

# ARE YOU READY FOR KANSAS BIBLE CAMP?

We look forward to seeing God work in our students through camp! KBC will again be held at Westminster Woods Camp and Retreat Center in Fall River, Kansas. This is about 70 miles east of Wichita. KBC will begin the afternoon **of Monday, July 26, 2021 and will end the morning of Friday, July 30, 2021.** We will again have a Kids Camp for students who have just completed 3<sup>rd</sup> through 5<sup>th</sup> grade, and a Junior High Camp for students who have just completed 6<sup>th</sup> through 8<sup>th</sup> grade. **The cost to you for camp this year is the \$75 deposit.\*** Hope Fellowship will cover the rest of the camp fees with funds left over from 2020. What a deal!

Enclosed you will find the 2021 Camper Registration form. *Please note that we must receive a notarized medical form and a copy of a medical insurance card for every camper.* Please also note the required COVID-19 related waiver and pre-screening paperwork included. The waiver needs to be completed by any interested camper or counselor.

This form is a fillable PDF for your convenience; however, please **remember to sign and initial** all required spaces before turning forms in to Pastor Josh.

Checks should be made out to “Hope Fellowship Church” with Kansas Bible Camp written in the memo line. Return your payment and completed forms to Pastor Josh by June 1, 2021.

Hope Fellowship will be transporting campers to Westminster Woods. If you are able to drive youth to camp, please contact Pastor Josh. The campers need to arrive around 3:00 p.m. on Monday, July 26. Everyone will depart for home around 10:00 a.m. on Friday, July 30.

Please join us in praying for Kansas Bible Camp. Let Pastor Josh know if you have any questions!

*\* Scholarships are available for those unable to pay the \$75 camp fee. Just ask!*

## CAMPER REGISTRATION FOR KANSAS BIBLE CAMP 2021

**Registration Deadline:** Tuesday, June 15, 2021

**Camp fee:** \$210.00 per camper\*\*

(A minimum \$75 registration fee must accompany this application. See attached Camp Scholarship Form)  
The full amount is payable by Monday, July 12, 2021. \*\*Please make checks payable to Kansas Fellowship\*\*

**Purpose:** The purpose of Kansas Bible Camp is to glorify God by making disciples of Jesus Christ through having a camp program that introduces each individual to the gospel of Jesus Christ, helps believers to grow through Bible teaching and the memorization of Scripture, and equips believers to minister to others.

**Eligibility:** Campers are eligible to attend camp when they have completed 3<sup>rd</sup> grade through 8<sup>th</sup> grade. On the registration, write down the grade that he/she has completed this past year.

**Disclaimer:** All information provided on this registration will be kept confidential. Personal information will only be used by the camp directors, nurse, and assigned cabin counselor(s) in order to provide the utmost care and safety for your child. Any other disclosure to third parties will be solely on a need to know basis at the discretion of the camp directors.

Camper's Name \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender: M F (circle one) Grade completed during 2020-2021 school year \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Parent/ Guardian e-mail address: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Parent/Guardian Cell Phone (\_\_\_\_) \_\_\_\_\_

Home Church: \_\_\_\_\_ Pastor: \_\_\_\_\_

T-shirt Size: (Circle one) YouthS YouthM YouthL AdultS AdultM AdultL AdultXL Adult2XL

**Parental Consent:**

As the parent/guardian of \_\_\_\_\_, I hereby grant permission for my child/ward to participate in Kansas Bible Camp, including all activities and meetings associated with this camp. I understand that there are risks involved in some of the activities/functions associated with camp. My child/ward has permission to engage in all the activities except those I have noted in an attached, written document. I have read and discussed the camp/clothing guidelines and with my child/ward, and I am in agreement with the stated guidelines. I understand that my child's failure to follow these guidelines could result in his/her dismissal from camp and being sent home at my expense. I also allow photographs and video of my child/ward to be taken and used for promotional uses unless I have attached a written document prohibiting media being taken/used.

I give instruction and permission for my child to take the listed medications during the time of Kansas Bible Camp. I also authorize medical treatment by any licensed hospital at the discretion of the Nurse and/or Director of Kansas Bible Camp. I have completely filled out the camp's Medical Release & Questionnaire form, the Medication Instruction form, and I understand the implications involved in signing these documents.

I further understand that Kansas Bible Camp cannot accept responsibility or liability for any cause of action for any damage, loss, or injury done by or to a camper while at camp. I agree to release Kansas Bible Camp, its employees and volunteers, from any such responsibility or liability.

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

\_\_\_\_\_  
Camper's Signature

\_\_\_\_\_  
Date

## Kansas Bible Camp Medical Information Form

**Please turn this form in with your registration**

### MINOR'S INFORMATION (please print):

Full Name of Parents or Guardians \_\_\_\_\_

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

Name of Camper \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade completed in Spring 2021: \_\_\_\_\_

*(Some medical facilities may require a Social Security Number to provide treatment. We will contact you if we need this information)*

***Please initial for permission for your child.***

**My child may be given Acetaminophen for minor pain/headache:** Yes \_\_\_ or No \_\_\_

**My child may be given Ibuprofen for minor pain/headache:** Yes \_\_\_ or No \_\_\_

### HEALTH INSURANCE INFORMATION:

Health Insurance Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION:

#### Parent/Guardian Contact Information

Father's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone/Pager: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone/Pager: \_\_\_\_\_

**MEDICAL HISTORY:**

Have Minor (s) had all school-required vaccinations? Yes \_\_\_\_\_ No \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Do Minor(s) have a communicable disease or medical condition that may be a risk to others? Yes or No

If yes, please describe: \_\_\_\_\_

Do Minor(s) have any drug allergies? Yes or No

If yes, please describe: \_\_\_\_\_

Please describe any special considerations regarding Minor(s) (medical conditions, food allergies, dietary restrictions, activity limitations, asthma, adhd, behavioral issues/concerns, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please attach a copy of your current medical insurance card.**

**Notary: (EVERYONE MUST NOTARIZE)**

Parent/Guardian Signature: \_\_\_\_\_

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, \_\_\_\_\_, Notary Public,

Personally appeared \_\_\_\_\_, in the State of \_\_\_\_\_

and the county of \_\_\_\_\_. Notary stamp and signature:

## Prescription Medication Form

**If your child does NOT take medications, you do not have to fill out this form!**

**Send this form with the camper. Do not send in advance. Please send medication in original bottle.**

***Any and all medications*** including over the counter medications and supplements that your student will be taking must be accurately described on this form.

Name of Camper: \_\_\_\_\_ Known allergies: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### **Medication(s) to be taken during event:**

**1) Name:** \_\_\_\_\_ **Dosage:** \_\_\_\_\_

Circle time to be taken with: Breakfast Lunch Dinner Evening Snack Bedtime As Needed

**2) Name:** \_\_\_\_\_ **Dosage:** \_\_\_\_\_

Circle time to be taken with: Breakfast Lunch Dinner Evening Snack Bedtime As Needed

**3) Name:** \_\_\_\_\_ **Dosage:** \_\_\_\_\_

Circle time to be taken with: Breakfast Lunch Dinner Evening Snack Bedtime As Needed

**4) Name:** \_\_\_\_\_ **Dosage:** \_\_\_\_\_

Circle time to be taken with: Breakfast Lunch Dinner Evening Snack Bedtime As Needed

***I hereby give permission for this medical information to be shared on a need to know basis.***

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

**Place all medications listed ( in original prescription bottle) in a Ziploc bag with the student's name printed on the front. Please include this form in Ziploc bag.**

Please return this form immediately. Do NOT wait for camper arrival.

**Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19**

The novel Coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. Westminster Woods Camp & Retreat Center, Inc. (hereinafter referred to as WMW Camp) has put in place preventive measures to reduce the spread of COVID-19; however, WMW Camp cannot guarantee that you will not become infected with COVID-19. Further, participation could increase your risk of contracting COVID-19.

**READ CAREFULLY BEFORE SIGNING-INITIAL EACH PARAGRAPH**

\_\_\_\_INITIALS By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by participation; and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at WMW Camp may result from the actions, omissions, or negligence of myself and others, including, but not limited to WMW Camp's employees, volunteers, and program participants and their families.

\_\_\_\_INITIALS I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my participation at WMW Camp. On my behalf, I hereby release, covenant not to sue, discharge, and hold harmless WMW Camp, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of WMW Camp, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation at WMW Camp.

\_\_\_\_INITIALS I represent that I have adequate insurance to cover any injury or illness I may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or illness myself. I further represent that I have no medical or physical condition which could interfere with my safety in this activity, or else I am willing to assume- and bear the costs of- all risk that may be created, directly or indirectly, by any such condition.

\_\_\_\_INITIALS In the event that I file a lawsuit, I agree to do so in the state where WMW Camp is located, and I further agree that the substantive law of that state shall apply. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

\_\_\_\_INITIALS By signing this document, I agree that if I am exposed or infected by COVID-19 during my participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.

\_\_\_\_INITIALS I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. Also, I understand that this activity might not be made available to me or that the cost to engage in this activity would be significantly greater if I were to choose not to sign this release, and agree that the opportunity to participate at the stated cost in return for the execution of this release is a reasonable bargain. I have read and understood this document and I agree to be bound by its terms.

\_\_\_\_INITIALS If I have signed a separate general waiver of liability connected to my participation at WMW Camp, I agree that the terms of that waiver are wholly incorporated into this document and that the terms of this document are incorporated into the separate general waiver.

\_\_\_\_INITIAL I agree that I will practice safe social distancing and clean hygiene during my participation at WMW Camp.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Date \_\_\_\_\_

**Parent or Guardian Additional Agreement**

**(Must be completed for participants under the age of 18)**

In consideration of \_\_\_\_\_ (Print minor's names) being permitted to participate in this activity, I further agree to indemnify and hold harmless Releasees from any claims alleging negligence which are brought by or on behalf of minor or are in any way connected with such participation by minor.

Parent or Guardian \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_



## Camp Guidelines

1. Please listen to your counselor and those on camp staff and obey their instructions.
2. Follow the instructions of the lifeguards at all times. Kid's Camp campers must wear life jackets in the lake. Older campers must pass the swim test in the presence of a lifeguard, or wear a life jacket. Use the restroom in the Chapel in the Woods while at the lake when necessary.
3. All medications must be turned in to the camp nurse. DO NOT give any medicine to other campers. You are responsible to see the camp nurse to receive your medicine at the appropriate times.
4. **NO** use of Electronic Devices. That includes: Cell Phones, I-Pods, I-pads, Radio's, Laptops, CD Players, etc.
5. Be responsible for all your belongings at all times. Keep track of your stuff!
6. Stealing or destruction of personal or camp property will not be tolerated.
7. You are required to go to EVERYTHING—(all camp activities, etc.)
8. You are to be on time for all activities and ready to participate. Bring your Bible, pen or pencil and notebook to Chapel. Wear closed-toed shoes to Recreation, unless instructed otherwise.
9. Wear appropriate clothing at all times. Remember that we are here to worship the Lord. (See Guideline)
10. Guys must never be in or on the porches of the girls' cabins and vice versa.
11. Pranks and kitchen raids must be approved and supervised by your counselor. They must not be hurtful to anyone or damage personal belongings or camp property. They cannot be done after the "Lights Out" time.
12. Use appropriate language and words that will not hurt others.
13. Keep your volume at suitable levels while in line for meals, or in the dining hall. You will be dismissed by table and you are expected to bus your own table. Cabins will rotate cleaning the dining hall after meals.
14. **AND HAVE FUN!!!**

## Clothing Guidelines

1. No shirts with inappropriate language or suggestive images.
2. No tube tops or spaghetti-strapped shirts. The straps must be three finger widths wide.
3. Shorts must be no shorter than the tips of your fingers when your hands are at your side.
4. Shorts or pants must not "sag" and no underwear can be exposed.
5. No see through swimsuits or swim trunks.
6. No two piece swimsuits. Swimsuits must be a one piece that shows no cleavage or bust. You may wear a dark-colored t-shirt over your swimsuit.
7. There will be a lot of walking so make sure to bring tennis shoes and plenty of socks.

**\*If you choose to bring an electronic device the Camp Director will hold it for you until you are ready to leave. You will not get Cell Phone service.**

**\*\*We reserve the right to ask you to change clothing at anytime during camp if the above guidelines are not followed. Remember we are here to worship the Lord and build our brothers and sisters in Christ up, not bring them down. Your time at camp this week is not a beauty contest or to see who is the most worldly fashionable. Be comfortable and ready for a great week at camp!**



## Camper's Copy to Keep

### What to Pack: (Checklist)

- Pillow
- Sleeping bag
- Bible
- Notebook/Pen or Pencils
- Tennis Shoes
- Flip flops or sandals for the lake
- Socks
- Undergarments
- Jeans
- Shorts
- T-shirts
- Swimsuit
- Towels for lake and showers
- Washcloth
- Deodorant
- Toothbrush
- Toothpaste
- Comb
- Soap
- Shampoo/Conditioner
- Sunscreen
- Alarm clock **without** a radio
- Camera (optional)
- Flashlight
- Water bottle/container
- Bug spray
- Snacks for free time (optional)
- Hat (optional)
- Small Fan (optional)
- Face Mask/Covering