

51st Annual Resurgence 242 Youth Camp Registration

July 4 - July 9, 2026

Have the registration form completed by and sent by June 15th to ensure availability

Camper Name _____

Date of Birth _____ Age _____

Home phone _____ Cell phone _____

Home address _____

Email address _____

Home Church _____

Guardian Information

(If the information is not the same as the camper's, please give the details in the comments)

Name of Parent _____

Home phone _____ Cell phone _____

Email address _____

Employer _____

Employer address _____

Employer phone _____

Comments

Emergency Contact (if parents are unavailable)

Name _____ Phone number _____

Address _____

I authorize the staff of Dunkard Brethren Youth Retreat to transport my child to/from camp as well as: (specify anyone else that can pick up your camper)

Person NOT authorized to take my child from camp: _____

For the Camper - I understand that this camp is about living in a Christian community. All leaders and campers are expected to:

- Respect and interact with one another.
- Respect the guidelines set by YOUTH RETREAT counselors and staff and submit to their direction.
- Wear MODEST and appropriate clothing.
- Behave in a way that is not disruptive to the program and willingly participate and cooperate in camping activities.
- Respect the CURFEW.

The camper's signature below indicates his or her willingness to abide by these guidelines.

Camper's Signature _____ Date _____

For Parents:

I understand that all campers are expected to participate in the camp program and follow the direction of the Youth Retreat staff/counselors. **Campers who are perceived as threatening to staff or other campers, or who are consistently unable to follow Camp rules or take directions, could, at the discretion of the Camp Director, be asked to leave. Under these circumstances, parents would be contacted to arrange for their camper to be picked up before the scheduled end of camp.**

I understand that Youth Retreat will provide sunscreen to campers if they do not bring their own.

I give my permission for my child to make special trips and excursions under camp leadership, receive medical care if necessary, and have my child's image used in future camp promotional materials.

Parent/Guardian Signature _____ Date _____

To fully register your camper, please send:

1. T-Shirt Adult size (circle one) XS S M L XL XXL
2. Completed Health Form
3. Copy of Your Child's Insurance Card
4. Fees are as follows (PLEASE WRITE CHECKS TO **RESURGENCE 242 YOUTH RETREAT**)
 - a. Single camper \$195
 - b. Additional campers from the same household \$175 per camper

If you have registration questions, call or text Julie Edgecomb at (785) 204-1985

Send all forms and fees to:

Resurgence 242
C/O Lonnie Edgecomb
12406 NW 2100 RD
Garnett, KS 66032

Dunkard Brethren Youth Retreat

Camp Health Form

This form must be completed within **24 months** of camp and submitted by June 15. Last year's health form or current school statement are acceptable. Failure to bring this record to camp will require that the camper be checked by a medical professional at the parents' expense.(please print)

Part I – For parents to complete

Camper Name _____ Birth Date _____

Date of last visit to physician within 24 months of camp session: _____

Camper's Health Insurance Provider: _____ Policy# _____

Health Insurance Address _____ Health

Insurance phone _____

The campers own health insurance will provide primary coverage should the camper become sick or injured. Parents will be responsible for any costs that exceed that insurance.

Camper's Doctor _____ Doctor Phone _____

Doctor's address _____

Camper's Dentist _____ Dentist phone _____

Parents view of child's physical and mental condition _____

Health conditions or prescribed medications with directions _____

(Campers who are prescribed medication are required to bring it to camp in it's original bottle with directions. In addition, campers with asthma are required to bring their inhalers.)

Over-the-counter medications permitted by parents/guardian (ie. Tylenol, Benadryl, etc.) _____

Activities I do NOT want my child to participate in _____

Authorization for Emergency Medical Care – Health Insurance Information

I hereby give my permission to camp officials to call a doctor or emergency medical service, and for the doctor, hospital or medical service to provide emergency medical or surgical care for my child, _____, should an emergency arise. It is understood that camp officials will make a conscientious effort to locate the emergency contacts listed on the camp registration form before any action is undertaken. If it is not possible to locate emergency contacts listed, I/We accept the expense of emergency medical or surgical treatment (to the extent that it is not covered by my child's health care insurance)

Parent/Guardian Signature _____ Date _____

Part II – For physician or nurse practitioner to complete

Note – This youth camper is planning to attend a week-long resident camp away from his/her time and some distance from care. The camp will have a health supervisor who has at least completed an advanced first aid course. Your response to all these questions will help care for the child. Use the back of this form to record additional information.

Camper Name _____ Date _____

Past history of serious laceration, injuries, or illnesses _____

_____ Drug allergies

Other allergies _____

Current Medications, including directions _____

Special dietary requirements _____

Immunizations:

| Vaccine | Month/Year given | Vaccine | Month/Year given |
|------------------------------|------------------|---------|------------------|
| Diphtheria-Tetanus-Pertussis | | Rubella | |
| Tetanus-Diphtheria (TD) | | Mumps | |
| Polio | | Other | |
| Measles (hard, red) | | Other | |

I have examined this camper and found him/her to be in satisfactory physical condition and capable of active participation in a regular camping program EXCEPT as follows:

_____ Signature of
physician/nurse practitioner _____ Date _____

Printed name of physician/nurse practitioner _____

Address _____ Phone _____

Please attach a copy of your youth's health insurance provider card/certificate (front & back)