

CAMPER INFORMATION

IF YOUR CAMPER NEEDS A CAMPSHIP—YOU **MUST** PRE-REGISTER.

NO CAMPSHIPS WILL BE GIVEN OUT THE DAY OF REGISTRATION. CALL 423-562-4910 FOR CAMPSHIP APPLICATION

CAMPER NAME: _____
FIRST LAST

EMAIL ADDRESS: _____
CONFIRMATION OF RECEIPT OF REGISTRATION AND FEE WILL BE EMAILED TO THIS ADDRESS

MAILING ADDRESS: _____
CONFIRMATION WILL BE MAILED TO THIS ADDRESS IF NO EMAIL ADDRESS

CITY: _____ STATE: _____ ZIP: _____

CELL PHONE: _____ HOME PHONE: _____

CAMPER'S AGE: _____ BIRTHDATE: _____ WEIGHT: _____ Male ___ Female ___

CURRENT CHURCH HOME (if applicable): ministry of InFaith

EMERGENCY INFORMATION

EMERGENCY CONTACT #1: _____
FIRST LAST

CELL PHONE: _____ HOME PHONE: _____

EMERGENCY CONTACT #2: _____
FIRST LAST

CELL PHONE: _____ HOME PHONE: _____

MEDICAL INFORMATION

(LIST ALL MEDICATIONS ON SEPARATE SHEET)

ALLERGIES: _____

MEDICAL CONDITIONS (diabetes, seizures, ADHD, depression): _____

PRIMARY PHYSICIAN: _____ PHONE: _____

SPECIAL CIRCUMSTANCES (bedwetting, fears, etc): _____

DATE OF LAST TETANUS: _____ INSURANCE CARRIER: _____

****PLEASE NOTE: If your child requires a special diet you MUST call 423-562-4910 to make arrangements beforehand**

CAMP INFORMATION

As of June 2017 my child will have:

- | | | | |
|---|--------------------|------------|-------|
| <input type="checkbox"/> Completed 9th-12th grade | HIGH SCHOOL CAMP | JUNE 5-10 | \$100 |
| <input type="checkbox"/> Completed K-2nd grade | DAY CAMP | JUNE 19-23 | \$50 |
| <input type="checkbox"/> Completed 1st-3rd grade | CHILDREN'S CAMP | JULY 4-8 | \$80 |
| <input type="checkbox"/> Completed 6th-8th grade | MIDDLE SCHOOL CAMP | JULY 17-22 | \$100 |
| <input type="checkbox"/> Completed 4th-5th grade | JUNIOR CAMP | JULY 25-29 | \$80 |

Desired cabin buddy: _____ (not guaranteed)

AMOUNT DUE

\$ _____ **CAMP FEE (see other side) MINUS DISCOUNTS (see below *OVERNIGHT CAMPS ONLY)**

____ Fully paid by 4/1 (\$20 off)

____ Fully paid by 5/1 (\$10 off)

\$ _____ **EXTRA AMOUNT TO HELP ANOTHER CAMPER**

\$ _____ **SUGAR SHACK (up to \$10)**

\$ _____ **PRE-PAY WATER BOTTLE (\$3 EACH) \$5 at the door**

\$ _____ **PRE-PAY T-SHIRT (\$10 EACH) \$12 at the door**

TOTAL PAYMENT

SIZE: ____ CS ____ CM ____ CL

____ AS ____ AM ____ AL

____ AXL ____ AXXL ____ AXXXL

\$

PAYMENT INFORMATION

CHECK OR MONEY ORDER ENCLOSED

PAYMENT MADE ONLINE AT WWW.GALILEEBIBLECAMP.ORG

A spot is not held for your camper until full payment is received or Campership is approved.

-Mail this registration form and full payment to: GBC—586 Camp Galilee Road—LaFollette TN 37766-

The Legal Stuff

Galilee Bible Camp keeps basic over-the-counter medications on hand for the comfort of your camper. I give permission for the following medications to be given as directed on the labels provided by the manufacturer: Tylenol, Motrin, Benadryl, Neosporin, Tums, Anti-diarrheal, anti-itch cream, bug spray, sun screen, after sun cream, after bite stick with the exception of: _____.

I, the undersigned, hereby give permission to any hospital physician and hospital staff to treat my child, including anesthesia, while a camper at Galilee Bible Camp. I understand that, in the event that medical treatment is required, every effort will be made to contact me. I will not hold Galilee Bible Camp, Inc. or any paid or volunteer staff member or helper responsible in case of sickness or accident.

I hereby give permission for any/all media of my minor child(ren), captured at any/all camp activities through, but not limited to, video, photo, and audio, to be used solely for the purposes of Galilee Bible Camp and InFaith, in our publications and promotions (newsletters, brochures, videos, websites, etc.) and waive any rights of compensation or ownership thereto.

I acknowledge that participation in any camp activity involves risk to the Participant (and to Participant's parents or guardians, if Participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage, and financial damage.

In consideration for the opportunity to participate in camp activities, the Participant (or parent/guardian if Participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the activities. The Participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during these activities or during transportation to and from these activities, as well as for any medical treatment rendered to the Participant that is authorized by the Sponsor (Galilee Bible Camp) or its agents, employees, volunteers, or any other representatives (collectively referred to hereinafter as the "Activity Sponsor"). Further, the Participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the Activity Sponsor for any injury arising directly or indirectly out of any camp activity or transportation to and from any camp activity, whether such injury arises out of the negligence of the Activity Sponsor, the Participant, or otherwise.

If a dispute over this agreement or any claim for damages arises, the Participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the Participant (or parent/guardian) and the Activity Sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution pursuant to the rules of the American Arbitration Association.

Parent/guardian signature (if camper is a minor): _____

Camper signature if camper is 18 or above: _____