

# 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 Cell Phone \_\_\_\_\_

GUARDIAN #2'S Cell Phone \_\_\_\_\_

I, the undersigned parent or legal guardian, hereby authorize the Director of Skyline Christian Youth Camp (SCYC), or his designee, to act on my behalf and to consent to any necessary medical treatment for my child in the event of an emergency if I cannot be reached.

I acknowledge that participation in camp activities involves inherent risks of injury, including risks that cannot be eliminated regardless of the care taken. I understand that these risks may include, but are not limited to, physical injury, illness, or other harm.

I knowingly and voluntarily assume full responsibility for all such risks associated with my child's participation in Skyline Christian Youth Camp activities, including transportation to and from and participation in on-site and off-site activities.

I hereby release, waive, discharge, and agree to hold harmless Skyline Christian Youth Camp, its directors, officers, counselors, staff, volunteers, agents, and assigns from any and all liability, claims, demands, actions, or causes of action, including those arising from negligence, that may arise out of or relate to my child's participation in camp activities.

This release shall be governed by and construed in accordance with the laws of the State of Alabama.

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](http://www.scyc.camp)

SUNDAY, MAY 24-  
FRIDAY, MAY 29, 2026



Whether you're starting 3rd grade this summer or just wrapping up high school in Spring 2026, all are welcome—regardless of church affiliation.



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

# CHECK-IN TIME

SUNDAY, MAY 24TH  
3:00 – 5:00 PM

# CHECK-OUT TIME

FRIDAY, MAY 29TH  
BEFORE 9:00 AM

# CAMP COST

\$200

INCLUDES T-SHIRT

\*CANTEEN COST MAY VARY



# ACTIVITIES

- BIBLE CLASSES
- DEVOTIONALS
- CRAFTS
- SINGING
- SKIT NIGHT
- THE WAMPOLINE
- FISHING
- SWIMMING
- CANOEING
- PADDLING BOARDING
- GAGA BALL
- DISC GOLF
- 9 SQUARE
- PICKLEBALL
- SHOOTING RANGE
- SHAVING CREAM BATTLE  
(SHAVING CREAM SUPPLIED)



**REGISTRATION  
DEADLINE  
FRIDAY, MAY 1, 2026**

[www.scyc.camp](http://www.scyc.camp)

# SCYC 2026 APPLICATION

\*Can also be submitted online at [www.scyc.camp](http://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.

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

Camper Signature \_\_\_\_\_

Camper Email \_\_\_\_\_

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: