

# 2020 Iowa Regular Baptist Camp SPECIAL CAMP APPLICATION

June 8-12, 2020

(PLEASE PRINT)

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: M F Shirt Size: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Pastor: \_\_\_\_\_ Church Name: \_\_\_\_\_

Name of school or work center camper attends: \_\_\_\_\_

**THE INFORMATION BELOW IS IMPORTANT TOWARDS PROVIDING AN ENJOYABLE CAMP WEEK**

**MENTAL:** (We are equipped to handle only those clients capable of self-care)

Mild (educable) \_\_\_\_\_ Moderate (trainable) \_\_\_\_\_ Severe and profound \_\_\_\_\_

**PHYSICAL:** (We are equipped to handle only ambulatory clients)

Mobility: Ambulatory \_\_\_\_\_ Non-ambulatory \_\_\_\_\_

Personal Grooming: \_\_\_\_\_

Communication: Verbal \_\_\_\_\_ Non-verbal \_\_\_\_\_

Rest Room Needs: Self care \_\_\_\_\_ Assisted Care \_\_\_\_\_ Incontinent \_\_\_\_\_

Meal time needs: Feeds Self \_\_\_\_\_ Needs Assistance \_\_\_\_\_

Sleepwalker? Yes \_\_\_\_\_ No \_\_\_\_\_

**SOCIAL:**

Method of discipline/control most effective: \_\_\_\_\_

Triggering Events: \_\_\_\_\_

Special Behaviors: \_\_\_\_\_

Information that will enable the camper to enjoy camping: \_\_\_\_\_

**MEDICAL:**

*(List medication and purpose of all that will be brought to camp. List dosages and times. Use separate sheet if needed. All medications are to be given to the nurse upon arrival and will be administered only by the nurse.)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_ Date of last Tetanus shot: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Insurance Company: \_\_\_\_\_ ID#: \_\_\_\_\_ Medicare#: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

(OVER)

*“I hereby give permission for the above mentioned camper to attend IRBC, to participate in all activities, and for any pictures/testimony to be used in promotion of the camp. I understand that IRBC has a secondary accident insurance policy with a limit of \$5,000 (illness is not covered). I give consent for medical treatment deemed necessary for the camper named above. I agree to not send the applicant to IRBC if they have been exposed to a contagious disease within three weeks of Special Camp.”*

\_\_\_\_\_  
**Signature of Parent/Guardian/Camper(if own legal guardian)**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
**Date of Signature**

Pre-Registration Deadline: May 10<sup>th</sup>

**T-SHIRTS MAY NOT BE AVAILABLE FOR REGISTRATIONS RECEIVED AFTER MAY 10!**

|                            |                        |
|----------------------------|------------------------|
| <i>Deposit:</i>            | <i>\$ 25.00</i>        |
| <i>Due at Registration</i> | <i><u>\$350.00</u></i> |
| <i>Total</i>               | <i>\$375.00</i>        |

*Deposit Amount Enclosed: \$*\_\_\_\_\_

**Please return application and deposit to:**

**Iowa Regular Baptist Camp  
P.O. Box 80  
Ventura, IA 50482**

Phone: 641-829-3824

Fax: 641-829-3557

[camp@irbc.org](mailto:camp@irbc.org)

[www.irbc.org](http://www.irbc.org)

**Office Use Only**

**Deposit: \$** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Check No.:** \_\_\_\_\_