Singing Hills Senior Camp 2025

Palestine, West Virginia

TESTIFY

"11 And they overcame him by the blood of the Lamb, and by the word of their testimony;

and they loved not their lives unto the death." Revelation 12:11

June 23rd (Monday) – June 27th (Friday)

Ages: those just graduated 7th grade – graduating seniors

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

Registration: Monday, June23rd from 3p.m.-5p.m.

Camp ends: Friday June 27th 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:	·				
T-Shirt size: Youth sizes: S M L Adul	t sizes: S M L XL XXL					
Parent/Guardian Name:						
Church you attend:	Pastor's name:					
School you attend:	grade completed:					
Does your child have permission to part	cicipate 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 use to other web-related publications)? Yes or	·	digital media format (e.g.,	photo, video, website and			
If I am unable to be there at the time of	camp dismissal, I authorize r	my child to be picked up b	y:			
	or					
Signature of Parent or Guardian:V						

For questions concerni	ng camp call:			
Singing Hills Youth Can	np Directors: Mark (30	04) 483-8064 (C) & Pam	ela Rivers (304)481-1039 (C) text/call	
•			g camp week if you cannot reach directors)	
Please send all completed				
Singing Hills Youth Can	np: c/o Mark & Pamela	a Rivers 3015 Butcher	Bend Rd Mineral Wells, WV 26150	
	ut. (Reporting such co	•	below any physical conditions the director of the nt the child from attending or participating and wi	
*Conditions/Allergies:	*Cu	urrent Medicines:		
*Dates of last immuniz	ations: Polio	Tetanus	Other	
*Doctor's Name /Numb	oer	H	ospital Preference:	_
*Medical Insurance Co	mpany	Insuran	ce Card #:	_
permission for emerge	ncy treatment or surge	ery as recommended by	If it is not possible to reach me, I hereby give attending physicians. Your relationship to the camper:	
_		•		
Home #	Cell #	Par	ent or Guardian Work#	
*Campers should bring of asked to change. *Cam spaghetti straps or low-	vels, personal hygiene ite onic devices of any kind a old clothes and old shoes npers are to bring modes cut tank tops.) Shorts m rements, you will be aske	are permitted. *Camp stands s for water games. All clost clothing appropriate for any be worn, except for e	you sing, please bring your accompaniment CDs or aff is not responsible for lost or stolen items or money thing should be modest and in good taste or you will r services: pants, shirts, skirts, dresses, capris etc. (No vening services. – they must be at least to mid-thigh. will only be allowed as part of a layered outfit with a to	be o If
		STY is the keyit begins i		\
The following	g rules have strict conseq	quences -your parent or g	uardian will be called, and you will go home.	
1. If you are	= -	r going beyond the bound e 3rd time, your parent/g	laries that are marked you will be warned 2 times, uardian will be called.	
	2. If you are	caught with tobacco, alc	ohol, or drugs of any kind.	
	3. If yo	ou go into the dorm of the	e opposite sex.	

I HAVE READ AND DO UNDERSTAND ALL OF THE ABOVE RULES AND THE CONSEQUENCES FOR BREAKING THEM.

Signature of Parent or Guardian: X______Signature of Camper X______2/2