

# Summer Camp Registration

## Camper Information

Male Camper  Female Camper  Male Sponsor  Female Sponsor

Name	
Date of birth	Grade Entering in the Fall
Address	
City, State, Zip	
Home Phone	
Parent/Guardian Name	
Parent/Guardian Phone	
Parent/Guardian Email	
Church Name	
Church City, State	
Pastor	

## Select Camp Week

**Junior Camp:** 3rd-6th

**Teen Camp:** 7th-Grad Yr.

Junior 1: June 14-19

Teen 1: June 21-26

Junior 2: July 5-10

Teen 2: July 12-17

Teen 3: July 19-24

## Request a Roommate

*Requests are not guaranteed*

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## Medical Information

A nurse will be on-call at all times for our summer camps. All medication, vitamins, and supplements will be given to the nurse at check-in and must be in their original labeled containers. The camp nurse will be responsible for dispensing all medications. Those who have a fever, contagious condition, or lice/nits should not attend camp. The camp provides secondary insurance only. 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.

Emergency Contact / Relationship to Camper
Emergency Phone
Insurance Policy Holder's Name
Insurance Policy Number
Insurance Company
Camper's Physician
Physician Phone
Date of Last Tetanus Shot
Allergies and Dietary Restrictions (Include reactions and treatment given)
Physical, Health, and/or Behavioral Limitations
List any medications, dosage, and times taken
Additional Medical Information

## Camp Cost

**Early Bird:** Save \$20 if registration and deposit are postmarked by Feb. 15 or save \$10 if registration and deposit are postmarked by April 1.

(Early Bird Discount cannot be combined with other camper discounts.)

**Late fee:** Add \$10 if registering within 7 days of camp.

### Camper:

Regular Camp Cost (Junior: \$225 / Teen: \$230)	\$
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OR

Second Child Cost (\$160)	\$
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OR

Second Week Cost (Junior: \$125 / Teen: \$130)	\$
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**Total Due:** \$ \_\_\_\_\_

### Sponsor:

Regular Camp Cost	\$ 170
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Sponsor Children (Ages 0-5: Free, 6-10: \$70, 11+: \$120)	+\$
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**Total Due:** \$ \_\_\_\_\_

## Payment

**A \$25 Deposit is required to secure reservation.**

Payments can be made with cash, check, money order, or credit card (here, online at [www.agbcamp.org/camp-registration/](http://www.agbcamp.org/camp-registration/), or by calling the camp office at 785-242-4086).

A 3% processing fee will be charged on credit card transactions.

Check    Cash    Money Order    CC    Paying through Church

Name on Card	CVV
Card #	Exp / Zip
Signature of Cardholder	

Charge \$25 Deposit    Charge Total Amount    Other \_\_\_\_\_

### CAMPER COUPON BOOKLET

*Includes coupons for free team shirt, cabin pictures, nachos, shaved ice, milkshake, and more!*

Yes, I would like to purchase a coupon booklet for my camper for \$25    No Coupons

**Team Shirt Size:** (Circle one) Youth M   Youth L   S   M   L   XL

## 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 give permission for my camper to be included in any photos, recorded images, or any other transmission or reproduction for the purpose of camp publicity without remuneration. I give permission for AGBC staff to have full supervision of my child while registered at camp. 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. Furthermore, I understand that while attending AGBC, my child will be in an environment where masks and social distancing are not required, and I accept any risks involved therewith.

Parent or Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

## Submit Completed Form to:

**Amazing Grace Baptist Camp**  
4214 Eisenhower Road, Ottawa, KS 66067

To submit this form electronically, email a scanned copy to  
**office@agbcamp.org**

If you have questions or need more information,  
visit our website or contact the camp office.  
**www.agbcamp.org • (785) 242-4086 • office@agbcamp.org**