

Camp Registration Form

(Winter Camp: February 6-8, 2020)

Please print neatly.

1. Fill Out Camper Information

Coming as an Individual OR Coming with Group

Full Name _____ M / F (circle gender)

Mailing Address _____

City _____ ST _____ Zip _____

Phone _____ Birthday ____/____/____

Parent's Email _____

Grade Entering in the Fall:

Juniors: 3rd 4th 5th 6th

Teens: 7th 8th 9th 10th 11th 12th Grad Yr.

Church Coming With _____

Church Address _____

City _____ ST _____ Zip _____

Church Phone _____

Church Email _____

Pastor's Name _____

Pastor's Phone _____

2. Complete Financial Information

Regular Camp Cost (\$75) + _____

Early Bird Discount (\$10 off if postmarked by Jan. 1) - _____

Total Due: \$ _____

Registration Fee (\$15 deposit due with registration form) - _____

Remaining Balance: \$ _____

3. Fill Out Medical Information

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.

Camper Name _____

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 _____

4. 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

Send this completed form with deposit to:

Amazing Grace Baptist Camp
4214 Eisenhower Rd.
Ottawa, KS 66067

For more information:

Call 785-242-4086 or check us out online at
www.agbcamp.org.

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