July – Aug Camp Registration Form July – Aug

Abram-Price Encampments
Jr. & Sr. High Encampment and Children's Encampment
Hilltop Baptist Center
Hilltop, West Virginia 25855

Registration Begins at 4:00 p.m. No Physicals will be given on Premises **Registration Fee:$125.00**
Tee Shirts: $10.0

Name: _____Age: _____ Birth Date:_____ Male: ◯ Female: ◯

Address: _____ City: _____ State: _____ Zip: _____

Parent't Name: _____ Tel: Home: _____ Work: _____

Pastor's Name: _____ Address: _____

Name of Church: _____Sponsor: _____

Do you attend Sunday School Regularly? Yes ◯ No: ◯ Are You A Christian? Yes ◯ No ◯

Number Of Years in This Camp? _____Why Do You Desire To Attend Camp?_____

Parents Signature: _____

(Please Read the Camp Facts On Reverse Side Before Signing.
There will Be No Exceptions to Any of These Item)

NOTICE ! ! ! **WHAT TO BRING** NOTICE ! ! !

EVERYONE: BIBLE, NOTEBOOK, PENCILS, FLASHLIGHT, TOWELS, SOAP, WASHCLOTH, CASUAL SHOES (EXCEPT UNSTRAPPED SANDALS OR SHOES THAT WILL COME OFF THE FEET), TENNIS SHOES, PANTS OR JEANS FOR HIKING , EXPLORATION AND RECREATION: RAIN COAT, JACKET OR SWEATER, AND DRESS UP CLOTHES. AN EXTRA PAIR JEANS AND EXTRA BELT FOR PRIMITIVE CAMP KNAPSACK. BALL GLOVE AND MUSICAL INSTRUMENTS ARE OPTIONAL. CELL PHONES, PAGERS, RADIOS/TAPE PLAYERS OR CD/MP3 PLAYERS ARE NOT ALLOWED. **EXTRA MONEY FOR DAILY SNACK BAR AND A HILLTOP TEE SHIRT ($8) IF YOU DON'T HAVE ONE .**

GIRLS: DRESSES, SKIRTS & BLOUSES, LEGGINGS ONLY UNDER DRESS, NOT TO BE WORN WITH A TOP ONLY, ONE PIECE SWIM WEAR (NO THONGS OR INDECENT SWIMSUITS). A COUPLE PAIR JEANS FOR RECREATION AND HIKING. NO MINI SKIRTS OR SHORTS

BOYS: FULL LENGTH JEANS OR SLACKS (NO KNEE LENGTH SHORTS), FULL TEE SHIRTS OR SHIRTS, AND A BELT OR SUSPENDERS FOR DAILY WEAR, NO "SWEAT PANTS", "SAGGING JEANS OR PANTS."

PRE-REGISTER – BYJUNE 11,2025 PAY $100.00
MAKE CHECK PAYABLE TO & SEND TO: HILLTOP BAPTIST CENTER
P.O. BOX 283
HILLTOP, WV 25855

HEALTH CERTIFICATE
(MUST BE COMPLETED BEFORE CAMP – NO PHYSICALS WILL BE GIVEN ON PREMISES)

NAME: _____ INSURANCE _____MEDICAID NUMBER _____
(IN CASE OF EMERGENCY)

CONDITION OF CAMP APPLICANT
(PLEASE CHECK IF WITHIN NORMAL LIMITS, IF PROBLEM PLEASE DESCRIBE AND INDICATE TREATMENT)

HEART ☐ SKIN ☐ NOSE ☐ EYES ☐ THROAT ☐ EARS ☐

ANY ABNORMALITIES NOTED: _____

RESPIRATORY ALIMENTS: NO: ◯ YES ◯ DESCRIBE: _____
(I.E. ASTHMA, ALLERGIC RHINITIS ETC.)

ALLERGIES: NO ◯ YES ◯ DESCRIBE: _____

*****PRESCRIPTION MEDICATIONS: PLEASE LIST THOSE CAMPERS WILL BE BRINGING TO CAMP WITH RX FOR EACH:**

DO YOU RECOMMEND THAT THIS YOUTH BE ALLOWED TO PARTICIPATE IN A CAMPING PROGRAM? NO◯ YES ◯

DOCTOR OR HEALTH CARE PROVIDER SIGNATURE: _____ DATE: _____