



BMBC 2017 Camper Application

Please print legibly and complete form in full
including the Permission/Waiver Form on back

Camper Name: _____

Parent/Guardian name: _____

Address: _____

City, State, Zip: _____

Email: _____

Phone: _____

Alternate #: _____

Gender: Male Female

Age: _____ **Grade:** _____
(age camper will be (school grade of camper for
on first day of camp) the 2017-2018 school year)

Camp fee (regular price): \$125

Camp fee with early registration : \$100*

*Applications must be mailed and postmarked by
April 29th to get the early registration price.

Amount Enclosed \$ _____

Minimum Deposit of \$50 is required and non-refundable.

Select your child's T-shirt size:

Youth Sizes:

XS S M L

Adult Sizes:

S M L XL 2XL 3XL

You must circle a size to receive a t-shirt
(which is included in registration costs).

Please Mark Session of Choice:

1st Jr Session July 2nd - 8th (For campers ages 9 - 13.)

2nd Jr Session July 9th - 15th (For campers ages 9 - 13.)

Senior Session July 16th - 22nd
(For campers age 14 - 2017 high school graduate.)

Mail completed form to:

**Black Mesa Bible Camp
P.O. Box 1191
Elkhart, KS 67950**

Medical Information

Does your child have any medical condition that the
camp needs to be aware of? _____

If yes, explain: _____

_____ allergies food/medication?

_____ heart condition?

_____ recent surgeries/injuries/illness?

_____ diabetes?

If yes, explain: _____

Is your child currently taking any medication? _____

If yes, do we have permission to continue to give the
prescribed medication? _____

List medication and instructions: _____

Doctor: _____

Address: _____

City/State: _____

Insurance: _____

Plan #: _____

Permission/Waiver Form

BMBC 2017

Camper Name: _____

Functions and Activities

It is my understanding that participating in the programs and recreational and other activities is a privilege. Prior to my child's participation in such activities, I acknowledge there are certain risks associated with the activities, including, by way of example, physical injury due to activity-related accidents, physical injury due to transportation-related accidents, illness, or even death. In addition, I acknowledge there may be other risks inherent in these activities of which I may not be presently aware. I understand that Black Mesa Bible Camp may use photographs and recorded images of campers and staff with or without name for any lawful/non-profit purpose, including for example such purposes as publicity, illustration, advertising and web content.

Release of Liability

By signing this Permission/Waiver Form, I expressly warrant that the child named above is capable of withstanding both the physical and mental demands of the activities discussed above. I also expressly assume all risks of the child participating in the activities, whether such risks are known or unknown to me at this time. I further release this organization and its leaders, employees, volunteers, and agents from any claim that my child may have or that I may have against them as a result of injury or illness incurred during the course of participation in the activities. This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives, or assigns may have against this organization or its leaders, employees, volunteers, or agents. I further agree to indemnify and hold harmless this organization and its leaders, employees, volunteers, or agents from any and all claims arising from my participation in its activities and programs, or as a result of injury or illness of my child during such activities.

First Aid and Emergency Medical Treatment

I recognize that there may be occasions where the child named above may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of this organization to seek and secure any needed medical attention or treatment for the child named above including hospitalization, if in the agent's opinion such need arises. In doing so I agree to pay all fees and costs arising from action to obtain medical treatment. I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and, again, I agree to pay for the medical treatment. I give permission to transport the child named above to a medical treatment center in a non-emergency vehicle in a medical emergency situation.

I represent that I am the parent/guardian of the above child, who is under 18 years of age. I have read the Permission/Waiver Form above and am fully familiar with the contents thereof. I give permission for the child named above to participate in the activities of this organization, including any special events/activities. In consideration for allowing the participation of the child in these activities, I hereby consent to the Permission/Waiver Form, including the Release of Liability, on behalf of the child and agree that this Permission/Waiver Form shall be binding upon me, my family, heirs, legal representatives, successors, and assigns.

The fee is \$125.00 per child for each week. Please send \$50.00 deposit with the application to reserve a place at camp. Registrations must be postmarked no later than 15 days prior to the start of the session for which you are applying.

I agree to allow my camper's contact information to be published in a camp directory to be distributed to campers and staff.

I understand and will comply with the terms of payment. I have also read the rules and agree that my child will abide by them. If a camper refuses to obey camp rules, he/she will be sent home without a refund.

Signature of Parent or Legal Guardian

Date

Signature of Camper

Date