

2026 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: _____



BirthDate: _____ 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 _____
Medium _____
Large _____

Adult: Small _____
Medium _____
Large _____

XL _____
2XL _____
3XL _____

Please Check the Desired Session

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

Adult Attending: _____

Week 1* Closed due to unforeseen circumstances

- ☐ Week 2*: June 21-27

- ☐ Week 3*: July 5-11

- ☐ Week 4*: July 12-18

If your first selection is full, what is your second selection:

*\$225 if you preregister 2 weeks prior to session or \$250 if
You register less than 2 weeks in advance.

Payment

\$20 Deposit Required 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* \$ _____

***Snacks and Crafts are included in the cost for
attending each section.**

Additional t-shirts can be purchased for \$10 each

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 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: _____