



2025 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 _____

() -
PRIMARY EMERGENCY PHONE _____

MAILING ADDRESS _____

() -
SECONDARY EMERGENCY PHONE _____

CITY _____ STATE _____ ZIP _____

MEDICAL INSURANCE COMPANY _____

EMAIL ADDRESS _____

MEDICAL INSURANCE NUMBER _____

DESIRED ROOMMATE (CHOOSE ONE) _____ BIRTH DATE _____ / ____ / ____

☐ Exclude applicant from directories shared with others that attend Kansas Bible Camp.

GRADE (2025-26 SCHOOL YEAR) _____

POLICY HOLDER NAME _____

☐ Allergies _____
☐ Asthma _____
☐ Diabetes _____
☐ Seizures _____
☐ Daily Medications _____
☐ Drug Sensitivities _____
☐ Other Conditions _____

YEAR OF LAST TETANUS SHOT _____

CHOOSE ONE SESSION:

Main Campus

☐ Grade School 1
June 1-6

☐ Grade School 2
June 8-13

☐ High School 1
June 15-20

☐ Junior High 1
June 22-27

☐ Junior High 2
July 20-25

☐ High School 2
July 27 - August 2

☐ Grade School 3
August 3-8

East Campus

☐ Girls Junior High 1
June 1-6

☐ Girls Junior High 2
June 8-13

☐ Girls Grade School 1
June 22-27

☐ Girls High School
July 6-11

☐ Girls Grade School 2
July 20-25

*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.*

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)