

2024 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: _____ Baptized: Y/N

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 Parent/Guardian

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Phone: _____ Phone: _____

Call Text Either (Circle one) Call Text Either (Circle one)

Session: Indicate which session

_____ Trail Blazer Session: May 31-June 1 entering 1st - 3rd grade in '24 -'24 school year

_____ Elementary Session: July 14-19 entering 4th -6th grade in '24 - '25 school year

_____ Combined Teen Session: July 7-12 entering 7th ('24-'25) - graduating HS in '24

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 BOTH PAGES, YOUR CHECK, PLUS A COPY OF YOUR INSURANCE CARD TO:

TALLGRASS CHRISTIAN CAMP

PO BOX 67501

TOPEKA, KS 66667

2024 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

If your camper is in need of extra assistance to perform daily tasks, we ask that you inform the camp directors. If your camper requires a para-counselor we ask that you or someone you trust also be sent with your camper as part of their session. This will aid not only in your camper having a better camp experience but also all of our other campers as well.