



2024 KIDS CAMP REGISTRATION FORM

Kids Theme: "WHO GOD IS" – Isaiah 40:28

NEW CAMP LOCATION: Kamp Keirse, 10002 NW Route J, Amsterdam, MO 64723

DIRECTIONS: <https://tinyurl.com/5yzt266w> **PHOTO OF CAMPGROUNDS:**

<C:\Users\kljcs\OneDrive\Shared favorites all pics\Pictures\WCBA\Kamp Keirse campgrounds.jpg>

Camp is located 3 miles east of Amsterdam on Route J. Take I-49 / US 71 to Passaic exit (136) and follow Route F west 10 miles to Route J, then right on J for 1 mile.

Registration form **MUST BE RECEIVED** by the West Central Baptist Association Office, 602 North Holden Street, Warrensburg, MO 64093 before the camper is considered registered. Received = if the form is postmarked by the due date or if timely placed in the dropbox of the office. **NO PHONE REGISTRATIONS WILL BE ACCEPTED.**

For forms received the day camp begins, the fee is \$200. Balance of the camp fee will be due with the application or at the very least, the first day of camp unless prior arrangements have been made. Camp fee includes T-shirt, meals, and snacks. NO other money is needed at camp. Forms received after first camp fee deadline may have to wait on T-shirt. Full refunds up to one week prior to camp, no refunds following. Prices subject to change based on food costs. Thank you.

Campers completing 6th Grade may attend either Kids or Youth Camp at Parents' or Guardian's Discretion

NEW TIMEFRAME - KIDS' CAMP -- JULY 7-11, 2024 -

GRADE JUST COMPLETED (Please check one)

Note: Arrival on Sunday 4pm / Depart on Thursday 2pm

MALE FEMALE

EARLY BIRD SPECIAL:

2 3 4 5 6

\$140 forms received on or before June 17

\$180 forms received June 18 – July 6

\$200 July 7, first day of camp

T-shirt size: Children: M L XL Adult: S M L XL 2XL 3XL 4XL

FORM IS TO BE COMPLETED BY PARENT OR GUARDIAN, PLEASE PRINT CLEARLY:

Camper's Name _____

Address _____ Town/City/Zip _____

Home Phone _____ Cell Phone _____ Date of Birth ____/____/____

Are you a Christian? Yes No Have you been baptized? Yes No Where _____

What church are you a member of? _____ Town/City _____

What church do you attend? _____ Town/City _____

ROOMMATE PREFERENCE: _____

ASSOCIATIONAL OFFICE USE ONLY			PLEASE DO NOT WRITE IN THIS BOX		
Postmark/Rec'd _____	Cash Rec'd _____	Check # _____	Check Amt _____	Amount Paid _____	
Family Paid <input type="checkbox"/> Yes <input type="checkbox"/> No	Church Paid <input type="checkbox"/> Yes <input type="checkbox"/> No	Bill Church Name _____			

ALL MEDICINES and drugs (prescription and/or over-the-counter type including aspirin, Tylenol, etc.) must be turned into the Camp Nurse upon arrival at registration AND must be submitted in their ORIGINAL containers. It is preferable for the camper to bring a list of medicines and their dosages with them or list medicines and dosages below. **Please try to answer phone calls from camp leaders while your child is attending camp.**

Please check all that apply:

Sleepwalker ADHD Asthma Bee Sting Diabetic
 Epilepsy/Seizures Hay Fever Heart Disease Poison Ivy Penicillin Sulfa

IMPORTANT: DATE OF LAST TETANUS SHOT: Other information/allergies – explain

EpiPen included? Yes No

Can camper swim? Yes No Do they have permission to swim at camp? Yes No

List any sports/activities camper should not participate in and why.

Any other information the Camp Director, and/or Nurse needs to know about camper.

PERSON(S) TO NOTIFY IN CASE OF EMERGENCY – PLEASE PRINT – MUST INCLUDE PHONE NUMBERS

Name Relationship to Camper

Address Town/City/Zip

Home Phone Cell Phone Work Phone

Name Relationship to Camper

Address Town/City/Zip

Home Phone Cell Phone Work Phone

PARENT/GUARDIAN CONSENT TO TREAT A MINOR

Name of Insurance Company Policy No.

Family Doctor Address Phone

I (we)

[Parent(s) / Guardian(s)]

(Date)

hereby give permission for to attend a West Central Baptist Associational
(Camper's Name)

Camp, and consent to any x-ray, anesthetic, medical, surgical or dental diagnosis or treatment that may be deemed necessary for my child. Further, I understand that all efforts will be made to contact me prior to treatment. In the event I cannot be reached in an emergency, I give permission to the Camp Director/Nurse to make the decisions regarding dispensing over-the-counter medications or necessary treatment. Should there be no activity leader available, I give permission to the attending physician to treat my minor child. I further understand that the doctors, dentists, and other providers attending to my child will take all reasonable safety precautions during their care. Further, as parent or legal guardian, I am responsible for the healthcare decisions for my minor child and agree that my insurance plan is the primary plan to pay for the dental, medical, or hospital care or treatment that is provided. I further indemnify and hold harmless the WCBA officers and/or camp staff from any loss, liability or cost they may incur due to the presence of said Camper.

Is there anyone our camp personnel SHOULD NOT speak with regarding your child's medical needs or to take them from camp?

Permission is granted for my child to participate in photos/videos while at camp. Yes No

Notary Public

Date



2024 KIDS CAMP REGISTRATION FORM

KIDS CAMP (ONLY) JULY 7-11, 2024

NEW DATES AND TIMES – NEW LOCATION

Girls and Boys who have completed Grades 2-5 or 6

Registration begins on Sunday, July 7-11, 4:00 p.m.

Camp Closes on Thursday, July 11, 2:00 p.m.

Forms received on or before June 17, 2024 \$140

Forms received June 18 – July 6, 2024 \$180

Forms received July 7, 2024 \$200

DIRECTIONS TO KAMP KEIRSEY: <https://tinyurl.com/5yzt266w> 10002 NW Route J, Amsterdam, MO 64723

PHOTO OF CAMPGROUNDS:

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Camp is located 3 miles east of Amsterdam on Route J. Take I-49 / US 71 to Passaic exit (136) and follow Route F west 10 miles to Route J, then right on J for 1 mile.

CAMP FACILITIES ARE AIR-CONDITIONED!!! CAMPERS AND COUNSELORS, PLEASE READ THE FOLLOWING UPDATES:

Bring: pillow, fitted twin size sheets, blanket and/or sleeping bag, 3-4 towels, washcloths, toothbrush, toothpaste, soap, shampoo, deodorant, comb/hairbrush, pajamas. MEN: NO white trunks. LADIES, modest swimsuits only-you may be asked to wear a t-shirt and shorts over the swimwear if it's not appropriate {NOT PERMITTED: short shorts, spaghetti strap tops, yoga pants or leggings}. Bring tennis shoes, flip-flops, older clothes and old tennis shoes for mud type recreation. Bring your Bible, pen & paper, an umbrella, A SMILE, A SENSE OF HUMOR AND PLANS TO HAVE A GOOD TIME AND LEARN MORE ABOUT HAVING A CLOSER RELATIONSHIP WITH GOD.

CAMPERS DO NOT BRING THE FOLLOWING: No electronics of any kind. Fireworks of any type are prohibited. NO MONEY is needed other than the camp fee, which includes a T-shirt, meals, and snacks. For several years, snacks have been included in the fees, and we plan to stay with this system for two reasons. (1) Every camper has an equal amount of funds available for snack time each day. (2) This means your camper does not need to carry any money with them during camp. This lessens temptation to any other camper or the opportunity to lose it. NO TOBACCO OR ALCOHOL PRODUCTS ILLEGAL DRUGS, FIREARMS OR OBSCENE LANGUAGE ON CLOTHING ARE NOT ALLOWED ON THE CAMPGROUNDS.

PARENTS AND CAMPERS: If any of the above items are brought, they must be turned into the Camp Directors at registration, and they will be returned on Friday when they leave. If these items aren't brought to camp, they will not be a temptation for someone to take, to be damaged, or get lost. If someone NEEDS to call home, they should talk to the Camp Directors who will have their cell phones for emergency use. If there is an emergency and a parent/family member needs to contact a camper, they can call the Associational Office (660-747-3628) and they will get in contact with the Camp Directors and/or Director of Missions.

CAMPERS: Make plans to attend the full week. NO ONE will be allowed to leave and return for ballgames, fairs, etc. When someone leaves and returns, it becomes a distraction for other campers and it interferes with the business at hand, which is for each person attending camp to gain a closer relationship with God.

MEDICATION: ALL MEDICINES, PRESCRIPTIONS OR OVER THE COUNTER TYPE, MUST BE IN THEIR ORIGINAL CONTAINERS AND TURNED IN TO THE CAMP NURSE/MEDIC AT REGISTRATION. A Head Lice check will be performed by the nurses at registration.

Mail forms to or for more information:

West Central Baptist Association

602 North Holden, Warrensburg, MO 64093

There is a dropbox outside the door if no one is in the office.

Phone: 660.747.3628

Email: westcentralbaptistassociation@gmail.com;

Website: www.westcentralbaptists.com