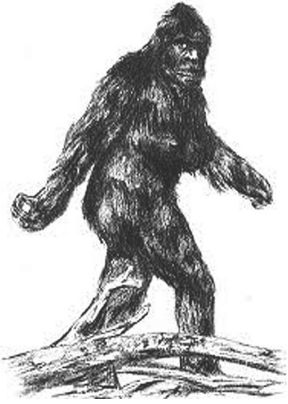


# HILLTOP WINTER RETREATS

## Junior High & High School



### identity crisis

*1 peter 2:9*

Led by Kyle Crafton, Smithville

**Check-in begins at 6 p.m. Friday**  
**Event ends at 3 p.m. Saturday**

**Junior High**  
(currently in grades 6-8)  
**January 25-26, 2019**

**Cost: \$15 by Jan. 18; \$20 after**

**High School**  
(currently in grades 9-12)  
**February 1-2, 2019**

**Cost: \$15 by Jan. 25; \$20 after**

**Please complete registration form and send with your payment to:  
Hilltop Christian Camp, 6014 Hamilton Creek Rd., Columbus IN 47201**

\_\_\_ I'm in Junior High and my current grade is \_\_\_.

\_\_\_ I'm in High School and my current grade is \_\_\_.

**I would like to room with:**

Participant's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Church \_\_\_\_\_ Minister \_\_\_\_\_

Parent/Guardians Name \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Your above signature indicates your permission for the above named youth to participate in this Hilltop Christian Camp event and 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 purposes of obtaining necessary medical treatment. In case of an accident, I will not hold Hilltop, its management, paid and volunteer 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 & surgery if needed for the above participant. I understand that every effort will be made to contact me in an emergency before medical treatment is administered.