

# JACKSON/SMITH COUNTY

## YOUTH CAMP 2025

### CAMPER APPLICATION

**July**

**2025**

SUN	MON	TUE	WED	THU	FRI	SAT
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

**JULY 13 - 18, 2025**

**TO CONTACT YOUR CHILD AT CAMP:**

(Your Child's Name)

Taylor Christian Camp

485 Booker Road

Holland, KY, 42153

Phone: (270) 622-9032

Mail Application to:

Mr. Edward L. Anderson

JSCYC Camp Director

220 Dixon Lane

Pleasant Shade, TN 37145

## **RULES & REGULATIONS**

- 1. The Camp Director(s) will have complete authority at all times.**
- 2. The campers will be required to carry out all official requests of staff members.**
- 3. The swimming area and creek area are OFFLIMITS to all campers from time of arrival, except at designated times, and then only with a counselors) present.**
- 4. Campers are required to keep their own cabins clean. There will be daily cabin inspection. No camper is to enter another cabin without counselors' permission or for official business.**
- 5. Boys are forbidden to visit girls' quarters except for official business and then only with permission.**
- 6. Girls are forbidden to visit boys' quarters except for official business and then only with permission.**
- 7. Dresses, pants, or jeans must be worn by girls for devotional group assemblies. Girls may wear blue jeans to class, but no shorts are to be worn to class by girls or boys.**
- 8. Pants or blue jeans, with shirts, must be worn by boys for class and group assembly.**
- 9. Three rules for dress code have been established:**
  - (a) No shorts may be worn, by boys or girls, that are more than three inches above the knee.**
  - (b) No shirts may be worn, by boys or girls, that expose the bare midriff.**
  - (c) No tank tops or cut out T-shirts are to be worn by either boys or girls.**
- 10. Campers and staff must conduct themselves as becoming young ladies and gentlemen at all times. Profanity and rough play are strictly forbidden.**
- 11. Any camper needing medical attention must report to camp director(s) immediately. Insurance is carried on each camper and staff member.**
- 12. Each camper is to attend every assembly of classes and all devotionals.**
- 13. No special privileges will be granted to any group of campers for special activities after lights out. (Example: Birthday party. After 11:00 PM all activities must be confined to individual cabins and must be of such nature as not to disturb any other campers.)**
- 14. No one, including STAFF and CAMPERS, is to leave camp at any time without contacting the directors).**
- 15. No counselor is to leave Friday until given by permission by Director(s).**
- 16. No alcohol, tobacco products, or illegal drugs are permitted at camp by either campers or counselors.**

**NOTE: Be sure to keep this page and familiarize yourself with these rules as they are provided for the safety and well-being of all campers and counselors.**

# JSCYC 2025 CAMPER APPLICATION

*July 13 – 18, 2025 “Family”*

**PARENTS:** Camp ends on Friday, July 18, please make arrangements to pick up your child from camp Friday night. Keep the attached page for camp rules, regulations, camp address, phone number, etc. Please mail only this page and admission fee (\$60) by June 1<sup>st</sup>. Applications are accepted on a first/come first serve basis received by the camp director. By filling out this application you agree to abide by all the rules on page 2.

Applications are also available online at: [www.jscyc.org](http://www.jscyc.org)

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade just completed: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: ☐ Male ☐ Female

Primary Phone: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Do you text? Yes No

Church you attend: \_\_\_\_\_ Is the camper a member: ☐ Yes ☐ No

Is camper allergic to any medications? ☐ Yes ☐ No If yes please specify: \_\_\_\_\_

Date of last Tetanus shot, if known: \_\_\_\_\_ Restricted Activities: \_\_\_\_\_

Permission to swim? ☐ Yes ☐ No

Required by KY Law: Has Camper been hospitalized? ☐ Yes ☐ No Name of Hospital: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Location: \_\_\_\_\_

\*\*\*\*\* Please circle shirt size \*\*\*\*\*

Shirt Size: YS YM YL AS AM AL AXL A2XL A3XL

\*\*\*\*\*

**Cost for camp: \$60**

Camper name \_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_

**\*\* You may list one or two (NO MORE) special consideration for camper companions below. THESE CANNOT BE GUARANTEED. (Please DO NOT list counselor preference.) \*\***

1. \_\_\_\_\_
2. \_\_\_\_\_

**Mail completed form and camper registration fee (\$60) to:**

**Mr. Edward L Anderson, JSCYC Director**  
220 Dixon Lane, Pleasant Shade, TN 37145