



# 2024 Summer Camp Application

Send this completed form to: **Kansas Bible Camp**  
4508 W 56th Ave  
Hutchinson, KS 67502



LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ ☐ Boy ☐ Girl

PARENT'S NAME(S) \_\_\_\_\_ CAMPER PHONE ( ) - \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

DESIRED ROOMMATE (CHOOSE ONE) \_\_\_\_\_ BIRTH DATE / / \_\_\_\_\_

☐ Exclude applicant from directories shared with others that attend Kansas Bible Camp.

GRADE (2024-25 SCHOOL YEAR) \_\_\_\_\_

CHOOSE ONE SESSION:

## Main Campus

- ☐ Junior High 1  
June 2-7
- ☐ Grade School 1  
June 9-14
- ☐ High School 1  
June 16-21
- ☐ High School 2  
June 23-28
- ☐ Grade School 2  
July 21-26
- ☐ Junior High 2  
July 28 - August 2
- ☐ Staff Camp  
August 2-6

## East Campus

- ☐ Girls Grade School 1  
June 2-7
- ☐ Girls Junior High 1  
June 9-14
- ☐ Girls High School  
July 14-19
- ☐ Girls Junior High 2  
July 21-26
- ☐ Girls Grade School 2  
July 28 - August 2

*We only allow a camper to attend one session at each campus.  
To attend a session at the other campus please fill out another application.*

( ) - \_\_\_\_\_  
PRIMARY EMERGENCY PHONE

( ) - \_\_\_\_\_  
SECONDARY EMERGENCY PHONE

\_\_\_\_\_  
MEDICAL INSURANCE COMPANY

\_\_\_\_\_  
MEDICAL INSURANCE NUMBER

\_\_\_\_\_  
POLICY HOLDER NAME

- ☐ Allergies \_\_\_\_\_ YEAR OF LAST TETANUS SHOT \_\_\_\_\_
- ☐ Asthma
- ☐ Diabetes
- ☐ Seizures
- ☐ Daily Medications
- ☐ Drug Sensitivities
- ☐ Other Conditions

NOTES FOR THE NURSE:

I agree not to hold Kansas Bible Camp, Inc. liable for accidents or illnesses that may occur. I agree to allow KBC to use photos and videos of this applicant for publication.

I give permission for emergency medical treatment to be given. I approve the use of any insurance information I have provided.

SIGNATURE \_\_\_\_\_ DATE SIGNED / / \_\_\_\_\_  
(Parental if under age 18)

SIGNATURE \_\_\_\_\_ DATE SIGNED / / \_\_\_\_\_  
(Policy Holder)