

# **Weir Baptist Camp Registration Form**

## Are you registering a camper or sponsor? \*

Camper Sponsor

## Which camp are you registering for? \*

Jr./Sr. High (6th-12th grade) - June 26th-30th, 2023 Day Camp (PreK-K) - July 5th, 2023 Kingdom Kids (1st-2nd grade) - June 6th-7th, 2023 Children's Camp (3rd-5th grade) -July 10th-14th, 2023

## **Camper/Sponsor Information**

#### Name \*

First Name Last Name

#### Age: \*

### Gender \*

Male Female

#### Date of Birth: \*

Month Day Year



#### Address \*

Street Address	
City	State

Zip Code

## Camper/Sponsor T-Shirt Size \*

#### Phone: \*

Area Code	Phone Number

## Last Grade Completed: \*

Preschool	К	1	2	3	4	5
6	7	8	9	10	11	12
Sponsor						

## Is the camper/sponsor a Christian? \*

Yes	No	Unsure
103	110	Offsuic

## Is the camper/sponsor baptized? \*

Yes		No

## Name of Parent/Guardian: \*

First Name Last Name

#### Home Church & City \*

## Parent/Guardian Phone: \*

Area Code Phone Number

#### Emergency Contact: \*

First Name Last Name

#### Parent/Guardian Email: (only used for registration confirmation) \*

example@example.com

#### Relationship to camper/sponsor: \*

Emergency Contact Phone Number: \*

Area Code

Phone Number

Click 'Next' to view Medical Information

## **Medical Information**

Please complete EVERY question

#### Is the camper/sponsor currently taking daily/nightly medicine or treatment? \*

Yes No

#### Has the camper/sponsor ever been restricted from sports or water activities for any reason? \*

Yes No

#### Has the camper/sponsor ever had a severe reaction to a bee/hornet sting or insect bite? \*

Yes No

#### Date of last Tetanus Toxoid Immunization: \*

Month Day Year

#### The camper/sponsor was checked for head lice before attending camp? \*

Yes

No

#### Food allergies (gluten, dairy, etc):

Leave blank if none

#### **Drug allergies:**

Leave blank if none

#### Other medical needs (diabetic, epi pen, etc.)

Leave blank if none

Does the camper/sponsor have:		
Sinus Trouble	Heart Trouble	Communicable Disease
Hay Fever	Epilepsy	Asthma
Diabetes	None	

#### Will the camper/sponsor need to take medication while attending camp? \*

Yes

No

#### Does the camper/sponsor have any other special needs or requirements? \*

Y	es

No

Click 'Next' to view Medical Authorization & Activity Consent

ALL CAMPERS AND SPONSORS ARE COVERED BY PRIMARY INSURANCE WHILE AT CAMP. The State of Kansas requires the automobile insurance on the vehicle in which the camper is riding to be the primary insurance during travel to and from the camp.

We have read the Camp Guidelines and will follow them while at camp. As the parent/Guardian/self, I give my permission for the above camper/sponsor/staff to attend Weir Baptist Camp and will not hold Weir Baptist Camp, staff/employees/volunteers, or the SEKBA/Baptist Area Office responsible for any accident or illness that may occur. I give full authority to the Camp staff to discipline my child as may be deemed



necessary. If my child's behavior is such that it may endanger the happiness or the safety of the entire group, the Camp staff has my permission to send my child home after notifying me of their intention. I understand and give my permission for any photographs or video footage taken during camp to be used on the associational website and for promotional materials for the camp.

EMERGENCY MEDICAL AUTHORIZATION

In the event of an emergency, I hereby give permission to the Weir Baptist Camp personnel to obtain medical assistance for my child or myself. I also give permission to the physician selected to hospitalize and secure proper medication treatment for my child or myself. \*

Yes	No		
Insurance Company: *			
Policy Number: *			
I authorize my child/self to fully participate in activities, fishing, exercise, etc.) *	all camp activities (not limited to water slide		
Yes	No		
I hereby give permission to any WBC Staff person or their designee, who is present at the above- mentioned event to obtain medical assistance or to administer age-appropriate over-the-counter medications, such as: Aspirin, Tylenol, Ibuprofen, Benadryl, or other medication that would be given at home. *			
Yes	No		
Date *			
Month Day Year			

Click 'Next' to view payment information

How would you like to pay for camp fees? \*



# **Scholarship Information**

Weir Baptist Camp Staff never wants money to be a reason why a camper cannot attend camp. We encourage you to take advantage of the scholarship program if needed. If interested make sure you contact the pastor of your sending church and mark scholarship on the form. Thank you!

