

2023 TALLGRASS CAMPER APPLICATION

Camper's Information

Camper Last Name: _____ First Name: _____ DOB: _____

Preferred Name: _____ Age: _____ Gender: M F Entering grade: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Camper's E-mail: _____

Home church: _____ City, State: _____

I would like to be placed in a cabin with: 1. _____

2. _____

Cabin assignments are on a first come-first served basis. Not all requests may be fulfilled.

Is this your first time at a Tallgrass Summer session? Y N

Parents/Guardian Information:

Parent/Guardian

Name: _____

Relationship: _____

Phone: _____

Call Text Either (Circle one)

Parent/Guardian

Name: _____

Relationship: _____

Phone: _____

Call Text Either (Circle one)

Session: Indicate which session

_____ Trail Blazer Session: June 23-24 entering 1st - 3rd grade in '23 -'24 school year

_____ Elementary Session: June 25-30 entering 4th -6th grade in '23 - '24 school year

_____ Combined Teen Session: July 23-28 entering 7th ('23-'24) - graduating HS in '23

T-Shirt Size: Youth: S M L Adult: S M L XL XXL XXXL

READ AND SIGN: I hereby give my permission for Tallgrass Christian Camp, Inc. personnel to call a doctor or emergency service, and for the doctor, hospital, camp first-aider, and/or medical service to provide emergency medical care for my child, _____(first and last name) should an emergency arise. I understand that camp personnel will make a conscientious effort to contact me in the case of an emergency and before medical action is undertaken. I/We accept the expense of emergency medical and/or surgical treatment to the extent that it is not covered by insurance provided by the camp.

Parent/Guardian signature: _____ Date: __/__/__

I hereby grant permission for this camper's photograph or image to be published on the public internet site maintained by Tallgrass Christian Camp, Inc. and in any brochure or other printed publication created and distributed by Tallgrass Christian Camp, Inc.

Camper's name (first and last): _____

Parent/Guardian signature: _____

Relation to camper: _____ Date: __/__/__

Does this camper have current medical insurance coverage? YES NO

Insurance Co. Name: _____

Name of Insured: _____

ID #: _____ Group #: _____

Please enclose a copy (front and back) of the card with this application.

PLEASE PRINT, COMPLETE THE FORM AND MAIL ALL 3 PAGES, YOUR CHECK, PLUS A COPY OF YOUR INSURANCE CARD TO:

TALLGRASS CHRISTIAN CAMP

PO BOX 67501

TOPEKA, KS 66667

2023 TALLGRASS CAMPER HEALTH INFORMATION

Camper First Name: _____ Last Name: _____

Date of Birth: _____

Emergency Contacts:

Parent/Guardian

Parent/Guardian

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Phone: _____

Phone: _____

Call Text Either (Circle one)

Call Text Either (Circle one)

Special Considerations: Camp life is varied, including challenging outdoor and learning activities. The health, safety and well-being of each camper is paramount to us. To help ensure your child a successful camp experience, please provide any pertinent information regarding special needs below. Should you need more space, feel free to include attachments.

No Activity restrictions Activity restrictions: _____

No Dietary restrictions Dietary restrictions: _____

No Allergy concerns Allergy concerns: _____

Does your child have a current Tetanus vaccination? YES NO Date of last Tetanus shot? _____

Medications: Campers are not allowed to administer their own medications. Please bring all medications (prescription and over-the-counter) in the original containers to the Camp First Aider at check in. **List all medications and dosages:**

With your permission, we may administer an over-the-counter remedy, if appropriate:

Acetaminophen (like Tylenol) As Needed Call First

Ibuprofen (like Advil) As Needed Call First

Antibiotic cream As Needed Call First

Anti-histamine (like Benadryl) tablet or liquid As Needed Call First

Hydrocortizone cream (anti-itch) As Needed Call First

Antacid tablets As Needed Call First