

## **Singing Hills Senior Camp 2024**

Palestine, West Virginia

Senior Youth Camp: "Fearless: Power, Love & A Sound Mind"

2 Timothy 1:7 For God has not given us a spirit of fear, but of power and of love and a sound mind."

"June 17th (Monday) – June 21st (Friday)

Ages: those just graduated 7<sup>th</sup> grade – graduating seniors

Cost: \$75 (\$65 if paid by June 1st)

Registration: Monday, June 17th from 3p.m.-5p.m.

Camp ends: Friday June 21st Campers are ready for pick up by noon.

Camp fee includes: a camp T-shirt, 1 snack shack card (additional cards are \$5), room and board.

## **Registration form for Youth Camp**

Name:	Age: DOB: _	male	e or female	
Address:	City:	State:	Zip:	
Phone #:	(cell or home) Email address:	<b>:</b>		
T-Shirt size: Youth sizes: S M L	Adult sizes: S M L XL XXL			
Parent/Guardian Name:				
Church you attend:	Pasto	or's name:		
School you attend:	grade completed:			
Does your child have permission to	o participate in sports?	Any restrictions?		
Does the camper have permission	to be baptized if they choose to?	yes or no		
Does the camp have permission to other web-related publications)? N	·	digital media format (e.g.,	photo, video, website and	
If I am unable to be there at the ti	me of camp dismissal, I authorize I	my child to be picked up b	y:	
	or			
Signature of Parent or Guardian:X				

For questions concerning camp	call:			
Singing Hills Youth Camp Direc	tors: Mark (304) 483-8	3064 (C) & Pamela Rivers (304)481-1039 (C) text/call		
Camp caretaker: Alan Hatfield (304)275-1107 (for emergency during camp week if you cannot reach directors)				
Please send all completed forms a				
Singing Hills Youth Camp: c/o	Mark & Pamela Rivers	3015 Butcher Bend Rd Mineral Wells, WV 26150		
	orting such conditions	an: Please list below any physical conditions the director of the will not prevent the child from attending or participating and wi		
*Conditions/Allergies:	*Current M	ledicines:		
*Dates of last immunizations: P	olioT	「etanusOther		
*Doctor's Name /Number		Hospital Preference:		
*Medical Insurance Company _		Insurance Card #:		
medical and/or hospital care willness. I understand that in this	ill be given. I release and sevent I will be notified	ely supervised and that if a serious illness or injury develops, ny member of the camp from liability in case of accidental injury d immediately. If it is not possible to reach me, I hereby give commended by attending physicians.		
Signature of parent/guardian: X	<u>'</u>	Your relationship to the camper:		
Home #	Cell #	Parent or Guardian Work#		
/	RULES and R	EGULATIONS (Please Read)		
<u> </u>		er, pen, Bible. If you sing, please bring your accompaniment CDs or nitted. *Camp staff is not responsible for lost or stolen items or money		
asked to change. *Campers are spaghetti straps or low-cut tank	to bring modest clothing tops.) Shorts may be wo you will be asked to cha	er games. All clothing should be modest and in good taste or you will leg appropriate for services: pants, shirts, skirts, dresses, capris etc. (Notern, except for evening services. – they must be at least to mid-thigh. Inge. Leggings will only be allowed as part of a layered outfit with a to ength to cover to mid-thigh.		
	MODESTY is the	e keyit begins in your HEART!		
The following rules ha	ve strict consequences -	your parent or guardian will be called, and you will go home.		
1. If you are heard us		eyond the boundaries that are marked you will be warned 2 times, e, your parent/guardian will be called.		
\	2. If you are caught w	vith tobacco, alcohol, or drugs of any kind.		
	3. If you go into	the dorm of the opposite sex.		
I HAVE READ AND DO UN	NDERSTAND ALL OF THE	ABOVE RULES AND THE CONSEQUENCES FOR BREAKING THEM.		

Signature of Parent or Guardian: X\_\_\_\_\_\_Signature of Camper X\_\_\_\_\_\_2/2