

GEORGIA BIBLE CAMP 2014

Mailing address PO Box 3605 Valdosta GA 31604

Physical address GBC, 5244 Jericho Road, Hahira GA 31632 - (229) 242-9640

(Please select the week(s) you would like to attend)

June 8th Deland Guthrie June 15th Bill Ward June 22 Riley Nelson July 6th - Roger Leonard

Regular Rate ¹		*Pre-Registered Rate ¹
\$155.00	(1st Child in Family)	\$ 135.00
\$ 145.00	(2nd Child in Family)	\$ 125.00
\$ 135.00	(3rd Child or more in Family)	\$ 115.00
Repeat Weeks	(Includes Canteen)	\$ 115.00
Day Camp ²	(Includes Canteen no shirt)	\$ 100.00 per week (\$25.00 per day)
Visitor Meals		\$ 5.00 each
¹ Includes Canteen, and one shirt		² Day-Campers Must be Personally Approved by Week Director.

CAMPER'S NAME: _____ (_____)

Age: _____ **Sex:** _____ **Shirt Size:** _____ **(Nickname)** _____

Address _____

City/State/Zip: _____ **Home Phone:** _____

Parents: _____

Work or Cell Phone: _____

Emergency Contact: _____

Phone: _____ **Church Affiliation:** _____

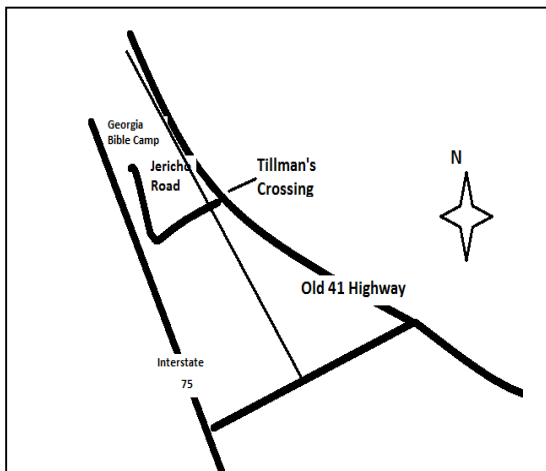
Member? (Y/N): _____ **Parents? (Y/N):** _____

What Campers Are To Bring: Bible, pen & paper, sheets or sleeping bag, pillow, towels, toilet articles, swimsuit, shower-shoes, flashlight, Insect repellent, and ball glove (if desired).

DRESS CODE: Comfortable clothing, bearing in mind those campers will be outdoors most of the day.

Dress is to be modest and reflect Christian values. No tank tops, mesh-tops or abbreviated shorts allowed.

No shorts other than knee-length will be permitted. Tight revealing clothing of any kind is unacceptable.



**5244 Jericho Road
Hahira GA 31632**

Electronic devices are not allowed at camp, the camp is NOT responsible for loss, theft, or damage if such devices are brought and they are subject to confiscation till end of camp. Sign-in & Cabin Assignments 3:00-5:00 P.M. on Sundays, check with the director for day and time of pickup of campers.

Remember in order to get the reduced price applications must be received 14 days prior to the session attending, along with a \$25.00 holding fee.

Complete and mail this application to:

**Georgia Bible Camp
PO Box 3605
Valdosta, GA 31604**

Health Information

NAME: _____ Age: _____ Sex: _____

Insurance: _____ (please supply a copy of the insurance information)

Medications? (Y/N) _____ Medical or Dietary Restrictions? (Y/N) _____

Comments _____

Name and phone # of camper's doctor: _____

Date of this child's most recent physical examination: Month _____ Year _____

My Child has or is subject to: Place an **X** beside any / all that may apply to this camper)

____ Allergy to Medicine, Food, Plant, Insect or Animal toxin

____ A Condition that requires a special diet ____ A Condition that requires a physician's care

____ A Condition that requires medication ____ Asthma ____ Convulsions ____ Heart Trouble

____ Dentures ____ Diabetes ____ Contact Lenses ____ Bleeding Disorders ____ Fainting

Spells ____ Bed Wetting Explain as needed:

My child can swim and should be allowed to do so. Yes _____ No _____

Is this camper prohibited from any activities? Yes ____ No ____ Explanation:

Legal Agreement with Parent or Guardian

It is necessary for parents to assume responsibility for the applicant. Following is a legal agreement for this purpose that must be signed & returned as a part of the application process. In consideration of the acceptance of the applicant, we the undersigned parent (s) or guardian, as the case may be, covenant and agree with the Georgia Bible Camp that we will at all times hereafter indemnify, keep indemnified and save harmless the Georgia Bible Camp, Hahira GA from all actions, proceedings, claims, demands, costs, damages and expenses which may be brought against or claimed from Georgia Bible Camp, Hahira, GA or which I may pay, sustain or incur as a result of unavoidable illness, accident or misadventure to the applicant during the period that said applicant is a participant in the Georgia Bible Camp, Hahira, GA. I authorize the camp director to secure medical or surgical treatment as recommended by a physician for the camper's well-being. The camp nurse or local physician may treat any emergency that may arise while the camper is at Georgia Bible Camp in Hahira, GA. In submitting this signed application, the camper and parent or guardians agree to cooperate with the rules of the camp. Disregard for the rules could result in the camper being sent home.

IMPORTANT: Before each child who has had medical attention can be dismissed, parents must see the Nurse and sign the proper release forms.

Parent or Guardian's Signature: _____ **(Provide a copy of Insurance information at time of Registration)**