



SPECIAL CAMP APPLICATION FORM

June 8-12, 2026

Name: _____

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

Phone: (____) _____ Birth Date: _____ Sex: M F Shirt Size: _____

Parent/Guardian: _____ Phone: (____) _____

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

Church Name & City: _____ Pastor: _____

Name of school or work center camper attends: _____

THE INFORMATION BELOW IS IMPORTANT IN PROVIDING AN ENJOYABLE CAMP WEEK.

MENTAL: IRBC is equipped to handle only those clients capable of self-care.

Mild (educable) _____ Moderate (trainable) _____ Severe and profound _____

PHYSICAL: IRBC is equipped to handle only ambulatory clients

Mobility: Client must be able to handle hills and uneven terrain independently.

Rest Room Needs: Client must be able to use the restroom independently (occasional accidents understood).

Meal time needs: Client must be able to eat and drink independently.

Personal Grooming (describe assistance needed): _____

Communication: Verbal _____ Non-verbal _____

Sleepwalker? Yes _____ No _____

SOCIAL:

Method of discipline/control most effective: _____

Triggering Events: _____

Special Behaviors: _____

Information that will enable the camper to enjoy camping: _____

MEDICAL:

All medication must be in the original container and will be distributed by the nurses. Please be prepared to turn in medication upon arrival. List dosage, time, and purpose for each medication – attach a separate piece of paper.

Allergies: _____ Date of last Tetanus shot: _____

Family Doctor: _____ Phone: (____) _____

Insurance Company: _____ ID#: _____ Medicare#: _____

First Emergency Contact Person: _____ Phone: (____) _____

Second Emergency Contact Person: _____ Phone: (____) _____

(OVER)

IRBC is not able to provide one-on-one assistance to campers.

Special Camp Waiver:

"I hereby give permission for the above mentioned camper to attend Iowa Regular Baptist Camp (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 \$10,000 (illness is not covered). I give consent for medical treatment deemed necessary for the camper named above."

Behavioral Policy:

IRBC reserves the right to send a camper home, at their expense, if the camper will not comply with the rules or schedule for the week. For the safety of our campers and staff, physical outbursts (violence) cannot be tolerated. Campers sent home will need to seek permission from IRBC to attend Special Camp in future years.

Health Screening:

"I agree to not send the applicant if they currently have any symptoms of a communicable disease. I understand the possibility of the applicant picking up a communicable disease while at Special Camp and will not hold IRBC responsible."

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

____/____/_____
Date of Signature

Registration Deadline: May 15th

Cost: \$480

Non-Refundable Deposit: \$50

Balance Due Upon Arrival: \$430

Camp Begins: June 8th at 10:00 a.m.

Camp Ends: June 12th at 12:30 p.m.

Iowa Regular Baptist Camp

PO Box 80

1600 E. Lake Street

Ventura IA 50482

641-829-3824

camp@irbc.org

Office Use Only

Deposit: \$_____

Date:

Check No.: