



2025 Summer Camp Application

But the fruit of the Spirit is love, joy, peace, patience, kindness, goodness, faithfulness, gentleness, self-control; against such things there is no law. Now those who belong to Christ Jesus have crucified the flesh with its passions and desires. If we live by the Spirit, let us also walk by the Spirit. Let us not become boastful, challenging one another, envying one another. Brethren, even if anyone is caught in any trespass, you who are spiritual, restore such a one in a spirit of gentleness; each one looking to yourself, so that you too will not be tempted. Bear one another's burdens, and thereby fulfill the law of Christ. For if anyone thinks he is something when he is nothing, he deceives himself. But each one must examine his own work, and then he will have reason for boasting in regard to himself alone, and not in regard to another. For each one will bear his own load. The one who is taught the word is to share all good things with the one who teaches him. (Galatians 5:22-6:6)

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 ____/____/____