

Camper Information

-PLEASE PRINT CLEARLY USING BLUE OR BLACK INK-

Camper First Name _____ Camper Last Name _____

Mailing Address/Box # _____

City _____ State _____ Zip Code _____

Camper Ph. # _____ / _____ - _____ Camper E-mail _____

DOB: M _____ D _____ Y _____ Age _____ Gender: Male Female Grade in school (2019-2020 School Year): _____

Camper Resides With: Parents Mother Father Grandparents Guardian Other at address above

Have you been baptized (immersed)? No Yes Camper's Home Church _____

Minister's Name _____ Church Phone # _____ / _____ - _____
(Church Providing Scholarship, if applicable)

T-Shirt Size:

Youth Sizes:

(please place an "X" in appropriate box)

2-4 (XS)

6-8 (S)

10-12 (M)

14-16 (L)

Adult Sizes:

S

M

L

XL

2X

3X

4X

Required for Campers entering 3rd Grade and Up:

"I understand that the main purpose of this camp is to help me (my child) grow spiritually and that the rules of the camp are based on the Christian value system. I have read the "camp rules" (located online under the "media"/"resources" tabs) and agree to cooperate fully."

Parent/Guardian Signature _____

Date _____

Dorm & Roommate Request

Dorm Choice: *(Note: Both dorms are air conditioned!)*

Roommate Request:

Campbell Complex *(First come basis)*

Dorm On The Hill

Name: _____

(Remember this is a request not an guarantee.)

Parent Information

-PLEASE PRINT CLEARLY USING BLUE OR BLACK INK-

Mother/Guardian _____

Father/Guardian _____

Relationship to Camper _____
First Last

Relationship to Camper _____
First Last

Emergency # _____ / _____ - _____

Emergency # _____ / _____ - _____

Work Ph # _____ / _____ - _____

Work Ph # _____ / _____ - _____

Parent/Guardian Primary E-mail _____

Non Parental/Non Custodial Emergency Contact

Relationship to Camper _____
First

Emergency Phone # _____ / _____ - _____
Last

Pick-Up and Departure Information: _____

Camp Notes to Dean: _____

Medical Information & History

There are additional medical questions on the reverse side. Please be sure to complete both sides.

◆ List Food Allergies and severity: *(if none, print none)*

◆ List Current Prescription/OTC Medications: *(if none, print none)*

◆ List any Surgeries within the Last Year: *(if none, print none)*

◆ Date of Last Tetanus: *(if unknown, print UNKNOWN):* _____ / _____ / _____
(MM/DD/YYYY format)

◆ Is camper currently under Physician's care? No Yes

If Yes, please explain: _____

◆ Is camper recovering from any injuries? No Yes

If Yes, please explain: _____

◆ List Physical Activity Limitations to Hiking, Running, Kayaking, Swimming, Rock Climbing, or other: *(if none, print none)*

Asthma? No Yes

ADD/ADHD? No Yes

Active Infections? No Yes

Blood Clotting Disorder? No Yes

Heart Disease? No Yes

Epilepsy or Seizures? No Yes

Hepatitis? No Yes

Diabetes? No Yes

◆ List Medication Allergies: *(if none, print none)*

◆ List Other Allergies that are NOT Food or Medication Allergies: *(if none, print none)*

◆ Please Explain Any of the Above Medical Conditions: *(if none, print none)*

◆ Explain any other Physical, Emotional, or Mental Concerns: *(if none, print none)*

◆Physician's Name: _____ ◆Physician's Phone: _____/_____/_____

◆Medical Insurance Company/Policy Number: (if none, print none) _____

Select a Camp Session & Sign Permissions **-PLEASE PRINT CLEARLY USING BLUE OR BLACK INK-**

Session Information: Put a "X" next to the desired session. If registering for more than one session, please complete a separate form for each.

Grades K & 1st, School Year 2020-2021	Dean(s)	Full Tuition	Discount Tuition
<input type="checkbox"/> Day Camp - July 6 <input type="checkbox"/> Day Camp Wilderness - June 24 (tent)	TBD Mike Bartlett	\$50.00	By March 31st, \$45.00
Grades 2nd & 3rd, School Year 2020-2021	Dean(s)	Full Tuition	Discount Tuition
<input type="checkbox"/> Ice Breaker I- June 20-22 <input type="checkbox"/> Ice Breaker Wilderness - June 20-22(tent) <input type="checkbox"/> Ice Breaker II- June 23-25	John Sighting TBD John Sighting	\$120.00	By March 31st, \$110.00
Grades 3rd-5th, School Year 2020-2021	Dean(s)	Full Tuition	Discount Tuition
<input type="checkbox"/> Junior Girls July 11-16 <input type="checkbox"/> Junior I - June 6-11 <input type="checkbox"/> Junior II - July 18-23 <input type="checkbox"/> Junior Wilderness I- June 6-11(tent) <input type="checkbox"/> Junior Wilderness II- July 18-23(tent)	Cynthia Parkes Kurtis Moffitt Maggie Mobley Scott Henderson Scott Henderson	\$230.00	By March 31st, \$220.00
Grades 6th-8th, School Year 2020-2021	Dean(s)	Full Tuition	Discount Tuition
<input type="checkbox"/> Junior High - June 13-18 <input type="checkbox"/> Junior High Wilderness - June 27-July 2 (tent)	Kyle Crafton Ryan East	\$230.00	By March 31st, \$220.00
Grade 8th-12th, School Year 2020-2021	Dean(s)	Full Tuition	Discount Tuition
<input type="checkbox"/> High School - June 27- July 2 <input type="checkbox"/> High School Wilderness - June 13-18 (tent)	Matt Davis Ryan East	\$230.00	By March 31st, \$220.00
Other Options:	College-age Retreat - August 5-7 register@ www.hilltopchristiancamp.com	Ages 18-30 *graduated high school	Ryan Croft \$75.00 Before July 24 \$60.00

Extreme Activities Parental Permission: I give permission for my child to participate in all planned activities, including swimming, kayaking, paddle boat, indoor rock climbing, team challenge course, archery, giant swing, and BB gun shooting range during this camp event.

Parent/Guardian Signature _____ Date _____

Regular Activities Parental Permission and Release of Liability:

- I certify that my child is in sound physical condition and I give my permission for my child to engage in all camp activities except those listed in the "Physical Activity Limitations" of the Medical Information section of this registration.
- I will not hold Hilltop Christian Camp or its staff members, faculty, volunteers, management, trustees, directors, officers, or sponsoring churches liable for accidents caused by negligence or disobedience on the part of my child.
- I, having the authority to consent for the minor's health care (being a parent or legal guardian), do hereby delegate my Authority to Consent to said minor's care (named on this registration) to Hilltop Christian Camp. I grant permission for the caregiver to request and authorize in writing or as otherwise requested by any hospital, or by any physician licensed to practice medicine, any and all examinations, medical treatments, and/or procedures to or for the benefit of the minor, either on or off the premises of the hospital, as may be deemed advisable or appropriate by any physician licensed to practice medicine. I understand however that every effort will be made to contact me in case of such emergency and if possible, before any such medical treatment is administered. My child's medical information may be shared with appropriate personnel including but not limited to camp staff, programs directors, camp nurses, EMS personnel, or other medical personnel as deemed medically necessary.
- I accept primary responsibility of medical coverage while my child is participating in camp session.
- Media Policy:** I understand that throughout the course of a camp session my child may be photographed. I also understand that the ministry of Hilltop Christian Camp uses these photographs for the express purpose of camp promotion. I agree that I have been informed of this camp policy.

Parent/Guardian Signature _____ Date _____

Camp Tuition Payment **Complete the form below to determine your payment.**

To receive the early registration discount, your entire portion must be received at Hilltop before April 1, 2021.

Full Price Tuition (\$50, \$120 or \$230 depending on session) This includes a non-refundable registration fee of \$15, \$40 or \$75 depending on session. \$ _____ Less Discount (Before 4/1 enter \$5, \$8 or \$10 - depending on session; after 4/1 enter \$0) (-)\$ _____ Add Late Charge (2 weeks prior to session open - check dates) (+)\$ _____ Less Church Scholarship: Code* _____ (-) \$ _____ * Code must be from church listed as "home" church on this form . Less Camp Scholarship: Code _____ (-) \$ _____ Net Tuition \$ _____ Pre-Pay Missions (+) \$ _____ Amount Enclosed \$ _____	<p align="center">— Please Do Not Write Here —</p> <p align="center">\$\$ Received With Form</p> <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ Tuition \$ _____ Mission \$ _____ Total Received \$ _____ Due \$ _____ <p align="center">\$\$ Received At Check-in</p> <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ Tuition \$ _____ Mission \$ _____ Total \$ _____ Amount Due \$ _____ Date Received _____ Registration # _____
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