

The Mountaintop Camp

May 29-31, 2010

Family & L'il Toppers Registration (ages 3-9)*

www.mountaintopcamp.org

OFFICE USE ONLY

Date Rec'd

No Applications will be accepted after May 1, 2010

Note: A parent or guardian must accompany the Lil Toppers at the camp.

EARLY BIRD Registration ends December 31, 2009

Applicant Information

Parent First Name _____ Last Name _____

Parent First Name _____ Last Name _____

Address _____

City _____

State/Province _____ Zip Code _____ Home Phone () _____

Work/Cell Phone () _____

Parent E-mail Address: _____

Has/Have the child/children attended The Mountaintop before? (Circle): YES / NO Year(s): _____

How did you hear about The Mountaintop? (check all that apply)
__ Internet search __ brochure __ camp video __ friend __ church (name of church or friend) _____

***If you have children between the ages 10-11 they can be part of the Lil Toppers Program**

If you have children under 3 yrs old we have a free nursery service, will you need that service? Yes ___ No ___

of children _____

Parent T-shirt Size **S** (34-36) **M** (38-40) **L** (42-44) **XL** (46-48) **XXL** (Over 48)

(Circle):

Tuition Payment (Camp tuition includes food, lodging and camp shirts issued at camp. Each individual is responsible for the expense of all transportation to and from Camp.)

L'IL TOPPERS Camper: \$50.00

EARLY BIRD December 31, 2009: \$35.00

Family special \$105.00 (Four People, this does not include regular campers, this price is only for early bird)

TUITION:

\$ _____

TOTAL TUITION OWED: _____

\$ _____

Lil Topper's Name _____ Age _____ **Child T-shirt Size** (Circle): Sm Med Large

Lil Topper's Name _____ Age _____ **Child T-shirt Size** (Circle): Sm Med Large

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Lil Topper's Name _____ Age _____ **Child T-shirt Size** (Circle): Sm Med Large

Parental Consent and Photo Release

Does the applicant have a condition that limits or prohibits applicant's physical activity? (Circle): **YES / NO** If yes, please explain below. If no response is given, The Mountaintop will assume that applicant can and will engage in all camp-related activities.

For parents/guardians of minor applicants (those 17 years of age and younger): I hereby give The Mountaintop permission to have my child participate in all activities at The Mountaintop Camp, unless specifically limited above.

For the applicant: The Mountaintop may use any photos and videotapes taken of the applicant at any camp event in their publications or those of their sponsor, Generations Ministries.

Parent/guardian's signature
(Required, if applicant under 18)

Date

Parent/guardian's signature
(Additional signature, if available)

Date

Registration Process

SPACE AVAILABILITY: Spaces will be filled as non-refundable tuition payments are received on a first-come, first-served basis (payment will be return if camper is not accepted).

APPLICATION CHECKLIST:

- Fill out registration form completely**
- Obtain parental/guardian signature (if under 18)**
- Attach payment (make checks payable to: The Mountaintop)**
- Mail the registration to the following address:**

**Helen Garrett
The Mountaintop
1120 South Avenue, D-3
Forest Park, GA 30297**

E-mail: anthony@mountaintopcamp.org or eandrews1962@yahoo.com

www.mountaintopcamp.org

(The Mountaintop is located in Temple, GA – 40 miles west of downtown Atlanta)

Parental permission form

When a Generations Ministries event involves one or more overnight stays, all staff members and participants who are under age 18 must submit a signed and dated copy of the following parental permission form prior to or at the start of the event. It is recommended

that the wording of this form with the signature box included be incorporated into the event application.

As parent/guardian, I hereby give my permission for the children listed above to participate in the Lil Toppers Program at the Mountaintop camp which is to be held on 05/29/2010 to 05/31/2010. With my dated signature in the box below, I grant this permission and certify the statements and information provided in items 1 through 7 that appear below above my signature.

1. **GENERAL PERMISSION:** I understand and agree that this event is sponsored by Generations Ministries of the Worldwide Church of God, and depending upon circumstances, and without limitation, may involve both:

(a) physical/athletic activities such as sports, hiking, camping, arts & crafts and,

(b) spiritual or religious activities, such as Christian living or education classes, religious worship services, and the like.

I give my permission for my child to engage in all such activities.

2. **ACCEPTANCE OF EVENT CONDITIONS:** I understand and agree to the condition of the event venue as described in the information provided. I give permission for my child to participate under these conditions.

3. **DISCLOSURE OF SPECIAL HEALTH CONDITIONS:** The following is a list of my child's special health conditions and needs of which event staff need to be aware (list here such things as medications, history of seizures, motion sickness, allergies, etc.—use back side of this sheet if needed): _____

4. **RELEASE OF LIABILITY REGARDING SPECIAL HEALTH CONDITIONS:** I submit that the above mentioned special health conditions and instructions are needed for my child while at the event. I understand that, although event personnel will seek to help accommodate these special conditions, such as by giving medications and/or by seeking to take appropriate precautions, etc., nonetheless, by sending my child to the event with these special health conditions:

- I acknowledge that I understand the event is not equipped to monitor or supervise such special conditions or needs as would the parent if he/she were present.
- I certify it is safe for my child to participate in all event activities notwithstanding the special conditions, and notwithstanding any possible lapse in medication, or possible interaction with other people or circumstances that may affect the special conditions.
- I release and indemnify the event from all claims and liability stemming from the special conditions, including, without limitation, any claim, illness, or injury, resulting from the event's failure to properly administer medicines for the special conditions, failure to recognize a situation which might be potentially harmful to a person with the special conditions, or failure to recognize the onset of an episode of the special conditions.

5. **PERMISSION TO SECURE EMERGENCY SERVICES:** I give permission to event staff to secure usual and customary medical and/or legal services for my child if needed in an emergency circumstance at the event. I as parent/guardian will be responsible for the costs of such services if not covered by my insurance.

6. **INSURANCE COVERAGE:** My child is covered by medical insurance: YES NO

If yes, list the name of the insurance company: _____ and the policy number: _____.

I understand that if my child has no health/accident/medical insurance coverage, I will be responsible for the payment of all expenses which may be incurred due to treatment at the event of an illness or injury.

7. **EMERGENCY CONTACTS:** During the event, I may be contacted day or night, as follows:

_____	(____) _____	(____) _____
(name)	(night phone number)	(day phone number)

If I can not be reached in an emergency, the following two individuals will know of my whereabouts and/or have my permission to represent my wishes regarding medical or other emergency care for my child:

_____	(____) _____	(____) _____
(name)	(night phone number)	(day phone number)

_____	(____) _____	(____) _____
(name)	(night phone number)	(day phone number)

Signed _____	Date _____
(signature of parent or legal guardian)	