

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 -5<sup>th</sup>                      6<sup>th</sup> - 8<sup>th</sup>                      9<sup>th</sup> - 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

**Pre-Registration:**

This year, due to the ever-changing nature of Covid 19 we are not asking for any sort of suggested donation to be made before your arrival to camp. This would eliminate the complication of having to return funding if something should happen preventing a child from attending camp. **Please fill out and mail in the form below but do not include any money with the form. Please bring your suggested donations to camp with you when register your child at the start of their stay.**

**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 90 dollars, and the suggested donation for those attending a three-day camping program is 45 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 90 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** \_\_\_\_\_

**\*\*Please contact Elisabeth Thorne at 304-668-4852 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 2022 CAMPING SCHEDULE

<b>CAMP GALILEE_</b>	<b>Grades Entering in fall</b>	<b>Dates</b>	<b>Suggested Donation: Please make donation the day of registration</b>	<b>Director</b>	<b>Pastor -in- Residence</b>
Youth	9-12	July 10-16 Registration 6PM	\$90.00	Craig Howard	Mark Seese
Jr. High	6-8	July 17-23 Registration 6PM	\$90.00	Matt/Crystal Combs	TBA
Junior	3-5	July 24-29 Registration 6PM	\$90.00	Natasha DeMars	TBA
Primary	K-2	July 8-10 Registration 10 AM	\$45.00	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- with or without donation- 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