

# The FINAL Showdown!



Therefore, my beloved brethren, be ye steadfast, unmoveable, always abounding in the work of the Lord, forasmuch as ye know that your labour is not in vain in the Lord. (1 Cor. 15:58)

**REGISTER ONLINE AT ALPINEMINISTRIES.COM or fill out the form below:**

## Registration Form for Summer Camp 2018

One application per child, per camp week. Print in ink. A \$50 (\$30 for Day Camp) non-refundable registration fee must accompany this form to register your camper; balance due upon arrival, but encouraged beforehand. **Personal checks not accepted.**

Registrations forms must be received by the Wednesday before your desired camp week at the latest (acceptance based on spaces available). Notarization is optional, but recommended as it can expedite emergency medical attention. Send completed application form to: **Alpine Bible Camp, 161 College Drive Mount Hope, WV, 25880.**

*(Print legibly or type. Read form carefully to provide all necessary information. Proof of insurance is REQUIRED.)*

### Basic Information

Camper Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Gender at Birth  Male  Female Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Grade in Sept. 2018 \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Parent/Legal Guardian Name \_\_\_\_\_ E-mail \_\_\_\_\_  
Name of Home Church or Church Group \_\_\_\_\_  
Emergency Contact/Relationship (other than parent) \_\_\_\_\_  
Emergency Contact's Phone \_\_\_\_\_

Are you coming... Are you coming...  
 as a Camper or  as a Sponsor?  as an Individual or  with a Group?

Church/Group FULL name: \_\_\_\_\_

### Medical Information

List allergies, dietary needs, or other pre-existing medical concerns (attach separate page if needed):  
\_\_\_\_\_

List medications camper is taking  
\_\_\_\_\_

(Camper must be able to administer his/her own meds.)

My child may be given over-the-counter medications as needed: (e.g. Tylenol, Benadryl, Advil, etc.)  
\_\_\_\_\_

(Parent Signature)

Doctor's Name \_\_\_\_\_ Doctor's Phone \_\_\_\_\_

\_\_\_\_\_  
(Camper's Insurance Provider) / (Policy Number) / (Full Name of Policy Holder)

## Week Selection

# Teen Camp

Please Check ONE

Week 1 June 11-16 Speaker: Brent Gillas	Tier I-\$280	
	Tier II-\$310	
	Tier III-\$340	
Week 2 June 18-23 Speaker: Jonathan Smith	Tier I-\$280	
	Tier II-\$310	
	Tier III-\$340	
Week 3 June 25-30 Speaker: Russ Smith	Tier I-\$280	
	Tier II-\$310	
	Tier III-\$340	
Week 4 July 9-14 Speaker: Nathan Crockett	Tier I-\$280	
	Tier II-\$310	
	Tier III-\$340	
TREK Camp	\$360	

Pick up to Three (Not applicable for TREK)

Activity	Age	Cost	
Lowers Rafting	13+ years old	\$35	
Uppers Rafting	10+ years old	\$35	
Rappelling	14+ years old	\$30	
Scuba	10+ years old	\$15	
High Ropes Course	12+ years old	\$15	
Paintball	12+ years old	\$25	
Caving	12+ years old (Minimum 8 participants or trip is cancelled)	\$35	

Activity fees are non-refundable. Changes at registration are not guaranteed

# Junior Camp

Please Check ONE

Week 1 June 4-8 Speaker: TBA	Tier I-\$280	
	Tier II-\$310	
	Tier III-\$340	
Week 2 July 16-20 Speaker: Forest Chapman	Tier I-\$280	
	Tier II-\$310	
	Tier III-\$340	
Week 3 July 23-27 Speaker: Gerald Whitley	Tier I-\$280	
	Tier II-\$310	
	Tier III-\$340	

Pick up to Three

Activity	Age	Cost	
Uppers Rafting	10+ years old	\$35	
Scuba	10+ years old	\$15	
Splat Paintball	10+ years old	\$10	

Activity fees are non-refundable. Changes at registration are not guaranteed.

# Day Camp

Please Check ALL THAT APPLY

Week 1 June 4-8 Speaker: Sharon Holloway	Indicate Days				
	M	T	W	T	F
Week 2 July 2-6 Speaker: Sharon Holloway	Indicate Days				
	M	T	W	Th	F

Request One Cabin-mate: \_\_\_\_\_ (cabin-mate must also request you)  
(same grade or one grade higher or lower)

#

# Camp Extras!

- Cabin Photo \$10
- Early Bird Discount: Mar 17 (\$10 Camp Store voucher). Not available for TREK camp.
- Sponsor Discount: \$87 off 1 sponsors cost of \$287 (bring at least 10 paying campers from tiers II and III).
- 2nd Child Family Discount: \$ 25 off  3rd+ Child Family Discount: \$50 off (Tiers II and III only; no TREK campers)

Please Note: T-shirts are now available exclusively in the camp store for \$10 and are no longer available through registration.

My signature certifies that

- the registrant (camper) is in good health and may participate in the activities of Alpine Bible Camp. Exceptions are listed.
- In case of medical emergency, when a legal guardian cannot be reached, I authorize Camp officials to secure appropriate medical personnel to hospitalize, secure treatment for, and to order injection, anesthesia, dentistry, or surgery for the camper named on this form.
- Should it become necessary for the camper to return home because of illness, or for any other reason, I will abide by Alpine’s decision.
- I give permission to use photos including my camper in camp publicity (brochures, social media, etc.).
- My signature certifies that the camper will abide by all regulations governing personal conduct and use of the camp property and will participate fully in the camp program.

\_\_\_\_\_ / /  
 Signature of Parent or Court Appointed Guardian Date

For Notary Use Only

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ by \_\_\_\_\_

(Date) (Name of Person Acknowledged)

My commission expires \_\_\_\_\_

(Date)

\_\_\_\_\_

(Notary Public)

OFFICE USE ONLY			
Date received		Check/MO#	
Payment Amt.		Confirmation Sent	
MC Visa Cash		Staff Initial	