

Mail to : **Camp Galilee, Inc.**
PO Box 146
(409 Camp Galilee Rd)
Terra Alta, WV 26764
304-789-6712

Circle Camp Attending: **Primary** **Junior** **Jr. High** **Youth**
Going into Grade: K-2nd 3rd -5th 6th - 8th 9th - just graduated

Campers Name: _____ Grade Entering: _____
First *middle* *last*

DOB: _____ Gender: M F Tee shirt size: _____

Address: _____

Parent's names: _____

Home phone: _____ Cell phone: _____

Emergency Contact: _____ Phone: _____

Insurance Company: _____ Policy #: _____

Group # _____

In signing this application, I agree to abide by all policies governing personal conduct and use of camp property. I am aware that I am expected to cooperate and participate in all camp activities. I will do my best to fulfill this expectation.

I have read the statement on camp policies regarding personal conduct and use of camp property and am aware that my child has agreed to abide by them. My child's photo may be used for promotional purposes.

*Camper Signature _____

*Parent Signature _____

Covid 19 Regulations and Release:

Camp Galilee is opening under the direction and guidance of local authorities. We will be practicing Covid safety regulations such as social distancing and constant cleaning. **Although it is never our wish to turn a child away, please do not send your child to camp if they are sick, experiencing any Covid symptoms, or have been exposed within the last 10 days.**

We at Camp Galilee are doing everything in our power to ensure that Covid will not enter or disturb our camping program, however nothing is ever guaranteed. **Sending your child to camp is acknowledging the possibility of this exposure risk. With this acknowledgement, Camp Galilee cannot be held liable for any Covid related incidents that make occur during your child's stay.** Please sign the line below acknowledging the acceptance of this risk and the release of any liability for Camp Galilee Inc.

Guardian Signature

Date

Suggested Donations:

In order to keep Camp Galilee running and able to provide services such as food, housing, t-shirts, and various entertainment for our children we suggest that parents, guardians, and or churches would make a donation for each child attending camp. The suggested donation for any child attending a weeklong camping program is 120 dollars, and the suggested donation for those attending a three-day camping program is 60 dollars. Our first and foremost goal is to educate our campers about Christ and to do so in a manner that is fun and memorable.

Although we will never turn a child away, we cannot do the things that we do with our campers without the necessary funding for our daily needs and activities. We appreciate your support of this ministry and of the kids that attend these programs, if you are unable to make the suggested donation but would still like to contribute in some way- any amount is greatly appreciated and considered a blessing!

If you find it in your heart to make a monetary donation greater than 120 dollars, rest assured that your donation will go directly into bringing more kids to camp in order to further the ministry of spreading the love of Jesus with our youth.

Name of Church you attend if Applicable _____ Upon your arrival will your church be making a donation on your behalf? (yes/no)_____ If so, how much will they be donating? \$ _____

Will you be offering the suggested donation to amount to paid at camp (yes/no) _____ -If yes, please indicate on the line how much you are donating to this ministry? \$ _____

How are you making your donation to camp? Cash Check- **If donation is made with check please indicate check number** _____

NEW CHECKOUT GUIDELINES:

In order to ensure the safety of the campers we request that you let us know who will be picking up your child at the end of their stay.

My Child will be picked up by: _____

Contact Information for this individual: _____

Should these pickup arrangements change throughout the week we ask that you contact us and send a note with the individual picking up the camper stating your approval.

EVERY CHILD WILL NOW HAVE TO BE SIGNED OUT AT THE END OF THEIR STAY TO ENSURE THAT THEY ARE LEAVING WITH THE CORRECT ADULT AND THAT THEY HAVE NOT FORGOTTEN ANY OF THEIR BELONGINGS SUCH AS THE ARTS AND CRAFTS THEY HAVE MADE DURING THEIR STAY!

****Please contact Elisabeth Thorne at 681-999-1378 or ejthorne12@gmail.com for Questions****

CAMPER MEDICAL FORM

Primary Care Physician _____

Physician Location: _____ Phone # _____

Parents' employer: _____

List any pertinent medical history that camp staff may need to know about: _____

List any environmental, food or medication allergies that the camper may have: _____

List any dietary restrictions that we should be aware of: _____

Medications being brought to Camp.

Medication and dosage	Reason for Taking	Time to be Given

_____ By my signature below I give permission for the camp first aid/medical staff to give my child the appropriate over-the-counter medicines as needed including Tylenol (pain and fever relief), Benadryl (itching and seasonal allergies), Motrin (pain, swelling, and fever relief), Chloraseptic (sore throat).

_____ I do not wish my child to have over-the counter medicines given to them at camp.

Parent signature

Date

Parent/Guardian Authorization

By signing your name, you agree to the following: The personal and medical information is correct and complete as far as I know. The person described has my permission to engage in all camp activities as noted. I give permission to the camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays, routine tests, and treatment. I agree to the release of any records necessary for insurance purposes. I give permission to the camp to arrange necessary related transportation for me/my child. In the event that I cannot be reached in an emergency, I give permission to the physician selected by the camp to secure and administer treatment, including hospitalization for the person named above.

Parent signature

Date

REGISTRATION AND MEDICAL FORM CAN BE MAILED TO ADDRESS ON THE FRONT

PLEASE KEEP FOR YOU REFERENCE

CAMP GALILEE 2024 CAMPING SCHEDULE

CAMP GALILEE_	Grades Entering in fall	Dates	Suggested Donation: Please make donation the day of registration	Director	Pastor -in- Residence
Youth	9-12	July 7-13 Registration 6PM	\$120.00	Craig Howard	Mark Seese
Jr. High	6-8	July 14-20 Registration 6PM	\$120.00	Matt/Crystal Combs	Don Judy
Junior	3-5	July 21-26 Registration 6PM	\$120.00	Natasha DeMars	Bob Combs
Primary	K-2	July 5-7 Registration 10 AM	\$60.00	Sarah Spaid	LaDeana Teets

In order to get accurate numbers in preparation of each camp we would like to encourage you to send this registration form as soon as possible. If, however, that is not possible please do not let that stop you from attending- all are absolutely welcome.

CAMP GALILEE is located two miles NE of Terra Alta, ½ mile E of Cranesville Rd. We strive to provide a safe and fun atmosphere for campers to explore relationships with one another, God and creation. One week of camp is equal in time to one year of Sunday School. The camp offers a welcome to campers regardless of sex, race, color, religion, national origin or disability.

Lifeguard - Trained and supervises all waterfront activities at Camp Galilee.

There are certain guidelines that campers are expected to follow while participating in programs offered at Camp. Please review the information below.

1. Campers are expected to cooperate and participate in all activities of camp.
2. Clothing, including swimsuits, is expected to be modest. Bikinis and men's Speedo briefs are not permitted.
3. Campers may be sent home if they are considered poor in conduct.
4. All campers will be screened by a healthcare professional upon arrival at registration. Any person found to be carrying lice or ringworm, will be denied entrance to the camping program.
5. The following items are not permitted at camp: Food, candy, gum, soft drinks, Alcohol, tobacco products, Weapons, pocketknives, fireworks, Inappropriate reading material.

Call Camp prior to registration if you have any questions regarding these policies.

What to bring:

Pillow, sheets, blankets, or sleeping bags, towels, soap, etc., modest, warm comfortable clothing, extra pair of shoes, rainwear, modest bathing suit, Bible, notebook, pencils, musical instruments, flashlight, sports equipment, money for store, and offering.

Youth Camp: Those participating in the youth camp **MAY BE, covid restrictions permitting**, completing various service projects throughout the week. The projects are highly supervised in order to provide the youth with a safe learning experience in which they can receive a blessing by blessing others. If you have any questions about these projects, please do not hesitate to ask Elisabeth Thorne or Craig Howard.

Youth & Jr. High camps close Saturday at 10 am

TBA- To Be Announced

Junior camp close Friday at 2PM

Primary Camp closes Sunday at 2pm

Counselor training – TBA

Offering: Heifer Project