EMERGENCY MEDICAL RELEASE

MUST BE COMPLETED AND SIGNED BY A PARENT OR GUARDIAN

INSURANCE COMPANY _____

POLICY/GROUP NO. _____

ADDRESS OF INSURANCE COMPANY _____

_____

GUARDIAN #1'S EMPLOYER _____

CELL PHONE _____

GUARDIAN #2'S EMPLOYER _____

CELL PHONE _____

I hereby authorize the Director of SCYC to act on my behalf according to his best judgment in the event that I cannot be reached in any emergency requiring medical attention. I acknowledge the inherent risk of injury associated with all camp activities. I understand that each participant must assume responsibility for the risks that may arise from these activities. I hereby agree to release and hold harmless Skyline Christian Youth Camp, along with its directors, counselors, staff, volunteers, agents, or assigns, from any liability, claims, demands, legal actions, or causes of action arising from or in any way connected to my child's participation in camp activities.

Parent Signature _____

Date _____

Please list any allergies or health concerns that require special attention below, or attach a note with a detailed description of the condition.

_____

_____

CONTACT US

CAMP DIRECTOR

KEVIN SMITH:
info@scyc.camp
256-504-6912

CAMP MAILING ADDRESS:

KEVIN SMITH
426 FIELDON AVE.
GLENCOE, AL 35905

www.scyc.camp

SUNDAY, MAY 25 - FRIDAY, MAY 30, 2025

SKYLINE CHRISTIAN YOUTH CAMP
SCYC
EST. 1957
EVERYBODY LIKES IT!

Welcome to all our campers! Whether you're starting 3rd grade this summer or just wrapped up high school in Spring 2025, we're so excited you're here!

LOCATED AT CAMP NEY-A-TI
768 CAMP NEY-A-TI ROAD
GUNTERSVILLE, AL 35976

CHECK-IN TIME

SUNDAY, MAY 25TH
3:00 - 5:00 PM

CHECK-OUT TIME

FRIDAY, MAY 30TH
BEFORE 9:00 AM

CAMP COST

$175
INCLUDES T-SHIRT
*CANTEEN COST MAY VARY

ACTIVITIES

- BIBLE CLASSES
- DEVOTIONALS
- CRAFTS
- SINGING
- TALENT NIGHT
- SKIT NIGHT
- THE WAMPOLINE
- FISHING
- SWIMMING
- CANOEING
- GAGA BALL
- ULTIMATE FRISBEE
- 9 SQUARE
- CORNHOLE
- SHOOTING RANGE
- SHAVING CREAM BATTLE
  (SHAVING CREAM SUPPLIED)

REGISTRATION DEADLINE
FRIDAY, MAY 2, 2025

www.scyc.camp

SCYC 2025 APPLICATION

*Can also be submitted on online at www.scyc.camp

DATE _____ T-SHIRT SIZE _____

NAME _____

MALE _____ FEMALE _____

GUARDIAN'S PHONE _____

STREET ADDRESS _____

CITY _____

STATE _____ ZIPCODE _____

BIRTHDATE _____

GRADE NEXT FALL _____ CAN YOU SWIM? _____

ATTEND PREVIOUS CAMP? _____

CAMP NAME _____

LAST TETANUS SHOT? _____

CHURCH YOU ATTEND _____

GUARDIAN'S NAME _____

GUARDIAN'S EMAIL _____

- Enclose the non-refundable $25.00 deposit.
- Balance due at check-in.
- The total cost for the 2025 season is $175.00.

I will follow all guidelines and requirements of SCYC and will fully participate and cooperate in all camp activities.

Camper Signature _____

Mail this completed form to:

SCYC Camp Director
Kevin Smith
426 Fieldon Ave
Glencoe, Al 35905

DO NOT WRITE IN THIS SPACE

CAMP FEE:
REGISTRATION:
BALANCE DUE: