



INFAITH GALILEE BIBLE CAMP

2025 Camp Registration

Name: _____

For Office Use Only

Prepay \$_____ Due \$_____

Cash_____Online_____ CK #_____

T-shirt size_____ Ss \$_____

Other \$_____

ALLERGY: _____ No Photo

Campership\$_____ BRT Cert.\$_____

CHOOSE A CAMP:

☐ Day Camp — Ages 5 - 7 Dates June 16 - 19..... \$120

Day Camp—Check-in 8:00-9:00AM | Check-out 4:00-5:00PM

Daily van pick-up 7:30/drop-off 5:30 available from LaFollette (Call for information)

☐ Children's Camp — Ages 7 - 9 Dates June 24 - June 28.... \$175

☐ Teen Camp — Ages 13 - 17 Dates July 7 - 12..... \$195

☐ Junior Camp — Ages 10 - 12 Dates July 21 - 26..... \$195

WE HAVE CAMPERSHIPS—FOR THOSE THAT QUALIFY
PLEASE CONTACT US FOR AN APPLICATION

All Overnight Camps Check-in 6:00pm

Camp fees include t-shirt

Closing Assembly/Check-out 9:30am

DISCOUNTS: Early Registration— \$10 off if paid 2 week before your camp

Family Discount — For 3 or more sibling campers

Bring New Camper— Get \$25 refund for each new camper (your name must be on application)

FIRST TIME CAMPER REFERRED BY: _____

CAMPER'S INFORMATION

Camper's Name: _____

Camper's Age: _____ Camper's Date of Birth: _____ Gender assigned at Birth: ☐ Male

Requested Cabin Buddy (not guaranteed): _____ ☐ Female

Please list siblings and their camp: _____

PARENT/ GUARDIAN'S INFORMATION

Parent/ Guardian's Name: _____

Parent/ Guardian's Email: _____

Home Phone: _____ Cell Phone: _____

Mailing Address: _____

City: _____ State: _____ ZIP/ Postal Code: _____

CAMPER’S MEDICAL INFORMATION

Medical Conditions (diabetes, seizures, ADHD, depression, etc.)

Special Circumstances (bedwetting, fear, etc.)

Primary Physician’s Name: _____ Physician’s Phone: _____

Date of Last Tetanus: _____ Insurance Provider: _____

Allergies: List any allergies and reactions to each

Medications: List medications, dosage and dosage time schedule

GBC keeps basic over-the-counter medications on hand for the comfort of your camper. Please initial below to give permission for the following medications to be given as directed on the labels provided by the manufacturer. Medications can include but are not limited to Tylenol, Motrin, Benadryl, Neosporin, Tums, Anti-diarrheal, anti-itch cream, bug spray, sunscreen, after sunscreen, after bite stick etc... Please notify GBC in writing if there are any over-the-counter medications that are not approved to be used by your camper.

Please initial below:

_____ I give permission to GBC to administer over-the-counter medications to my camper as needed

_____ I do NOT give permission to GBC to administer over-the-counter medications to my camper

EMERGENCY CONTACT

Emergency Contact 1 Name: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact 2 Name: _____

Home Phone: _____ Cell Phone: _____

CAMP T-SHIRT:

Please select the shirt size for your camper. Contact GBC if your camper needs a different size than what is listed. Camp fees include a camp shirt and water bottle.

CHILD SIZES

- ☐ Child SMALL
- ☐ Child MEDIUM
- ☐ Child LARGE

ADULT SIZES

- ☐ Adult SMALL
- ☐ Adult MEDIUM
- ☐ Adult LARGE
- ☐ Adult X-LARGE
- Other size _____

COMPLETE REGISTRATION:

- ***Mail this registration form (pages 1-4) and full payment to camp***
- ***Registration forms and payment must be received 2 weeks prior to the first day of camp***

Galilee Bible Camp
(423) 562-4910
586 Camp Galilee Road
LaFollette, TN 37766
www.galileebiblecamp.org

Code of Conduct:

Every person must be afforded compassion, love, kindness, respect, and dignity. We reject hateful and harassing behavior or attitudes directed toward any individual or group, as not in accord with Scripture or the religious doctrines of GBC.

Staff will observe state's Child Protection Policy. Child abuse will be reported and otherwise addressed, in line with the Child Protection Policy.

We believe certain behaviors are not in accordance with God's plan, life-giving, or lead to an authentic experience at camp. Therefore, we ask all campers to:

- 1.) Treat other campers and staff with respect. Any bullying or harassment will be addressed. This includes any course or degrading language.**
- 2.) Not to bring cellphones, other electronics, over-the-counter medication, books/magazines, toys, weapons (including pocketknives), substances (drugs, alcohol, tobacco, vapes, etc.), food or drinks of any kind.**
- 3.) Abide by dress code. This includes NO low-cut tops, short-cut tops, spaghetti strap tops, and NO shorts with an inseam less than 5 inches, wearing a T-shirt to/from lake, and modest swim wear for guys and girls (modest trunks for guys; 1-piece or tankini that overlaps for girls)**
- 4.) Be housed, use showers, and use bathrooms based on their biological birth gender.**
- 5.) Not show public displays of affection (this includes holding hands, hugging, kissing, etc).**
- 6.) Maintain integrity, both verbal and with regard to conduct.**

We believe that God offers redemption and restoration to all who confess and forsake their sin, seeking His mercy and forgiveness through Jesus Christ.

For an expanded document, please visit our statement of faith at <https://www.galileebiblecamp.org/camp-info>.

Campers Signature: _____ Parent Signature: _____



InFaith

Galilee Bible Camp Summer 2024

Legal Terms

By signing this form, I give my informed consent to the First Aid personnel assigned by Galilee Bible Camp for basic First Aid. I understand that my consensual or nonconsensual response in the camp registration form to over-the-counter medications will be followed by camp personnel. I understand that it is my responsibility to make arrangements for a camper with greater health care needs than the First Aid personnel can provide within their individual certifications, licenses and scopes of practice. I authorize Galilee Bible Camp to arrange for or provide any necessary related transportation to the nearest medical facility for urgent or emergency medical treatment if indicated, and I do assume all responsibility for payment of such treatment. I hereby give permission to the physician selected by Galilee Bible Camp to secure and administer any and all medical treatment deemed necessary for my child, including hospitalization. This completed form may be photocopied for trips away from Galilee Bible Camp properties. Every effort will be made to provide a safe experience for your child. Should an illness or injury occur, every effort will be made to contact you, but we need your permission to treat minor problems or medical emergencies.

I authorize Galilee Bible Camp to allow my child to participate in any and all activities that may include but are not limited to those outlined in the camp brochure or on the website. As a condition of receiving this benefit, I do hereby agree to the following: I understand that their participation in these activities can expose them to dangers both from known and unanticipated risks. Acknowledging that such risks exist, I on behalf of my child and any other party who may have the right to assert any rights for or on my behalf, do hereby forever release and discharge, indemnify and hold harmless InFaith's Galilee Bible Camp and its affiliates, officers, directors, agents, employees, volunteers, insurers, successors in interest, attorneys, or any other person or persons associated with any or all of them who might be liable (the "Released Parties") from and against any and all claims, causes of action, actions, suits, demands, losses, damages, expenses, costs or liability (collectively, "Losses") arising from or in connection with my participation in Galilee Bible Camp and its activities, including Losses arising from negligence of any of the Released Parties, whether such Losses arise in connection with bodily injury (including death), property damage or otherwise (collectively, the "Released Claims"). The Released Claims include Losses arising out of any condition of the premises at which the camp activities are held or the conduct of any person in connection with the preparation for, supervision of, or conduct of any activity, whether planned or unplanned. I acknowledge that under Tennessee law, an Equine professional is not liable for an injury to or the death of a participant in Equine activities resulting from the inherent risks of Equine activities, pursuant to Tennessee Code Annotated, Title 44, Chapter 20. I further understand and acknowledge that I make this release in full accord and satisfaction of and in compromise of any and all Released Claims. I represent and acknowledge that I have read and understand this form and the release granted above and warrant that all statements made herein are true to the best of my knowledge. I have read and understand this entire form and by signing below agree to the terms herein.

I authorize the use of any and all photographs and/or video that include my child to be used in InFaith and Galilee Bible Camp publications, displays, brochures, website, or social media, and authorize the use of personal information (to produce captions or stories) that may accompany the photo, such as name, details about participation in the event at which the photo was taken, and my involvement with InFaith ministries and Galilee Bible Camp. I also understand that Galilee Bible Camp or InFaith will not intentionally manipulate words or images in such a way that makes an appearance of directly endorsing views or beliefs that we do not hold. Non-consent to use photographs and/or images will need to be made in writing to Galilee Bible Camp prior to attending camp.

I agree that my camper will obey the camp rules and will cooperate with the camp staff, and the adult leadership. I understand that if my child is not cooperative, they could forfeit their stay at camp.

If a dispute over this agreement or any claim 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 InFaith/ Galilee Bible Camp 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.

Parents Signature: _____ Date: _____