

Pentecostal Holiness Church of Corinth



Elementary Camp 2011

Camp Galilee

Terra Alta WV 26764

Camp Information
Date: August 12th - 13th, 2011
For Youth Ages 5 to 9

Cost: \$18.00 for Day Camp
\$30.00 for Overnight (ages 8-9)

Day Camp will be held from 11 AM to 4 PM each day
Over Night Camp, an option for 8-9 year olds, begins at 11 AM Friday and
concludes at 4 PM Saturday.

Registration begins at 10:30
There will be a presentation for parents at 3:45 on Saturday.

There will be a \$3.00 fee if you chose to stay with your Elementary Day Camp child.
No Parents are permitted to stay at the overnight camp.

All Campers must be Pre- Registered

Camp admission is on a first come first serve basis we can accept 40 day camp children and 12 female and 12 male overnight camp children.

All campers must be dropped off and picked up at Camp Galilee.

- Complete the registration form in full including parent/guardian signature. A registration form that is not signed by parent or guardian will not be accepted.
- Submit your registration form and Fee of \$18.00 for Day Camp or a \$15.00 deposit for overnight camp by **Wednesday, July 13th.**

Please Make Checks Payable to PHC YOUTH.*

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Please Read ALL of the registration form carefully, give ALL information requested, and sign ALL places requested.

Camp Staff
Camp Administrator
Youth Pastor Tracy Park

Elementary Camp

Director Erin Mullenax
Tiffany Giffen

Teen Camp

Director Youth Pastor Joel Park
Youth Pastor Tracy Park
Adam Wharton
Mandy Wharton
Rodney Powell

Camp Information

Camp Galilee
General Delivery
Terra Alta WV 26764
304-789-6712

Emergency Contact Information for both camps

Youth Pastor Tracy Park
240-321-3160

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The Pentecostal Holiness Church of Corinth Release Form
Please read carefully and sign below

(Please Check One)

- My child will be attending daytime camp only.
 My child will be spending the night at Camp Galilee.

In return for the admission of:

Name of Camper

Into the Camp Galilee, I hereby release the Pentecostal Holiness Church of Corinth, Youth Department and its officers, agents, employees and volunteers from all actions, causes of action, damages, claims, or demands which I for myself or on behalf of another or my successors may have against them for any personal injuries or illnesses which occur while _____ (Name of Camper) is attending camp Galilee. I have read this release and understand all of the policies and regulations and understand the terms. I execute it voluntarily and with full knowledge of its significance. I have executed this release on the day and year: August 12th-13th 2011.

My son/daughter has my permission to attend the Pentecostal Holiness Church of Corinth Summer Camp. I understand that the camp is held at Camp Galilee in Terra Alta, WV. Further, I understand that the camp provides a limited amount of insurance and that **my insurance is primary**. I give permission for my child to receive medical attention and/or hospitalization should he or she become ill or injured. I authorize the camp nurse to administer to my child over-the-counter medications such as Benadryl, Tylenol, etc. with reasonable discretion. I also realize that I am responsible for any property damage that my child may cause during the stay at camp. Campers will not be permitted to have unlimited access to a phone to call home at their will. If you wish to speak to your child during camp please call the Youth Pastors at the number included in this package. Leave a message and your child will return your call as soon as possible or when you request.

Signature of Parent or Legal Guardian, Unless 18 years or Older

Date

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Camper Health Information and Medical Information

All medications, prescription and non-prescription, must be given to the camp nurse during the check-in on the first day of camp. Please bring your medication(s) in their original containers.

Is there anything of which he or she is afraid? YES NO
If YES please explain:

Is he/she allergic to any medications or foods? YES NO

List any dietary restrictions or food allergies:

Health and Medical Information: Describe any limited physical disabilities, handicaps, chronic back or joint conditions:

List allergies to any medications insect bites or other substances (dust, ragweed, poison ivy, etc.) Please give details, last reaction dates, and any treatment received.

When was the last Tetanus Toxoid shot given?

Date _____

Is he or she physically able to participate in all group activities? YES NO
If NO please explain:

If your child has Asthma, Diabetes, Thyroid trouble, bleeding problems, epilepsy or any type of arthritis, please give details and a statement of his/her present condition, please list current medications, condition prescribed for, and recommended dosage.

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In Case of Emergency

Contact: _____

Phone: (Home) _____

(Work) _____

(Cell) _____

Alternate Contact: _____

Phone: _____

Insurance Company: _____

Insurance Phone: _____

Policy Number: _____

The camper has permission to go on approved field trips with the group. _____ YES _____ NO

Release of Liability

I have read and understand the above information. I have noted any medical or physical conditions that might affect my child's ability to participate in these activities. As a participant, I will, at all times wear any required equipment and follow the directions of the instructors and facilitators. I accept the conditions stated; I release the Pentecostal Holiness Church of Corinth, Camp Galilee and youth department and all staff from liability in case of accident or illness. In case of emergency, I give permission to the Pentecostal Holiness Church of Corinth and youth staff to administer basic first aid or seek appropriate medical care including hospitalization, injections, anesthesia, or surgery for the participant listed here.

I give permission for the Pentecostal Holiness Church of Corinth and Youth Department to use audio or visual images or recordings of my child for promotional purposes.

Participant's Signature _____

Date _____

Parent/Guardian Signature _____

Date _____

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Registration Form

To be completed by Parent or Guardian

Campers Name _____

___ Male ___ Female Age _____ D.O.B _____/_____/_____

School Grade entering in fall of 2011 _____

Parents Name(s) _____

Church currently attending _____

Home Address _____

City _____ State _____ Zip _____

Phone (Home) _____ (cell) _____

E-Mail _____

Registration Fee- a non refundable camp fee of \$18.00 or deposit of \$15.00 must be enclosed with this registration form.

Pre registration deadline is July 13, 2011

Please make checks payable to PHC Youth and write your child's or family name in the memo.

*Returned checks will receive a \$35.00 service charge plus the amount of the check.

PLEASE NO CELL PHONES, IPODS OR HANDHELD VIDEO GAMES
IF THESE ITEMS ARE BROUGHT, THEY WILL BE LOCKED UP UNTIL THE END OF CAMP.

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What to bring!

Note: Please label items if a child has trouble keeping track of his/her things.

☺A Good Attitude☺

A Bible

Remember to wear sun block!

For overnight camp, you additionally need...

Twin sheets and blanket or sleeping bag

Pillow

Nice outfit for Friday evening service

Pajamas

Toothbrush and toothpaste

Shampoo

Soap & body wash

Towel and washcloth

Hairbrush/comb

Underwear

Socks

Shower shoes/flip-flops

*Outfit for second day of camp (pack for indoor and outdoor activities)**

Note: Campers will be doing crafts, using products which may not wash out of clothing.

Jacket

Extra pair of shoes (in case one gets wet)

Flashlight

Sun block

**Please abide by the dress code: no tank tops, belly shirts, or shorts above the fingertips.*

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What not to bring!

Lighters or Matches
Fireworks
Knives/ Razorblades
Tobacco
Drugs
Alcohol
Firearms
Energy Drinks
Cell Phones
Money, Purses or Wallets

Any illegal substances or any item on this list found in camp will be confiscated and may result in your child being sent home and/or proper authorities being notified.

We reserve the right to check all bags and packs at any point during the week.