## Singing Hills Junior Camp 2025

Palestine, West Virginia

Junior Youth Camp

## 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 16th (Monday) – June 20th (Friday)

Ages:7 years old- those just graduated 6th grade

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

Registration: Monday, June 16th from 3p.m.-5p.m.

Camp ends: Friday June 20th 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 Adult size	es: 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 participa	ite in sports?	Any restrictions?	
Does the camper have permission to be bap	tized if they choose to?	yes or no	
Does the camp have permission to use the control of	amper's likeness in any o	digital media format (e.g.,	photo, video, website and
If I am unable to be there at the time of cam	ıp dismissal, I authorize r	my child to be picked up b	y:
	or		
Signature of Parent or Guardian:X			

For questions conce	rning camp call:			
Singing Hills Youth C	Camp Directors: Mark (30	4) 483-8064 (C) &	Pamela Rivers (304)481-1039 (C) text/call	
•			luring camp week if you cannot reach directors)	
	ted forms and fees to:			
Singing Hills Youth C	Camp: c/o Mark & Pamela	a Rivers 3015 Butc	her Bend Rd Mineral Wells, WV 26150	
	bout. (Reporting such co	-	e list below any physical conditions the director of revent the child from attending or participating ar	
*Conditions/Allergie	s:*Cu	rrent Medicines: _		
*Dates of last immu	nizations: Polio	Tetanus	Other	
*Doctor's Name /Nu	mber		Hospital Preference:	
*Medical Insurance	Company	Inst	urance Card #:	
medical and/or hosp illness. I understand permission for emer	oital care will be given. I re I that in this event I will be gency treatment or surge	elease any membe e notified immedia ry as recommende	sed and that if a serious illness or injury develops, or of the camp from liability in case of accidental intely. If it is not possible to reach me, I hereby given by attending physicians.	5
Signature of parent/	guardian: X		Your relationship to the camper:	
Home #	Cell #		_Parent or Guardian Work#	
		S and REGULATION	•	
*Bring bedding, tow or instrument. *No *Campers should be you will be asked dresses, capris etc	vels, personal hygiene iter electronic devices of any ring old clothes and old sl to change. *Campers are c. (No spaghetti straps or	ms, paper, pen, Bi kind are permitted or mone hoes for water gar to bring modest o low-cut tank tops	ible. If you sing, please bring your accompanime d. *Camp staff is not responsible for lost or stole	n items aste or kirts,
*Bring bedding, tow or instrument. *No *Campers should be you will be asked dresses, capris etc	vels, personal hygiene iter electronic devices of any ring old clothes and old sl to change. *Campers are c. (No spaghetti straps or be at least to mid- thigh.	ms, paper, pen, Bi kind are permitted or mone hoes for water gar to bring modest o low-cut tank tops If they do not me	ible. If you sing, please bring your accompanime d. *Camp staff is not responsible for lost or stole y.  mes. All clothing should be modest and in good t clothing appropriate for services: pants, shirts, so.) Shorts may be worn, except for evening services.	n items aste or kirts,
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