



Summer Camp Registration 2026

Hilltop Christian Camp – 6014 Hamilton Creek Rd – Columbus, IN 47201
www.hilltopchristiancamp.com

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 (2024-2025 School Year): _____

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

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

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

T-Shirt Size: <small>(please place an "X" in appropriate box)</small>	Youth Sizes:	Adult Sizes:
	<input type="checkbox"/> 6-8 (S) <input type="checkbox"/> 10-12 (M) <input type="checkbox"/> 14-16 (L)	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> 2X <input type="checkbox"/> 3X <input type="checkbox"/> 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 "Resources/Media" tabs at www.hilltopchristiancamp.com/camp-rules/ and agree to cooperate fully.

Parent/Guardian Signature _____ Date _____

Dorm & Roommate Request	Dorm Choice: <small>(Note: Both dorms are air conditioned!)</small> <input type="checkbox"/> Campbell Complex <small>(First come basis)</small> <input type="checkbox"/> Dorm On The Hill
Roommate Request: Name: _____	<small>(Remember these are requests not a guarantee.)</small>

Parent Information

-PLEASE PRINT CLEARLY USING BLUE OR BLACK INK-

Mother/Guardian First _____ Last _____ Relationship to Camper _____

Phone # _____ / _____ - _____

Work Ph # _____ / _____ - _____

Parent/Guardian Primary E-mail _____

Non Parental/Non Custodial Emergency Contact First _____ Last _____
Relationship to Camper _____ Emergency Phone # _____ / _____ - _____

Pick-Up and Departure Information: _____ _____	Camp Notes to Dean: _____ _____
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Medical Information & History

*There are additional medical questions on the reverse side. Please be sure to complete both sides.
*Additional info may be requested at check-in for "as needed"/over the counter medical items.**

◆List Food Allergies and severity: <i>(if none, print none)</i> _____	Asthma? <input type="checkbox"/> No <input type="checkbox"/> Yes	Heart Disease? <input type="checkbox"/> No <input type="checkbox"/> Yes
	ADD/ADHD? <input type="checkbox"/> No <input type="checkbox"/> Yes	Epilepsy or Seizures? <input type="checkbox"/> No <input type="checkbox"/> Yes
◆List Current Prescription/over the counter medications: <i>(if none, print none)</i> _____	Active Infections? <input type="checkbox"/> No <input type="checkbox"/> Yes	Hepatitis? <input type="checkbox"/> No <input type="checkbox"/> Yes
	Blood Clotting Disorder? <input type="checkbox"/> No <input type="checkbox"/> Yes	Diabetes? <input type="checkbox"/> No <input type="checkbox"/> Yes

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

◆List Other Allergies that are NOT Food or Medication Allergies: *(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: _____

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

◆List Physical Activity Limitations to Hiking, Running, Kayaking, Swimming, Rock Climbing, Zipline, or other: *(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 -Put an 'X' next to the desired session ~ Please complete a page 2 per each session-

Grades K & 1st, School Year 2025-2026	Dean(s)	Tier 1 Thru 3/14	Tier 2	Tier 3 After 5/19	Deposit	Check In/Out
<input type="checkbox"/> Day Camp I - June 17 <input type="checkbox"/> Day Camp II - June 18 <input type="checkbox"/> Day Camp Wilderness - June 18 (tent)	Courtney Fisher Courtney Fisher Scott Henderson	\$50	\$55	\$65	\$15	8:30a/5:30p
Grades 2nd & 3rd, School Year 2025-2026	Dean(s)	Tier 1 Thru 3/14	Tier 2	Tier 3 After 5/19	Deposit	Check In/Out
<input type="checkbox"/> Ice Breaker - June 14-16 <input type="checkbox"/> Ice Breaker Wilderness - June 14-16 (tent)	Sarah Hudson Jason Gray	\$130	\$145	\$160	\$40	5:00p/3:00p
Grades 3rd-5th, School Year 2025-2026	Dean(s)	Tier 1 Thru 3/14	Tier 2	Tier 3 After 5/19	Deposit	Check In/Out
<input type="checkbox"/> Junior I - June 7-12 <input type="checkbox"/> Junior II - July 12-17 <input type="checkbox"/> Junior Wilderness - May 31-June 5 (tent)	TBD Maggie Mobley Scott Henderson	\$250	\$275	\$300	\$75	5:00p/3:00p
Grades 6th-8th, School Year 2025-2026	Dean(s)	Tier 1 Thru 3/14	Tier 2	Tier 3 After 5/19	Deposit	Check In/Out
<input type="checkbox"/> Junior High - May 31-June 5 <input type="checkbox"/> Junior High Wilderness - June 7-12(tent)	LeeAnna Powell Ryan East	\$250	\$275	\$300	\$75	5:00p/3:00p
Grade 8th-12th, School Year 2025-2026	Dean(s)	Tier 1 Thru 3/14	Tier 2	Tier 3 After 5/19	Deposit	Check In/Out
<input type="checkbox"/> High School(8th-12th)- June 28 -July 3 <input type="checkbox"/> High School Wilderness(9th-12th) - June 21-26 (tent)	Matt & Jennifer Davis Ryan East	\$250	\$275	\$300	\$75	5:00p/3:00p
Special Interest Camps - School Year 2025-2026	Dean(s)	Tier 1 Thru 3/14	Tier 2	Tier 3 After 5/19	Deposit	Check In/Out
<input type="checkbox"/> Paintball Camp(6th-12th) - June 21-24 <input type="checkbox"/> Junior Girls(3rd-6th) - July 5-10 Girls Leaders In Training(7th-12th) – July 5-10 (for Program info & to apply by 4/10 cparkes@prcconline.com)	Mitch Antle Cynthia Parkes Cynthia Parkes (apply by 4/10)	\$190 \$250 \$250	\$215 \$275 \$275	\$245 \$300 \$300	\$75 \$75 \$75	5:00p/3:00p 5:00p/3:00p 5:00p/3:00p

Extreme Activities Parental Permission: I give permission for my child to participate in all planned activities, including but not limited to swimming, kayaking, paddle boat, indoor rock climbing, team challenge course, zipline, archery, giant swing, and paintball marker session 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 TIER 1 TUITION DISCOUNT, your registration must be marked COMPLETE in the online registration system before March 15, 2026.

— Please Do Not Write Here —

ENTER TIERED -TUITION AMOUNT FOR SESSION SELECTED ABOVE

This includes a non-refundable registration fee of \$15, \$40 or \$75 depending on session. \$ _____

Less Church Scholarship: Code _____ (-)\$ _____
 Less Camp Scholarship: Code _____ (-)\$ _____
 Net Tuition \$ _____
 Pre-Pay Missions (+)\$ _____
 Amount Enclosed \$ _____

Cash Check # _____ SS Received With Form

Tuition \$ _____ Mission \$ _____
 Total Received \$ _____ Due \$ _____

Cash Check # _____ SS Received At Check-in

Tuition \$ _____ Mission \$ _____
 Total \$ _____ Amount Due \$ _____
 Date Received _____ Registration # _____