



# Free Day Camp

August 6-9, 2019 Tues - Fri 10am to 2:25pm

Location: Galilean Bible Camp



Games, swimming,  
science, archery  
Bible stories, and  
much more!!!!!!

-Lunch and transportation provided  
-For all children ages 5 to 13

-Bus leaves at 9:40 from Immanuel Baptist Church (only 1 pickup spot)  
-Pick up at 2:25pm at Immanuel

Things to bring:

-swimsuit and towel if swimming  
-water bottle  
-backpack



Send completed registration forms to Immanuel Baptist Church or email them to [calvarygospel@hotmail.com](mailto:calvarygospel@hotmail.com) (scan or photo) by Thursday, August 1, 2019. OR call Immanuel Baptist Church at 356-1771 to reserve a spot. Space is limited so register as soon as possible. This Day Camp is being sponsored by: Calvary Gospel Church & Immanuel Baptist Church



(Please Print)

CHILD'S INFORMATION (AGES 5 TO 13) – DAY CAMP AT GALILEAN 2019			
Last Name:	First Name:	Birthdate: / /	Age:
Street address:	Home Phone:( )	Cell Phone:( )	
P.O. Box Number:	Email Address:		
Town:	Postal Code:		
Parent/Guardian Name:	Parent/Guardian Name:		
I give permission for my child to travel by bus from Immanuel Baptist Church to attend the Day Camp at Galilean Bible Camp, August 6-9, 2019, from 10:0am to 2:25pm and to participate in all of the activities, including swimming and archery: Yes <input type="checkbox"/> No <input type="checkbox"/>			
I give permission for photos to be taken of my child for a slide show presentation (not posted online): Yes <input type="checkbox"/> No <input type="checkbox"/>			
HEALTH INFORMATION			
Child's Health Card No.:			
Does your child have food allergies or a chronic medical condition such as asthma, allergies, or diabetes? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, describe:			
Does your child carry medication for medical emergencies? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Are they able to administer it to themselves: Yes <input type="checkbox"/> No <input type="checkbox"/>			
I give permission for my child to be taken to the hospital in case of a medical emergency after a reasonable attempt has been made to contact a parent or guardian: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Patient/Guardian signature			Date