



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 _____
(Church Providing Scholarship, if applicable)

Minister's Name _____ Church Phone # _____ / _____ - _____

T-Shirt Size: *Youth Sizes:* 2-4 (XS) 6-8 (S) 10-12 (M) 14-16 (L) *Adult Sizes:* S M L XL 2X 3X 4X
(please place an "X" in appropriate box)

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 rules (located in the brochure or online) and agree to cooperate fully."

Parent/Guardian Signature _____ Date _____

Dorm & Roommate Request *Dorm Choice: (Note: Both dorms are air conditioned!)* Campbell Complex (First come basis) Dorm On The Hill
Roommate Request: Name: _____ (Remember this is a request not an guarantee.)

Parent Information **-PLEASE PRINT CLEARLY USING BLUE OR BLACK INK-**

<p>Mother/Guardian _____ First Last</p> <p>Relationship to Camper _____</p> <p>Emergency # _____ / _____ - _____</p> <p>Work Ph # _____ / _____ - _____</p> <p>Parent/Guardian Primary E-mail _____</p>	<p>Father/Guardian _____ First Last</p> <p>Relationship to Camper _____</p> <p>Emergency # _____ / _____ - _____</p> <p>Work Ph # _____ / _____ - _____</p>
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Non Parental/Non Custodial Emergency Contact

Relationship to Camper _____ First _____ Last _____
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.*

<p>◆ List Food Allergies and severity: (if none, print none) _____</p> <p>◆ List Current Prescription/OTC Medications: (if none, print none) _____ _____</p> <p>◆ List any Surgeries within the Last Year: (if none, print none) _____</p> <p>◆ Date of Last Tetanus: (if unknown, print UNKNOWN): ____/____/____ <small>(MM/DD/YYYY format)</small></p> <p>◆ Is camper currently under Physician's care? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, please explain: _____</p> <p>◆ Is camper recovering from any injuries? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, please explain: _____</p> <p>◆ List Physical Activity Limitations to Hiking, Running, Kayaking, Swimming, Rock Climbing, or other: (if none, print none) _____</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Asthma?</td> <td style="padding: 2px;"><input type="checkbox"/> No <input type="checkbox"/> Yes</td> <td style="padding: 2px;">Heart Disease?</td> <td style="padding: 2px;"><input type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> <tr> <td style="padding: 2px;">ADD/ADHD?</td> <td style="padding: 2px;"><input type="checkbox"/> No <input type="checkbox"/> Yes</td> <td style="padding: 2px;">Epilepsy or Seizures?</td> <td style="padding: 2px;"><input type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> <tr> <td style="padding: 2px;">Active Infections?</td> <td style="padding: 2px;"><input type="checkbox"/> No <input type="checkbox"/> Yes</td> <td style="padding: 2px;">Hepatitis?</td> <td style="padding: 2px;"><input type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> <tr> <td style="padding: 2px;">Blood Clotting Disorder?</td> <td style="padding: 2px;"><input type="checkbox"/> No <input type="checkbox"/> Yes</td> <td style="padding: 2px;">Diabetes?</td> <td style="padding: 2px;"><input type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> </table> <p>◆ List Medication Allergies: (if none, print none) _____</p> <p>◆ List Other Allergies that are NOT Food or Medication Allergies: (if none, print none) _____</p> <p>◆ Please Explain Any of the Above Medical Conditions: (if none, print none) _____ _____</p> <p>◆ Explain any other Physical, Emotional, or Mental Concerns: (if none, print none) _____</p>	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	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
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Blood Clotting Disorder?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Diabetes?	<input type="checkbox"/> No <input type="checkbox"/> Yes														

◆ 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 2019-2020		Dean(s)	Full Tuition	Discount Tuition
<input type="checkbox"/> Day Camp I - July 8 <input type="checkbox"/> Day Camp II - July 9 <input type="checkbox"/> Day Camp Wilderness - July 16th (tent)		Dean Wright Mike Bartlett	\$50.00	Before June 1st, \$46.00
Grades 2nd & 3rd, School Year 2019-2020		Dean(s)	Full Tuition	Discount Tuition
<input type="checkbox"/> Ice Breaker I- July 5 -7 <input type="checkbox"/> Ice Breaker Wilderness - July 5 -7(tent) <input type="checkbox"/> Ice Breaker II- Aug 2 - 4		John Sighting TBD John Sighting	\$120.00	Before June 1st, \$112.00
Grades 3rd-5th, School Year 2019-2020		Dean(s)	Full Tuition	Discount Tuition
<input type="checkbox"/> Junior I - June 21 -26 <input type="checkbox"/> Junior Wilderness I - June 21 -26(tent) <input type="checkbox"/> Junior Girls July 12-17 <input type="checkbox"/> Junior II - July 19-24 <input type="checkbox"/> Junior Wilderness II- July 19-24(tent)		Kurtis Moffitt Scott Henderson Cynthia Parkes Maggie Mobley Scott Henderson	\$230.00	Before June 1st, \$220.00
Grades 6th-8th, School Year 2019-2020		Dean(s)	Full Tuition	Discount Tuition
<input type="checkbox"/> Junior High - July 26- 31 <input type="checkbox"/> Junior High Wilderness - June 28-July 3 (tent)		Kyle Crafton Ryan East	\$230.00	Before June 1st, \$220.00
Grade 8th-12th, School Year 2019-2020		Dean(s)	Full Tuition	Discount Tuition
<input type="checkbox"/> High School - June 28- July 3 <input type="checkbox"/> High School Wilderness - July 26- 31 (tent)		Matt Davis Ryan East	\$230.00	Before June 1st, \$220.00
Other Options:	College-age Retreat - August 6-8 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 May 4, 2019.

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