

# Galilee Bible Camp 2010 – Camper Application Form

FIRST NAME:		GENDER: <input type="radio"/> MALE <input type="radio"/> FEMALE		ADDRESS	
LAST NAME:		BIRTH DATE: (MM/DD/YY)		CITY	PROV.    POSTAL CODE
HOME PHONE NUMBER ( ____ ) ____ - ____		FAMILY EMAIL ADDRESS:		CHURCH NAME:	

**Camp session(s) applied for:**

(For Family Camp, please contact the camp office)

Day Camp     
  Boys Camp     Girls Camp     Youth Camp   
  Leadership Camp     Young at Heart

**Day Campers only:**

Will transportation be required?     Yes     No

If so, from which bus stop? \_\_\_\_\_  
(see brochure or web site for details)

**Boys, Girls, & Youth Campers**

**only:** optional cabin mate request\* (one person only): \_\_\_\_\_

\* We will make every attempt to honour cabin mate requests, but there may be situations that prevent this. **We reserve the right to place campers into cabins in the manner that will be most beneficial for the program in its entirety.**

**FOR ALL CAMPER:** Do you consent to the applicant's address & telephone number being placed on a list to be shared with others?

Yes     No

APPLICANT'S HEALTH CARD #:	
CODE (IF ANY):	EXPIRY DATE (IF ANY):
DOCTOR'S NAME:	
DOCTOR'S PHONE: ( ____ ) ____ - ____	

List specific activities encouraged or limited by physician's advice:

\_\_\_\_\_

\_\_\_\_\_

Health-related conditions (including allergies) & other health history information for camp personnel:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current medications:

\_\_\_\_\_

\_\_\_\_\_

Bring medications in ORIGINAL container with instructions, and make sure that the medications have not expired. All medications are stored and dispensed by camp medical staff.

**Please provide the following information for all applicants that are under 18 years old:**

NAME OF FATHER/MALE GUARDIAN: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PHONE: Home ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_      Work ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_      Cell ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

NAME OF MOTHER/FEMALE GUARDIAN: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PHONE: Home ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_      Work ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_      Cell ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

NAME OF EMERGENCY CONTACT: \_\_\_\_\_ RELATIONSHIP TO APPLICANT: \_\_\_\_\_

PHONE: Home ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_      Work ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_      Cell ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

**In signing this application, I acknowledge and agree to the following:**

1. I am the parent or legal guardian of the applicant. I further agree to advise the camp in writing, prior to the start of the session(s) applied for, of any custody issues that they may need to be aware of.

2. I give permission for the applicant to be involved with all activities associated with the session(s) applied for, except as noted above.

3. I release all individuals and groups associated with Galilee Bible Camp from any liability associated with any accident

or sickness experienced by the applicant, with the understanding that the camp staff will be taking reasonable precautions to guard against any situation of this nature.

4. I give permission for the reasonable use of photos and videos of the applicant for any camp-related promotions.

5. I believe that the physical and emotional condition of the applicant will allow them to function appropriately in the session(s) applied for. I also understand that the General

Director is authorised to dismiss the applicant if they refuse to comply with the rules of the camp.

6. I understand that no camper will be permitted to attend an overnight camp session if they are found to have nits or live head lice.

7. I agree to notify the camp if the applicant comes in contact with a communicable disease (such as fever, vomiting or diarrhoea) within 3 weeks of the planned date of arrival at camp.

8. The applicant's immunizations

are fully up to date for the session(s) applied for, and I believe the applicant to be in good health. Any exceptions to this I have either noted above or on a separate page accompanying this application. I hereby authorize the camp medical staff or camp director

to secure such medical advice and services as may be deemed necessary for the health and safety of the applicant. In the event that I cannot be reached, I agree to accept financial responsibility beyond the benefits allowed by the Provincial Health Plan.

**A non-refundable deposit of \$40 per session applied for must be included to complete this application form**

For office use only

Signature of Parent/Guardian*	Date:
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\*Note that if applicant is 18 years old or older, they must sign this section for themselves.