

# GALILEAN BIBLE CAMP

PO Box 459, 1259 Granary Lake Rd, Blind River, ON POB 1B0 705-356-7961  
 Email: [register@galileanbiblecamp.ca](mailto:register@galileanbiblecamp.ca) - Website: [www.galileanbiblecamp.ca](http://www.galileanbiblecamp.ca)

## S U M M E R R E G I S T R A T I O N 2 0 1 6

Camper Name:		Gender: M      F		Phone: (    )	
Address:			Email:		
Date of Birth (MM/DD/YYYY):		Age (as of July 1):		Health Card #:	
Preferred Roommate(s):					
Parents'/Guardians' Names:					
First time camper at Galilean? <input type="checkbox"/> Yes <input type="checkbox"/> No					

<u>Emergency Contact #1</u>	<u>Emergency Contact #2</u>
Name:	Name:
Relationship:	Relationship:
Phone 1(Home):	Phone 1 (Home):
Phone 2 (Cell):	Phone 2 (Cell):

Employer's Name:	Group Insurance Name and No:
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Family Physician: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
 Recent Illnesses/Operations/Procedures: \_\_\_\_\_  
 Have any required hospitalisation?  No       Yes, at \_\_\_\_\_  
 Dates of most recent vaccinations:  
 Measles, Mumps, Rubella: \_\_\_\_\_ Diphtheria, Polio, Tetanus: \_\_\_\_\_

### CONDITIONS

Star (x) any current conditions and check (✓) all past conditions:

- |                                       |  |  |   |
|---------------------------------------|--|--|---|
| <input type="checkbox"/> ADHD/ADD     | <input type="checkbox"/> Diabetes            | <input type="checkbox"/> Hay Fever       | <input type="checkbox"/> Severe Stomach Aches |
| <input type="checkbox"/> Appendicitis | <input type="checkbox"/> Epilepsy / Seizures | <input type="checkbox"/> Hepatitis       | <input type="checkbox"/> Sinus Infection      |
| <input type="checkbox"/> Asthma       | <input type="checkbox"/> Eye Infection       | <input type="checkbox"/> Hernia          | <input type="checkbox"/> Sleep Walking        |
| <input type="checkbox"/> Autism       | <input type="checkbox"/> Fainting            | <input type="checkbox"/> Mumps           | <input type="checkbox"/> Swimmer's Ear        |
| <input type="checkbox"/> Bed Wetting  | <input type="checkbox"/> Frequent Colds      | <input type="checkbox"/> Red Measles     | <input type="checkbox"/> Tonsillitis          |
| <input type="checkbox"/> Chicken Pox  | <input type="checkbox"/> German Measles      | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Other: _____         |

### ALLERGIES

Penicillin       Bee Stings       Foods (specify): \_\_\_\_\_

Other (specify): \_\_\_\_\_ Reaction to allergy: \_\_\_\_\_

Special diet?  No  Yes, \_\_\_\_\_ \*\*Gluten Free Menu is an additional \$15/camper  
 (please contact camp regarding any arrangements needed for significant dietary restrictions)

**NOTE: ALL CAMPERS MUST BE FREE OF HEAD LICE UPON ARRIVAL**

Can over-the-counter medications (e.g. Tylenol, cough medicine, etc.) be administered by camp nurse?  No  Yes

Does the camper have prescription medication?  No  Yes (*send medication in original containers*)

Does the camper receive special aid/assistance in school?  No  Yes (if yes please explain)

Can the camper participate fully in the program?  No  Yes (if no please explain)

Does the camper have behavioral or learning difficulties?  No  Yes (if yes please explain)

✓	SESSIONS	AGES	FEES	ARRIVAL & DEPARTURE
	GREAT BIG C 1	7 - 11	\$270	Sun, July 3, 2 pm to Fri, July 8, 2 pm
	WILDERNESS 1 (Boys only)	11 - 14	\$270	Sun, July 3, 2 pm to Fri, July 8, 2 pm
	GREAT BIG C 2	7 - 11	\$270	Sun, July 10, 2 pm to Fri, July 15, 2 pm
	WILDERNESS 2 (Boys only)	11 - 14	\$270	Sun, July 10, 2 pm to Fri, July 15, 2 pm
	SKILLS CAMP 1	10 - 12	\$270	Sun, July 17, 2 pm to Fri, July 22, 2 pm
	WILDERNESS 3 (Girls only)	11 - 14	\$270	Sun, July 17, 2 pm to Fri, July 22, 2 pm
	BACK COUNTRY	15 - 18	\$285	Sun, July 24, 2 pm to Fri, July 29, 2 pm
	BREAK AWAY	12 - 14	\$270	Sun, August 7, 2 pm to Fri, August 12, 2 pm
	ULTIMATE	14 - 18	\$300	Sun, August 14, 2 pm to Fri, August 19, 2 pm

**\*Campers must be the correct age for the session in which they are being registered. Camper maybe refused session choice if they do not meet the age standards for the session.\***

**FOR SKILLS CAMP SESSION ONLY**  
*-Select your top three choices in order of preference (1, 2, 3). You will only be instructed in ONE of these skills.*

**Riflery:** Learn how to safely handle and shoot a pellet rifle.

**ARCHERY:** Introduction to the skills and safety of shooting.

**PHOTOGRAPHY:** Learn how to take great photos. (**Digital camera required**)

**WATER SPORTS\*:** Introduction to waterskiing, wake boarding, canoeing & kayaking. **Extra \$20 fee required!**

**OUTDOOR LIVING:** Hiking, compass use, fire building, and survival skills. **Bring a small tent** (GBC does not provide tents)

**\* For water sports the camper must pass our deep water swim test.\***

- Admission may be refused if camper’s needs exceed the capabilities of Galilean Bible Camp and its staff.
- Camper will not be *registered* until a confirmation email is sent. Please call if you have not received a confirmation email.
- You will be contacted by the camp if registration form is not filled out correctly.

**Register BY MAIL or ONLINE. A \$50 deposit is required with registration.**

Make cheques payable to GALILEAN BIBLE CAMP.

Fees *include* deposit and applicable taxes. Deposit is refundable until July 1st. Confirmation email will be sent. Credit card payments can be made by phone: One Hope Canada 1-888-960-2580, or online at [www.galileanbiblecamp.ca](http://www.galileanbiblecamp.ca) through our online registration. (To pay by credit card online you must register through the website)

Camper cannot be registered unless Parent/Guardian Permission Form and Assumption of Risk Form (other pages) are signed. Make sure to complete both forms!

Date: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

I have read, understood and agree to the terms on this form

Please check the box or sign the form electronically.

# PARENT/GUARDIAN PERMISSION FORM

## – PLEASE READ PRIOR TO REGISTERING –

In case of emergency, I understand every effort will be made to contact me. In the event that I cannot be reached in an emergency situation, I hereby give permission to licensed emergency and health care personnel to provide treatment, services and transport necessary to maintain the health of my child. In the event medication, medical advice, treatment and/or equipment are required, I agree to accept financial responsibility for fees in excess of provincial and or private medical insurance. I agree that the information on this form may be disclosed to such emergency and health care personnel. In the event of illness, accident, emergency, or any other circumstance requiring medical treatment, such treatment may be procured for the participant without legal or financial obligation to Galilean Bible Camp and One Hope Ministries of Canada. All known health issues of my child have been stated to the camp. I will notify the camp if my child is exposed to any infectious diseases prior to arriving at camp.

I agree to allow photographs or video of camp activities, which may include my child, to be used in camp promotional material including, without limitation, brochures, CDs, DVDs, the camp website and newsletters.

I have read and understood the terms of this agreement and BY ALLOWING MY CHILD(REN) to participate in the camp, I am voluntarily agreeing to abide to these terms. I confirm that the participant [my child] is physically and mentally able to participate in all activities of the camp, unless specifically indicated otherwise in writing.

Galilean Bible Camp reserves the right to request any participant to withdraw from their camp if the participant is not acting in an appropriate and responsible manner.

Galilean Bible Camp reserves the right to cancel any week of camp and give a 100% refund.

Camper's Name: \_\_\_\_\_ I have read, understood agree to the terms on this form

Parent/Guardian Signature: \_\_\_\_\_ Please check the box or sign the form electronically.

Date: \_\_\_\_\_



I agree to allow Galilean Bible Camp to share my name, address & phone number with staff & churches affiliated with the camp.

We count it a privilege that you sent your son or daughter to spend the week with us at camp this summer. During a week of camp, we look forward to many great friendships being formed! We have an amazing summer staff team, and our staff love to stay connected with their campers throughout the year to hear how they are doing and answer any questions they may have about the topics discussed during chapel session and cabin devotionals. As part of our child and youth protection policy ([www.insafehands.ca](http://www.insafehands.ca)) we are committed to honouring you as a parent/guardian and to asking your permission before any contact occurs between campers and our staff (Facebook, Twitter, phone calls, etc). Our staff would be honoured to be able to continue to stay involved in your child or youth's life after camp. Please sign below to indicate whether or not you give permission to our staff to stay in contact with your son or daughter. If you wish to discuss this further please contact the camp director by phone or email (please see camp website for contact information). If you wish to withdraw your permission, please contact the camp office immediately to notify the camp director.

Camper's Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I have read, understood and agree to the terms on this form.

Please check the box or sign the form electronically.

**Galilean Bible Camp & One Hope Ministries of Canada**  
**INFORMED CONSENT AND ASSUMPTION OF RISK AGREEMENT**

**WARNING! By signing this document you will waive certain legal rights, including the right to sue. Please read carefully.**

1. This is a binding legal agreement; therefore clarify any questions or concerns **before** signing. As a Participant in camps, events, programs, and activities organized, operated or conducted by Galilean Bible Camp and One Hope Ministries of Canada (collectively the “Events”), the undersigned, being the Participant and the Parent/Guardian of the Participant (collectively the “Parties”) acknowledge and agree to the following terms:

**Disclaimer**

2. Galilean Bible Camp and One Hope Ministries of Canada and its directors, officers, committee members, members, employees, volunteers, participants, agents and representatives (collectively the “Organization”) are not responsible for any injury, personal injury, damage, property damage, expense, loss of income, or loss of any kind suffered by a Participant during, or as a result of, participating with the Organization and/or in any Events, caused by the risks, dangers and hazards associated with the Organization and/or the Events.

**Description of Risks**

3. The Participant is participating voluntarily with the Organization and/or in the Events. In consideration of the Participant’s participation in with the Organization and/or in the Events, the Parties hereby acknowledge that they are aware of the risks, dangers and hazards and may be exposed to such risks, dangers, and hazards. **The risks, dangers, and hazards include, but are not limited to, injuries from participating in or with the following activities or equipment:**

- |                  |                      |                  |                |                             |
|------------------|----------------------|------------------|----------------|-----------------------------|
| ~Archery         | ~Canoeing            | ~Indoor Games    | ~Photography   | ~Snorkeling                 |
| ~Arts and Crafts | ~Fishing             | ~Night Games     | ~Rock Climbing | ~Swimming – Waterfront      |
| ~Backpacking     | ~Flag/Touch Football | ~Paintball       | ~Ropes Course  | ~Volleyball                 |
| ~Baseball        | ~Hiking              | ~Performing Arts | ~Slingshot     | ~Wilderness Survival Skills |
| ~Basketball      |                      |                  |                |                             |

4. The risks, dangers, and hazards also include, but are not limited to, injuries from:

- a) Failing to comply with the rules established for participation
- b) Bad weather conditions including hypothermia, sunstroke, or dehydration
- c) Vigorous physical exertion, rapid movements, and quick turns and stop
- d) Failing to remain within designated areas and supervised activities

Furthermore, the Parties are aware:

- a) That the Participant’s risk of injury is reduced if he or she follows all rules established for participation; and
- b) That the Participant’s risk of injury increases as he or she becomes fatigued.

**Release of Liability**

5. In consideration of the Organization allowing the Participant to participate, the Parties agree:
  - a) To freely accept and fully assume all such risks, dangers and hazards and possibility of personal injury, death, property damage, expense and related loss, including loss of income, resulting from participating with the Organization and/or in the Events; and
  - b) To forever release the Organization from any and all liability for any and all claims, demands, actions and costs that might arise out of the Participant’s participation with the Organization and/or in the Events, or from the physical risks associated with same.

**Acknowledgement**

6. The Parties acknowledge that they have read this agreement and understand it, that they have executed this agreement voluntarily, and that this Agreement is to be binding upon themselves, their heirs, executors, administrators and representatives.

Printed Name of Participant	Signature of Participant (ages 13-18 only)	Date of Birth	
			I have read, understood and agree to the terms of this form
Printed Name of Parent or Guardian	Signature of Parent or Guardian	Date	
			I have read, understood and agree to the terms on this form

Please check the box or sign the form electronically.