

CAMPER'S LAST NAME, FIRST NAME: _____



**MIDWEST BIBLE CAMP
& CONFERENCE CENTER**
Where the Sun Always Shines
1500 N Hwy 20 Watertown, SD 57201
Phone: 605-886-3165
Email: info@midwestministries.org

***FREE Camp for Kids**
1st Session: June 17 – June 20
2nd Session: June 23 – June 26
2024 Camp Registration Form

1st Parent/Guardian _____ Cell Phone _____

Address _____

2nd Parent/Guardian _____ Cell Phone _____

Address _____

(Note: We must be able to reach parents day or night, in the unlikely case of an emergency.)

Email (Required) 1st Parent/Guardian _____

Email (Required) 2nd Parent/Guardian _____

Another Emergency Contact _____ Cell Phone _____ Relationship _____

Camper's Date of Birth: _____ Age: _____ Grade Fall 2024: _____ Gender: _____

Camper resides with: 1st Parent/Guardian __, 2nd Parent/Guardian __, Both __, Other _____

Please mark which session your child will be attending & mark if a Day or Overnight Camper:

1st Session (Monday, 6/17 – Thursday, 6/20) ~ Day Camper or Overnight Camper

2nd Session (Sunday, 6/23 – Wednesday, 6/26) ~ Day Camper or Over Night Camper

***Although we promote our camp as FREE for every child, we understand that some parents may want to support this important and ongoing ministry by paying the Child/Youth Registration Cost of \$149.00 per camper or consider donating toward the camp.**

This includes overnight stays for children/youth in the dormitories, daily home-made meals, Water Park and/or other excursion fees and insurance. Dormitory Lodging is for minor children. Only adults designated as camp staff may enter dormitories. Overnight stay is restricted to assigned camp counselors only.

Family Rates are available: \$60.00 for the second child and \$40.00 for each additional child.



The QR code for donations is



Please mark and sign that you agree to the following statements:

Photo Release – I hereby give permission to Midwest Bible Camp to use photo(s) of my child for Midwest Bible Camp's promotional use.

Activities Release – I hereby voluntarily permit and release my child to attend Midwest Bible Camp and participate in all its activities. I agree that Midwest Bible Camp, a nonprofit corporation, its officers, staff, employees, and volunteers will not be liable for personal injury, death, damage, or loss to my child.

Parent or Guardian's Signature _____

To register: Please mail this form (one form per child) to the above address by June 14. All children must be pre-registered. Registrations may be emailed to: info@midwestministries.org. Payments/donations may be sent by check, presented on the Donation page of our website, or made in person. Credit cards are accepted online or in the office. Office hours are Monday through Friday, 8:30 AM – Noon, 1:00 – 3:00 PM.

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MEDICAL INFORMATION, RELEASE AND CONSENT FORM

If an emergency occurs, Midwest Bible Camp will make every effort to contact the parent or guardian using the contact information that the parent or guardian has provided.

Parent/Guardian consent for Medical or Hospital Care.

I, _____ (parent or legal guardian), am the parent or legal guardian of _____ (camper's name) hereinafter "my child" who was born on _____, 20____.

In the case of an emergency in which I have not been able to be reached on the phone number I provided, I consent to any x-ray, examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under the Medical Practice Act for my child.

I give permission to the staff, employees, volunteers, or counselors at Midwest Bible Camp to treat minor injuries and give/apply over the counter medicine according to the instructions on the packaging, i.e., aspirin, cough syrup, etc.

Midwest Bible Camp staff has an established policy regarding the prevention of spreading of bed bugs, head lice, ring worm or any other communicable pest or disease. With that in mind, dormitory mattresses are anti-bacterial medical mattresses which are bed bug resistant. Upon discovery of any concern, the child will be immediately removed to an isolated area and contact will be made with the parents so that the parents may arrange to pick up the child.

Parent or Guardian Signature: _____

Insurance Information (This information is required.)

Health Insurance Company: _____ Policy Number: _____

Health History (allergies, asthma, bee sting reactions, any other health issues, as well as present medical condition)

List of Medications (Currently being taken by the child):

Drug: _____	Purpose: _____	Dosage: _____	When Taken: _____
Drug: _____	Purpose: _____	Dosage: _____	When Taken: _____
Drug: _____	Purpose: _____	Dosage: _____	When Taken: _____
Drug: _____	Purpose: _____	Dosage: _____	When Taken: _____
Drug: _____	Purpose: _____	Dosage: _____	When Taken: _____

Can your child take Tylenol, if approved by the camp nurse? No Yes

Does your child have any special dietary needs such as gluten or lactose intolerance that we must accommodate?

No Yes, please explain _____

Is your child able to shower themselves? No Yes

Other/ Notes:

Is there any additional information you'd like to share about your child that we should know? _____

