

CAMPER REGISTRATION FOR KANSAS BIBLE CAMP 2023

Registration Deadline: June 1st, 2023

Camp fee: \$245.00 per camper** (A minimum **\$75 registration fee** must accompany this application. The **full amount** is payable by **July 1st, 2023**. **Please make checks payable to "Hope Fellowship Church"**)

**If you are an active member of the following Hope Fellowship Church ministries (youth group/AWANA) then \$100 dollars will be subtracted from your total payment.

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** 3rd grade through 8th 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 Grade completed during 2022-2023 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: 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 2023: _____

(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 or 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: Breakfast Lunch Dinner Evening Snack Bedtime As Needed

2) Name: _____ **Dosage:** _____

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

3) Name: _____ **Dosage:** _____

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

4) Name: _____ **Dosage:** _____

Circle time to be taken: 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.



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. ALL campers must wear life jackets in the lake.
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. 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. 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/bedding
- 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
- Camera (optional)
- Flashlight
- Water bottle/container
- Bug spray
- Snacks for free time (optional)
- Hat (optional)
- Small Fan (optional)