

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. Complete both sides of the Card. A Parent or Guardian Signature is required twice on the back of this card. Use a separate Card for each session your child attends. Additional Cards 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 # _____ / _____

Is This The First Time They Will Be 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 the camper had any serious injuries or surgery in the last 6 months? Yes No

If so explain: _____

Past Medical History _____

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

Registration Cards not accompanied by the \$30 Registration Fee for a full week of camp or Family Camps or \$10 for all other camp sessions will be returned. The Registration Fee is neither transferable nor refundable. Genevieve Farnsworth is our Registrar. 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, ON THE LINE AT THE BOTTOM AND FILL IN THE 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:** _____

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 _____

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. _____	_____	_____

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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)