

CAMPER'S NAME: _____



MIDWEST BIBLE CAMP

& CONFERENCE CENTER

Where the Son Always Shines

1500 N Hwy 20, PO Box 545, Watertown, SD
Zip 57201, Phone: 605-886-3165
Email: info@midwestministries.org

2026 FREE Camp for Kids

Registration Form

1st Session: June 15 – June 18

2nd Session: June 21 – June 24

Grades 1st to 12th as of Fall 2026

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 2026: _____ 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, 6/15 – Thursday, 6/18) ~ Day Camper or Overnight Camper

2nd Session (Sunday, 6/21 – Wednesday, 6/24) ~ Day Camper or Over Night Camper

Day Campers must be signed in with camp staff upon arrival and must be signed out with camp staff upon departure.

Day campers should bring their personal items in a backpack or bag that is labeled with their full name. Day campers should bring their swimwear every day for waterplay.

If your child is a Bedwetter, then he/she must be a Day Camper only. If your child has an aide at home, then an aide must accompany your child at camp and your child must be a Day Camper only.

*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 \$189.00 per camper or consider donating toward the camp.

This includes overnight stays for children/youth in the dormitories, daily home-made meals, activities 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 available: \$60.00 for the second child and \$40.00 for each additional child. QR Code →



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 _____



**SAFEGUARD
FROM ABUSE**

Child Abuse Awareness Training and Certification

To register: Please mail this form (one form per child) to our PO Box 545 by June 5, 2026. 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, 12:30 – 3:00 PM.

CAMPER'S NAME: _____

Church (optional) _____

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 moved 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: _____

Does your child have any special dietary needs such as gluten or lactose intolerance?

No If Yes, please arrange accommodations for your child's meals and please tell us about the diet restrictions. Please call 605-886-3165, if you have any questions. _____

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? _____

The following people have permission to pick up my child from the Free Camp for Kids. Please give the person's name, phone number, and relationship to your child.

Parent or Guardian Signature _____