



Mailing Address: PO Box 3605 Valdosta GA 31604
Physical Address: GBC, 5244 Jericho Road, Hahira, GA 31632

(Please CHECK OR CIRCLE just the week(s) you would like to attend)

⊖ **June 4th** Deland Guthrie ⊖ **June 11th** Westley Hazel ⊖ **June 18th** Riley Nelson ⊖ **June 25th** Jake Sutton Leonard
 ⊖ **July 16th -19th** Deland Guthrie & Bill Ward (**Family Week**)

Regular Rate ¹		*Pre-Registered Rate ¹
\$ 175.00	(1st Child in Family)	\$ 155.00
\$ 165.00	(2nd Child in Family)	\$ 145.00
\$ 155.00	(3rd Child or more in Family)	\$ 135.00
Repeat Weeks	(Includes Canteen)	\$ 135.00
Day Camp²	(Includes Canteen no shirt)	\$ 120.00 per week (\$30.00 per day)
Visitor Meals	(Meal Only)	\$ 5.00 each
Family Week	(Includes Meals & Sleeping Facilities)	\$45 per person

1. Includes Canteen, and one shirt

2. Day-Campers Must be Personally Approved by Week Director.

Camper's Name:			
Age:	Sex:	Shirt Size:	Nickname:
Date of Birth:		Grade in School:	
Address:		City / State / Zip:	
Parent(s) Name:	Home Phone:	Work or Cell Phone:	Email:
Emergency Contact:		Emergency Phone:	
Member? Y/N	Parents? Y/N	Church Affiliation:	

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.



NO CELL PHONES

Remember, to get the reduced-price registration, 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 Ministries Inc PO Box 3605, Valdosta, GA 31604

* Sign-in & Cabin Assignments 3:00-5:00 P.M. on Sundays. Check with the director for day and time of pickup of campers.

** All counselors over the age of 18 must have a background check on file before attending camp! (See Camp Director for Details)

Health Information

Name:		Age:	Sex:
Grade in School		DOB:	
Insurance: (please supply a copy of the insurance information)			
Medications? (Y/N)	Medical or Dietary Restrictions? (Y/N)	Comments:	
Name of Camper's Doctor		Doctor's Phone Number:	
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)			
<i>Allergy to Medicine, Food, Plant, Insect, or Animal Toxin</i>	<i>A Condition that requires a special diet</i>	<i>A Condition that requires a physician's care</i>	<i>A Condition that requires medication</i>
Asthma	Convulsions	Heart Trouble	Dentures
Diabetes	Contact Lenses	Bleeding Disorders	Fainting Spells
Bed Wetting	Other: (List)		
Explain as Needed:			
My child can swim and should be allowed to do so: (Circle)	YES	NO	
Is this camper prohibited from any activities?	YES	NO	
List & Explain:			



LICE CHECK-UP: For the health and consideration of children attending GBC, there will be mandatory head lice inspections for every child during check-in. Children found to have lice will not be permitted to attend camp.

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.

X _____ **Date:** _____
 (Parent or Guardian's Signature)

(Please mail a copy of Insurance information with application or provide at time of check-in)