

DO NOT WRITE IN THIS BOX

Date Recd. _____

Session # _____

Pre-Reg Fee \$ _____

Paid on Arr. \$ _____

Still Due \$ _____

Unpaid Bal. _____

Little Galilee Christian Camp Registration Form

PLEASE PRINT. A Parent or Guardian Signature is required. Use a separate form for each session your child attends. Additional forms can be printed off our web site at: www.littlegalilee.com

Camper's Name: _____

Address: _____
Street City Zip

Phone: _____ / _____ Birth Date: _____

Session Choice #: _____ 1st ALT #: _____ 2nd ALT #: _____

Date(s) of Session Number _____ / _____ / _____

Grade This Fall _____ Boy _____ Girl _____ Parent's Cell Phone # _____ / _____

Parent's Home Phone: _____ **Parents Email:** _____

Is your child a returning Camper? Yes No, Age: _____ Are they Immersed? _____

Church that you attend: _____

Does your church pay a portion of the camp fee? If yes, what portion? _____

Amount you want to purchase for your child's Canteen Card: \$ _____

Parent/Guardian Signature: _____ Date: _____

CANTEEN CARD INFORMATION

Purchasing a Canteen Card will eliminate your child from having to keep track of cash. This will prevent theft and/or loss of their money. The Canteen Store will keep the Canteen Cards so your child will never have to worry about losing it. Simply purchase the amount you want your child to have. The Canteen Card is for canteen edible and non-edible items in the camp store. This does not include Mission Money which we encourage campers to bring. When considering how much to put on your child's Canteen Card, consider the following:

All snacks in the canteen are \$1.00 and souvenirs and camp non-edible items range from \$1.00 to \$25.00.

- 1.) For a full week of camp the campers visit the canteen 10 times and are allowed to purchase 2 items each time.
- 2.) half-week camps visit the canteen 4 times with a 2 item maximum each time.
- 3.) One overnight camp visits the canteen 2 times with a 2 item maximum each time.
- 4.) One day Saturday campers visit the canteen 1 time with a 2 item maximum.

We do Not give refunds for any money left over on your child's Canteen Card. Any left over money will be given to the mission for that camp.

**MAIL THIS FORM AND THE REGISTRATION FEE TO:
LITTLE GALILEE, 7539 LITTLE GALILEE ROAD, CLINTON, IL 61727**

Registration fee to be mailed in with the registration form is \$30.00 for a full week of camp and Family Camps 1/2 week camps, the fee is \$10.00 overnight and day camps.

If you have any questions about registration you can call the office at 217-935-3809 or email us at lgcc1955@gmail.com.

Little Galilee Christian Camp Health History Form

Camper's Last Name: _____ First Name: _____

Session Name: _____

PLEASE NOTE: IN ORDER TO REGISTER YOUR CHILD, THE PARENT OR LEGAL GUARDIAN MUST SIGN ON THE LINE AT THE BOTTOM OF BOTH PAGES AND FILL OUT THE OTHER REQUIRED INFORMATION!

I certify that _____ is in good physical condition and is able to participate in all camp activities except _____

Please circle illnesses your child has had: Measles Whooping Cough Mumps
Please circle the illnesses your child is susceptible to: Tonsillitis Asthma Ear Infection Hay Fever Epilepsy
Other: _____

Date of last polio booster: _____ Tetanus Booster: _____

Please circle if camper is allergic to: Poison Ivy Mosquitoes Bee Sting
Drug Allergies _____ Other Known Allergies _____

Do you give your child Tylenol? Yes No Weight: _____

Has the camper had any serious injuries or surgery in the last 6 months? Yes No
If so explain: _____

Past Medical History _____

Medical **Release:** digitally signing, paper signing or checking "YES" or "NO" unifies that I have read and understand the following;

- A. IN CASE OF EMERGENCY, I hereby give permission to the physician selected by LGCC Administration to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named on this form. I understand, however, that every effort will be made to contact me in case of such an emergency and, if possible, before such medical treatment is administered.
- B. Doctor calls for sickness and subsequent hospitalization are to be charged to our family insurance account, or charged to me, the legal guardian of this camper, personally.
- C. I acknowledge that secondary accident insurance is only provided by Little Galilee Christian Camp and Retreat Center, Inc.
- F. I hereby state that I have truthfully completed my child's "HEALTH HISTORY FORM." to the best of my knowledge.

Programming and Large Activity Release:

E.

I acknowledge that participation in any LGCC "Large Activities" i.e: Zipline, High Ropes Course, Giant Swing, Rock Wall, Low Ropes, Lake and Swimming Pool or camp session 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 the Large Activities described above (the "Large 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 Activity. The Participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the Activity or during transportation to and from the activity, as well as for any medical treatment rendered to the Participant that is authorized by the LGCC Administration 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 the described Activity or transportation to and from the 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.

SIGNATURE OF PARENT OR GUARDIAN : _____ DATE: _____

EMERGENCY PHONE NUMBERS!

Camper's Last Name: _____ First Name: _____

While your child is attending Little Galilee, we hope and pray we will never have to call you due to an illness or injury.

In case of such an event, PLEASE FILL OUT ALL OF THE INFORMATION REQUESTED BELOW. Thank You!

Parents' Names _____ Home Phone _____ / _____

Work Phone _____ / _____ Cell Phone _____ / _____

Health Insurance _____ Policy or Group No. _____

Family Physician _____ City _____ Phone _____ / _____

Dentist _____ City _____ Phone _____ / _____

Emergency Contact: Name _____ Phone _____ / _____ Relationship _____

Parents' Email Address: _____

Please list below any prescriptions or over the counter medications you would like your child to be allowed to take while at camp.

Please include Tylenol, inhalers and nebulizers. All medicine must be in marked bottles (no mixing) with instructions on bottles.

Tylenol is the only medication supplied by the camp.

	Name of Medication	MG Dosage and Frequency	Special Instruction
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

IN CASE OF EMERGENCY, I hereby give permission to the physician selected by the Camp Management to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named on this card. I understand, however, that every effort will be made to contact me in case of such an emergency and, if possible, before such medical treatment is administered.

Photo Permission:

I hereby grant permission to Little Galilee Christian Camp & Retreat Center Inc. (LGCC), to use, including to display publicly or to perform, the above-named minor's image, likeness, or voice recording on the Little Galilee website or in any other official Little Galilee publications without further notice or compensation. I hereby consent that any such image, likeness, or voice contained in photographs, recordings, and tapes are the property of LGCC, which shall have the right to print, reprint, publish, copy, vend, perform or represent publicly, or create derivative works based on and using the image, likeness, or voice depicted in such photograph, film, or sound recording as it may desire free and clear of any claim whatsoever on my part or the part of the above-named minor. I also understand that once the above-named minor's image, likeness, or voice recording is published on a web site, it can be downloaded by any computer user. Personal information, such as a minor's full name, parent/guardian's names, addresses and telephone number will never be published. If a minor's name is used with a photograph, film, or sound recording, it will be in the form of a first name and last initial. For example, student Jane Doe may be listed as "Jane D." Therefore I agree to indemnify, defend and hold harmless LGCC, its officers, employees, agents, successors and assignees (the "Indemnified Parties") from and against any and all claims and liabilities resulting from this publishing. Permission is granted for the use requested above.

Parent signature below authorizes the Little Galilee staff to supervise self-administration of these medications while at camp.

(Parent Signature)

(Date)