

# AGBC Community Initiative Camper Application

3rd-6th Grade: June 10-15, 2019

7th-12th Grade: July 22-27, 2019

## General Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_ M \_\_\_ F Home Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Name of School: \_\_\_\_\_

Home Church Name: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_ Phone: \_\_\_\_\_

Select Week:     June 10-15, 2019     July 22-27, 2019

## References

*Please list 3 adult references:*

Name	Relationship	Address, City, State, Zip	Phone Number

## **AMAZING GRACE BAPTIST CAMP**

4214 Eisenhower Rd., Ottawa, KS 66067

Office: (785) 242-4086 Website: [www.agbcamp.org](http://www.agbcamp.org)

Web: [www.agbcamp.org](http://www.agbcamp.org) Email: [office@agbcamp.org](mailto:office@agbcamp.org)

# Biographical Information

Please circle "Y" for yes or "N" for no.

Answers given will not necessarily determine whether you can or cannot attend camp

- Have you ever been convicted of a felony? - Y N
- Have you ever been accused of child abuse or a crime involving actual or attempted sexual molestation of a minor? - Y N
- Have you used illegal and/or non-prescription drugs in the past 12 months? - Y N
- Have you been suspended from your school in the last 6 months? - Y N  
If so, for what purpose: \_\_\_\_\_
- Have you consumed alcohol in the past 12 months? - Y N
- To the best of my knowledge, all the information contained in this application is true and accurate:

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Medical/Emergency Information

Emergency Contact \_\_\_\_\_ Emergency Contact Phone \_\_\_\_\_

Emergency Contact, alternate contact method \_\_\_\_\_

Medical Information—A nurse will be on-call at all times for our summer camps. All medication and vitamins will be given to the nurse at registration and must be in their original labeled containers. Those who knowingly have contagious conditions should not attend camp. The camp provides secondary insurance only. The camp nurse will be responsible for dispensing all medications. If a camper has food allergies and needs to bring special food, all food must be prepared in advance to store in the AGBC fridge for the week. The food should be cooked and only in need of heating up. Separately attach list of activities camper should be restricted from and reasons for restriction.

Insurance Policy Holder's Name \_\_\_\_\_ Insurance Policy Number \_\_\_\_\_

Insurance Company \_\_\_\_\_ Insurance Company Address \_\_\_\_\_

Check Immunizations:  DPT  MMR  Smallpox  Whooping Cough  Hepatitis  Other \_\_\_\_\_

Date of last Tetanus Booster \_\_\_\_\_

Specific Allergies \_\_\_\_\_ Reactions \_\_\_\_\_

Physical Limitations \_\_\_\_\_ Health and/or Behavioral Limitations \_\_\_\_\_

Prescribed Medication(s) and Dosage \_\_\_\_\_

Additional Medical Information \_\_\_\_\_

# Sign Consent Form

**(Registration form must have parent or guardian signature to be valid.)**

In order to provide a healthy, positive atmosphere, campers are expected to participate in all activities, refrain from profanity, wear modest clothing, respect and obey authority, and cooperate with program, staff, and other campers. I understand that AGBC reserves the right to dismiss my child for failure to adhere to the conduct guidelines without refund. I understand that AGBC may use pictures and/or videos for promotional material without remuneration. I understand AGBC will provide medical care for illnesses and injuries. In case of emergency, I understand that every effort will be made to contact the parents or guardians. In the event that I cannot be reached, I hereby give permission to the physician selected by AGBC to hospitalize and secure proper medical treatment for and order injection, anesthetic, or surgery for my child as named on this form. I understand if my child has a communicable disease, sickness, or lice and/or nits, AGBC reserves the right to take precautions, including dismissal.

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