



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)