



BANCROFT
BIBLE CAMP

CAMP REGISTRATION 2026

A non-refundable \$50 registration fee is required upon completion of EACH registration form and is included in the cost of camp.

Deadline for camp registration is the Wednesday prior to your scheduled camp week.

PLEASE READ all the information on this form before filling it out.

Camper First Name: _____ Camper Last Name: _____

Camper Age at time of camp week: _____ Camper Gender: _____ Camper Birthdate: _____

School Attended: _____ Grade Completed: _____

Home Address: _____ City: _____ State: _____ Zip: _____

This will be the camper's _____ year at camp

Church Attended: _____

Parent/Guardian Name: _____

Parent/Guardian Phone: _____

Parent/Guardian Email: _____

Please place a check after the week your child plans to attend. **Your child will NOT be allowed to leave camp except in emergency circumstances. Departures for doctor's appointments, sport practices/games, work, etc., will not be accepted. Please make sure to schedule around your child's camp week.**

Day Camp (\$215/person)*Includes Camp Shirt

- ☐ Junior Day Camp 1 (July 6-10, 2026)
- ☐ Junior Day Camp 2 (July 20-24, 2026)

Overnight Camp (\$265/person)*Includes Camp Shirt

- ☐ Junior Overnight 1 (July 6-10, 2026)
- ☐ Junior Overnight 2 (July 20-24, 2026)
- ☐ Teen Mission (June 1-5, 2026)
- ☐ Teen Camp 1 (July 13-17, 2026)

Camp Shirt Size: _____

My child would like to be in the same cabin with (This does not mean that your child will be able to be in the same cabin as requested. Decisions are made according to number of campers, counselors, beds, etc.):

EMERGENCY CONTACTS

Name: _____ Phone: _____ Relation: _____

Name: _____ Phone: _____ Relation: _____

Name: _____ Phone: _____ Relation: _____

Name: _____ Phone: _____ Relation: _____

You or someone listed below MUST sign out your camper on day of departure from retreat. ID's must be shown prior to the release of the camper.

YOUR CHILD WILL NOT BE ALLOWED TO GO WITH ANYONE WHO IS NOT ON THIS LIST GIVEN BELOW.

Please list ALL people allowed to pick up your child:

HEALTH INFORMATION

Medical Insurance Carrier:

Address: _____ City: _____

State: _____ Zip: _____

Subscriber #: _____ Group #: _____

Date of Last Tetanus Shot: _____

Does your child have allergies, sensitivities, or religious exemptions (i.e., food, drink, nature, etc.)? If yes, please list all allergies/sensitivities/religious exemptions:

Does your child have autism, diabetes, epilepsy, earaches, asthma, headaches, chronic stomach aches, bedwetting, or other? If yes, please explain:

Is your child on medication? _____

If yes, please note that you will be required to complete and submit a Medical Authorization Form for the camp nurse at camper check-in.

Is your child allowed to have "over the counter" medication, if needed? _____

NOTE:

All medication **MUST** be brought in original containers with original labels and given to the camp nurse at registration.

Your child will not be allowed to enter the pool unless they pass the swim test given by the lifeguard.

Your child will NOT be allowed to leave camp except in emergency circumstances. Departures for doctor's appointments, sport practices/games, work, etc., will not be accepted. Please make sure to schedule around your child's camp week.

Camp weeks will end on Friday @ 2pm. Please make appropriate arrangements to pick up your child.

Rules for acceptance in the camping program are the same for everyone without regard to race, color, national origin, or gender.

Cancellations: Please notify us immediately so that a camper on the waiting list can be contacted

PARENT MEDICAL AND LIABILITY RELEASE STATEMENT

- I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I cannot be reached in an emergency during the activity dates shown on this form, I hereby give my permission to the physician or dentist selected by the camp director, camp nurse, or ministry director to hospitalize, to secure medical treatment and/or to order an injection, anesthesia, or surgery for my child as deemed necessary.
- I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed. Coverage by Bancroft Gospel Ministry through its accident policy will be used as a back up for what my family's insurance does not cover.
- I understand all reasonable safety precautions will be taken at all times by Bancroft Gospel Ministry and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Bancroft Gospel Ministry, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries, incurred by the subject on this form.
- On behalf of yourself and your children, you hereby release, covenant not to sue, discharge, and hold harmless Bancroft Gospel Ministry, its employees, agents, and representatives, of and from all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating to your participation in our programs, services or activities. You understand and agree that this release includes any claims based on the actions, omissions, or negligence of this organization, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any hosted or programmed event by this organization.
- I understand that Bancroft Gospel Ministry reserves the right to discipline or dismiss my child from camp with forfeiture of fees if he/she is non-cooperative or non-compliant.
- I further agree to indemnify and hold Bancroft Gospel Ministry harmless against any and all costs, damages, and expenses which may be incurred by them as a result of any claim I may make, actions I take against the camp, or lawsuits I may file against them.
- I give permission for my child's picture to be used in future camp publications, promotional videos and/or on the internet or social media.

By signing my name, I agree to the above Parent Medical and Liability Release Statement

Full Name: _____

☐ My child is an Angel Tree scholarship camper

Date: _____