

**DO NOT WRITE IN THIS BOX**

Date Recd. \_\_\_\_\_

Session # \_\_\_\_\_

Pre-Reg Fee \$ \_\_\_\_\_

Paid on Arr. \$ \_\_\_\_\_

Still Due \$ \_\_\_\_\_

Unpaid Bal. \_\_\_\_\_

## Little Galilee Christian Camp Registration Card

PLEASE PRINT and complete both sides of the Card. Use a separate Card for each Session your child attends. Additional Cards can be printed off our web site at [www.littlegalilee.com](http://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 # \_\_\_\_\_ / \_\_\_\_\_

Is This The First Time As A Camper Here? Yes  No  Age: \_\_\_\_\_ Are They Immersed? \_\_\_\_\_

Church That You Attend: \_\_\_\_\_

Camper Email Address (Jr. High and High School Only) \_\_\_\_\_

PLEASE DO NOT DETACH CARDS, SIMPLY FOLD OVER AND MAIL

## Little Galilee Christian Camp Health History Card

Session child plans to attend. Main # \_\_\_\_\_ Wilderness # \_\_\_\_\_ Outpost # \_\_\_\_\_ Other# \_\_\_\_\_

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 camper had any serious injuries or surgery in the last 6 months? Yes  No

If so explain: \_\_\_\_\_

Past Medical History \_\_\_\_\_

**MAIL THIS CARD AND REGISTRATION FEE TO:**  
**LITTLE GALILEE, RR2 BOX 266, CLINTON, IL 61727**

Registration Cards not accompanied by the \$30 Registration Fee for a full week of camp and \$10 for all other camp sessions will be returned. The Registration Fee is neither transferable nor refundable. Our Registrar is Genevieve Farnsworth. Any questions concerning registration or session openings can be answered by calling Mrs. Farnsworth at 217/935-6264.

**PLEASE NOTE: IN ORDER TO REGISTER YOUR CHILD, THE PARENT OR LEGAL GUARDIAN MUST SIGN ON THE LINE BELOW AND FILL IN OTHER REQUIRED INFORMATION!**

- A. 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 the reverse side of 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.
- B. Doctor calls for sickness and subsequent hospitalization are to be charged to our family insurance account noted, or charged to me personally.
- C. I ACKNOWLEDGE THAT SECONDARY ACCIDENT INSURANCE ONLY IS PROVIDED BY LITTLE GALILEE.
- D. I give permission for my child to take part in the recreational and swimming program, and agree to be bound by all camp policies.
- E. I hereby release the Camp from any responsibility other than normal supervision and care. In case of accident, I will not hold Little Galilee Christian Camp or its staff members, management or officers liable unless guilty of negligence.
- F. I hereby state that I have completed my child's "HEALTH HISTORY CARD."
- G. I hereby consent and authorize the reproduction, publication and use by Little Galilee Christian Camp Inc. for advertising, commercial, or any other purposes, of any photograph, picture or likeness of my child.

**SIGNATURE OF PARENT OR GUARDIAN :** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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## EMERGENCY PHONE NUMBERS!

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 \_\_\_\_\_

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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. _____	_____	_____
6. _____	_____	_____

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

\_\_\_\_\_ (Parent Signature)

\_\_\_\_\_ (Date)