



# 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

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

YEAR OF LAST  
TETANUS SHOT

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 \_\_\_\_/\_\_\_\_/\_\_\_\_