms by the deadline (June 20th) may result in **cancellation and refund of your fees.**



This 2024 Camper Application Form, Junior Counselor and Counselor forms and Camper and Counselor Manuals can be downloaded at:

<https://belocamp.com/sam-davis-christian-youth-camp-texas>

Questions? Email us at sltexas7@earthlink.net

Once your application is accepted, you will receive instructions on arrival and departure times, directions to Lone Oak Retreat, what to bring, camp itinerary, etc.

Campers are required to check-in the first day and stay throughout the full week. Please don't ask to attend for part of the week.

Download Camper Handbook @

<https://www.belocamp.com/sam-davis-christian-youth-camp-texas>

Read CAMPER RULES and WHAT TO BRING TO CAMP in SECTION ONE.

Camp Location:

Lone Oak Retreat, 8484 FM 372, Gainesville, TX 76240

www.loneoakretreat.com