

Georgia Confederates Youth Camp

Camper Application

~ June 24 – June 28, 2024 ~

Name _____

As you want it to appear on your Name Tag _____

Address _____
City State Zip Code

eMail address _____ T-shirt size _____

Phone # _____ Alternate phone # _____

Boy _____ Girl _____ Birth date _____ Age at time of Camp _____

Name of sponsoring SCV/OCR Camp _____

Parent or Guardian with whom camper lives _____

Camp Commitment

Please read and initial to show agreement.

_____ I agree that I am not to have/use any form of tobacco, alcoholic beverage, drugs, fire crackers or unreported firearms.

_____ I will conduct myself with respect toward all others at all times and will cooperate with the Camp counselors and staff.

_____ I understand that areas are restricted to boys in the boy's cabin area and girls in the girl's cabin area.

_____ I will not deface or destroy any Camp property.

_____ If I violate the no-cell phone policy I understand that my parents will be called and I will be sent home.

_____ **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 Permission: You have my permission to use video or photography of my child for Camp promotional purposes.

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

Camper Signature: _____ Date _____

Signature of Parent/Guardian _____ Date _____

Mail to: **GCYC**
P.O. Box 447
Fitzgerald, Ga. 31750