



# 2025 Summer Camp Application

Those who desire to make a good showing in the flesh try to compel you to be circumcised, simply so that they will not be persecuted for the cross of Christ. For those who are circumcised do not even keep the Law themselves, but they desire to have you circumcised so that they may boast in your flesh. But may it never be that I would boast, except in the cross of our Lord Jesus Christ, through which the world has been crucified to me, and I to the world. For neither is circumcision anything, nor uncircumcision, but a new creation. And those who will walk by this rule, peace and mercy be upon them, and upon the Israel of God. From now on let no one cause trouble for me, for I bear on my body the brand-marks of Jesus. The grace of our Lord Jesus Christ be with your spirit, brethren. Amen. (Galatians 6:12-18)

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 \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

DESIRED ROOMMATE (CHOOSE ONE) \_\_\_\_\_ BIRTH DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

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

GRADE (2025-26 SCHOOL YEAR) \_\_\_\_\_

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.*

( ) -  
PRIMARY EMERGENCY PHONE

( ) -  
SECONDARY EMERGENCY PHONE

MEDICAL INSURANCE COMPANY \_\_\_\_\_

MEDICAL INSURANCE NUMBER \_\_\_\_\_

POLICY HOLDER NAME \_\_\_\_\_

☐ Allergies \_\_\_\_\_ YEAR OF LAST TETANUS SHOT \_\_\_\_\_  
☐ Asthma

☐ Diabetes

☐ Seizures

☐ Daily Medications

☐ Drug Sensitivities

☐ Other Conditions

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 \_\_\_\_\_ (Parental if under age 18) DATE SIGNED \_\_\_\_/\_\_\_\_/\_\_\_\_

SIGNATURE \_\_\_\_\_ (Policy Holder) DATE SIGNED \_\_\_\_/\_\_\_\_/\_\_\_\_