

2010 Summer Camp Registration – Hilltop Christian Camp – 6014 Hamilton Creek Rd – Columbus, IN 47201

Please Print

Camper's Name _____ Male _____ Female _____
 Last First Middle

Mailing Address/Box # _____ Home Ph. # _____ / _____ - _____

City _____ State _____ Zip Code _____ - _____

E-mail Address _____ DOB – Month _____ Day _____ Year _____ Age _____ Grade in school – Spring 2010 _____

Father/Guardian (Custodial) _____ Work or Cell Ph # _____ / _____ - _____
 Last Name First Name

Mother/Guardian (Custodial) _____ Work or Cell Ph # _____ / _____ - _____
 Last Name First Name

Choice of Session, Dorm, Roommate & T-shirt Size

- Resident (Dorm) Camp:**
- Ice Breaker – June 6-8
 - Junior I – June 13-18
 - Junior II – July 25-30
 - Junior Girls – July 4-9
 - Intermediate – July 18-23
 - Junior High I – June 20-25
 - Junior High II – July 11-16
 - High School – June 27-July 2
- Day Camp: (Choose one day only)**
- Day Camp I – June 9
 - Day Camp II – June 10
 - Day Camp III – June 11
- Wilderness (Tent) Camp:**
- Ice Breaker – June 6-8
 - Junior – June 13-18
 - Junior High – June 20-25
 - High School – June 27-July 2

Roommate Request:
 Name: _____

Off-Site Camp:
 Mission Week – June 14-23

Dorm Choice: (For resident dorm campers)
Note: neither dorm is air conditioned!

- Campbell Complex (First come basis)
- Dorm On The Hill

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

Church Information

Have you been baptized (immersed)? Yes _____ No _____ Year Baptized _____

Home Church _____

Minister's Name _____

Church Phone # _____ / _____ - _____

Sponsor Church (if not your home church) _____

\$\$ Amounts Enclosed With Form

Tuition \$ _____ Missions \$ _____

Total Sent \$ _____

X - Method of Payment

Check # _____ Date ____/____/____

M.O. # _____

NOTE: Credit card option available ONLY when registering online, and when paying any balance due at check in.

— Please Do Not Write Below —

\$\$ Received With Form

Tuition \$ _____ Mission \$ _____

Total Received \$ _____ Due \$ _____

\$\$ Received At Check-in

Tuition \$ _____ Mission \$ _____

Total \$ _____ Amount Due \$ _____

Check # _____ Amount \$ _____

Date Reg. Received _____

Registration # _____

Hilltop Christian Camp performs criminal history background checks on all adult paid staff and summer camp volunteers.

HILLTOP CHRISTIAN CAMP - 2010 CAMPER MEDICAL INFORMATION

Please Print

Camper's Name _____ **Male** _____ **Female** _____
 Last First Middle
 Mailing Address/Box # _____ Home Ph # _____ / _____ - _____
 City _____ State _____ Zip Code _____ - _____ DOB _____ / _____ / _____ Age _____
 Father's/Guardian's Work Ph # _____ / _____ - _____ Mother's/Guardian's Work Ph # _____ / _____ - _____
 Father's/Guardian's Cell Ph # _____ / _____ - _____ Mother's/Guardian's Cell Ph # _____ / _____ - _____

Emergency Contact _____ **Emergency Phone #** _____ / _____ - _____
Relationship _____ **Emergency Cell Ph #** _____ / _____ - _____
Physician's Name _____ **Phone #** _____ / _____ - _____
Address _____ **City** _____ **State** _____ **Zip Code** _____

Check All That Apply:
 Epilepsy/Seizure Disorder
 Sleepwalk
 Asthma
 Diabetes
 Tetnus: Date _____ / _____
 Allergies: Specify _____

Check All That Apply:
 My child may be given the following medications (or their generic equivalent) as needed:
 Tylenol only Advil only Both Neither
Medications: List all current Prescription and Non-Prescription drugs and their dosages for campers.
 1. _____
 2. _____
 3. _____
 4. _____

Health Problems: List any and all health problems.

I certify that my child is in sound physical condition and is permitted to engage in all camp activities except the following:

This application is made with my approval and I hereby release Hilltop Christian Camp from any responsibility other than normal supervision and care. I give my permission to Hilltop to transport my child off-site for a scheduled camp activity, or for purposes of traveling to/from a medical treatment facility. In case of an accident, I will not hold Hilltop, its management, faculty, staff or directors liable unless guilty of negligence. In an emergency, I give my permission to the physician selected by the camp management to hospitalize & secure treatment including injection, anesthesia or surgery if needed for the above camper. I understand that every effort will be made to contact me in an emergency before medical treatment is administered.

Parent/Guardian **Date**

Please read, sign and date.
 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. Your signature indicates that you have been informed of our policy.

Parent/Guardian **Date**