

2025 BYC APPLICATION

MAIL APPLICATION & DEPOSIT TO:

BYC, C/O Mark Menley, PO Box 457, DEXTER, MO 63841

Register online at: www.boothelyouthcamp.org

Please complete a separate application for each week and/or camper attending.

Name: _____

Sex: _____ Birth Date: _____

Age at camp time: _____ Grade Completed: _____

Parents/Guardians: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

If none of the above is available in an emergency, notify:

Name _____

Relationship: _____

Phone: _____

T-SHIRTS		
Youth: Small _____	Adult: Small _____	XL _____
Medium _____	Medium _____	2XL _____
Large _____	Large _____	3XL _____

Please Check the Desired Session

Pee Wee: June 6-8th (\$30 per person)

Adult attending PeeWee: _____

- ☐ Week 1 : Closed
- ☐ Week 2 : June 22-28th
- ☐ Week 3 : July 6-12th
- ☐ Week 4 : July 13 - 18th

*\$175 if you pre-register 2 weeks prior to session
or \$200 if you register less than 2 weeks before

<u>Payment</u>	
\$20 Deposit <u>Required</u> with Application	
Registration Cost	\$ _____
T-Shirt(s) (Included)	\$ _N/A_____
Minus eligible discounts (Multi camper/week)	\$ _____
Funds enclosed with application	\$ _____
Amount due at check-in*	\$ _____
<p>* Snacks and Crafts <u>are</u> included in the costs for attending each session.</p> <p>Additional t-shirts can be purchased for \$10 a piece.</p>	

BAPTISM PERMISSION:

- ☐ I give my permission for my child to be baptized during the camp session.
- ☐ Please call me before any decisions concerning baptism is made.
- ☐ I do not give permission for my child to be baptized during the camp session.

Religious

Affiliation: _____

MEDICAL RELEASE:

Date of Last Tetanus Vaccination:

Routine Medication (names and dosages):

Additional Comments (allergies, asthma, etc.)

Please bring original containers for medication to be dispensed.

Camper's Physician: _____ Phone: _____

Insurance Company _____ ID# (Policy or Group) _____

Medical Authorization and General Release: I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests and treatment for my minor child for me. In the event I cannot be reached in an emergency, I hereby give permission to the physician to hospitalize, secure proper treatment for, and to order injection and/or surgery for my minor child for me named above. This form may be copied for use outside of camp. The health history is correct so far as I know, and the person herein described has my permission to engage in all prescribed camp activities except as noted. The insurance information provided above will serve as the camper's primary insurance coverage.

I understand that the Bootheel Youth Camp may be physically and emotionally demanding. I recognize and accept the risks involved at Bootheel Youth Camp, and I assume the risks of physical and emotional injury that could result from these activities. In consideration of the above, I have and do hereby assume all of the risks of participation in the Camp, and will hold BYC and its employees, board members, officers, and affiliates harmless from any and all liability, actions, causes of actions, claims, and demands of every kind and nature whatsoever, whether for bodily injury, property damage or loss or otherwise, which my child now has or which may arise from or in connection with my participation at Bootheel Youth Camp. I, along with my family or heirs, understand and agree that we cannot sue BYC, its employees, board members, officers, and affiliates, and if I do, I cannot collect any money. In addition, I will pay for BYC's attorney and court fees associated with any litigation I might bring against BYC, its employees, board members, officers, affiliates and associates. I also state that neither I am nor my child (if I am signing on behalf of my child) is under any influence of a chemical substance including alcohol, either at the time of the signing of this Agreement or at the time of participating in Camp programs. I fully understand that my child's physical activity involves the potential risk of injury. I also understand that my child's participation in BYC's programs is entirely voluntary. I have provided in written form any physical, mental, or psychological issue my child may be experiencing at which could have an impact on his/her well-being during the Camp activities. I also authorize photo/digital media release for the purpose of publications, websites, and /or displays designed to promote BYC.

Parent's Signature _____ Date: _____

Camper's Signature _____ Date: _____