

AGBC Community Initiative Camper Application

3rd-6th Grade: June 8-13, 2020

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: _____

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

Web: www.agbcamp.org Email: 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** _____