



MOUNTAIN TOP BIBLE CAMP

THE BEST WEEK OF THE SUMMER!

BOYS AND GIRLS AGES 8-12 / July 22-26

MTBC is hosted by Perry Hall Baptist Church on the grounds of
Camp-Wo-Me-To / 1200 Knopp Rd. Jarrettsville, Md. 21084

Only 35 minutes from Perry Hall in a beautiful, restful setting, your child will experience God's Creation, enjoy Recreation, Swimming, Water Slide, Camp Fire, and Fun Activities and Crafts.

But, most of all they will spend time with God and learn of His Word. We are blessed to have a great Staff that is willing to spend time with each camper.

OLYMPICS

30 Staff, Counselors, Assistants, Full-Time Nurse and support team on site.

We are truly thankful to God for His special provision of workers this year and are excited because we know that this will be a week that your child will always remember.

Check-in/Registration is Monday, July 22nd 10:00 -10:30 am

Pick up is Friday, July 26th at 2:00pm.

Camp spots fill quickly - Register early

For registration to be completed, **each Camper must submit:**

- Online Registration if Paying Online
 - Camper Registration Form – even if completed Online Registration
 - Camper Health Form
 - Copy of their personal Health Insurance Card
 - Camper Medication Form (complete and bring to camp at check-in)
 - Cost: \$350 per camper
 - Mailed together to: PHBC - MT Top / 3919 Schroeder Ave, Perry Hall, MD 21128
- DO NOT sign the bottom of the Camper Health Form, completed at Camp during Check-in with Notary.

Forms and Additional Information: www.perryhallchurch.com/mttop2024

If you have any questions about Camp, please do not hesitate to call us. We are looking forward to a very special week filled with God's blessings. We thank God for the opportunity that he is giving us again this year to serve Him at Mountain Top Bible Camp.

In His Love,

Larry and Julia Bondar

Larry and Julia Bondar, Camp Directors

(410) 925-6853 / mttop@perryhallbaptist.org

Mountain Top Bible Camp
2024 Camper Registration Form / Cost: \$350

Camper: First _____ Last _____

ADDRESS _____

CITY _____ State _____ Zip _____

AGE _____ Birthdate _____ Male _____ Female _____

Father's Name _____ E-Mail _____

Cell Phone # _____

Mother's Name _____ E-Mail _____

Cell Phone # _____

Camper resides with Mother Father Both

Emergency Contact (other than parents) _____ Cell # _____

Relationship to the camper _____

T-SHIRT SIZE: Youth Small Youth Medium Youth Large
 Adult Small Adult Medium Adult Large Adult XL Adult 2XL

First Time Camper? ____ Yes ____ No How did you learn about MTBC? _____

"BUNK WITH" Request:

Written request from both camper's parents must appear on both camper's applications. Max two "Bunk With" requests will be considered. Cabins are set up by Age and Gender.

I would like my child to bunk with: 1- _____ 2- _____

Camp Program – Consent of Parents

In consideration of the benefits to be derived, and since Camp participation is voluntary and having full confidence that every precaution will be taken to ensure the safety and well-being of my child during camp week activities, I hereby agree to his or her participation and waive all claims against Perry Hall Baptist Church, any Staff, any volunteer, and all leaders of the program.

SIGNATURE OF PARENT/GUARDIAN _____

PRINT NAME OF PARENT/GUARDIAN _____

DATE _____

All Forms must be submitted with Payment for Registration

____ **This CAMPER REGISTRATION FORM**
(one per camper – this is not the same as the ONLINE REGISTRATION)

____ **CAMPER HEALTH FORM** (one per camper)

____ **MEDICAL INSURANCE CARD** (copy)

____ **MEDICATION FORM** -completed and bring to camp with medication(s) (if applicable)

Mail Forms: Perry Hall Baptist Church
c/o MTBC 3919 SCHROEDER AVE
 PERRY HALL, MD 21128

Payment:
Mail Check payable to PHBC with Forms (MTBC in memo) \$350/camper

Online:
perryhallchurch.com/mttop2024

For further information:
Larry or Julia Bondar, Camp Directors
(410) 925-6853
mttop@perryhallbaptist.org

Camper Health Form

If a medical emergency should arise while my child is at camp and I cannot be contacted, I hereby give permission to the camp director, or other assigned staff to select a physician and/or physicians, to hospitalize, treat, and to order injections, anesthesia, or surgery for my child whose name is:

Camper's Name _____ Male Female Date of Birth _____ Age on July 30, 2024 _____
Address _____ City _____ State _____ Zip _____

Parent Name _____ Parent Cell _____

Parent e-mail _____ Additional Cell _____

Print Name Parent /Guardian _____ Date _____

Signature of Parent or Guardian _____

Check and give approximate dates for conditions which the camper has experienced.

HEALTH HISTORY

- _____ Frequent Ear Infections
- _____ Heart Defect/Disease
- _____ Convulsions
- _____ Diabetes
- _____ Bleeding/Clotting Disorders
- _____ Hypertension
- _____ Mononucleosis
- _____ Psychiatric Treatment
- _____ Tetanus Shot

DISEASES

- _____ Chicken Pox
- _____ Measles
- _____ German Measles
- _____ Mumps
- _____ Hepatitis B
- _____ HIV
- _____
- _____
- _____

ALLERGIES (dates not needed)

- _____ Hay Fever
- _____ Ivy Poisoning, etc.
- _____ Insect Stings
- _____ Penicillin
- _____ Other Drugs
- _____ Asthma
- _____ Other (Specify) _____
- _____
- _____

Very important! Please mail a copy of your child's Health Insurance Card with this Health Form.

In Case of an Emergency

Parent 1 Name _____ Cell _____

Parent 2 Name / or other Adult _____ Cell _____

Relationship to Camper _____

Physician to be notified _____ Phone _____

Authorization for Swimming

The camp pool has a shallow water section and a deep water section. Campers who want to swim in the deep water **must** pass a swimming test given by lifeguards. There are lifeguards on duty during swim times. No camper will be allowed in the pool area without a signature below.

Check one: Advanced Swimmer Average Swimmer Non-Swimmer

_____ is granted permission to go swimming while attending camp.

Consent and Release to be COMPLETED AT CAMP during CHECK IN

Permission granted for above to be examined and treated with (if deemed necessary) over the counter medication.

Pain medication for headache, Laxative for constipation, Antacid for stomach-ache/diarrhea, Antiseptic for abrasions and minor cuts.
Professional treatment at nearest hospital in care of emergency

Parent/Guardian

Signature _____ Date _____

State of Maryland, City/County of Baltimore

To wit: Subscribed and sworn before me, This _____ day of _____ 2024

Notary Public _____ My commission expires _____

Physician's Medication Order Form

This form is needed only if your child needs medication the week of Camp

MUST BE COMPLETED BY PHYSICIAN AND BROUGHT TO CAMP DURING REGISTRATION

Name of Patient _____ Date of Birth _____

The following medications must be given during camp:

Medication	Dosage	Time to be Administered
1.		
2.		
3.		
4.		
5.		

Administration (Specify: Water, milk, food, etc.) _____

For medications listed above, list all side effects, which should be observed by camp personnel.

1. _____

2. _____

3. _____

List any reasons for not giving medication at the prescribed time
(fever, vomiting, drowsiness, convulsions etc...)

Physician's
Signature _____ Date _____

To Parents:

Before the Camp can administer any medication to your child, you are required to sign this authorization form which signifies your desire to have the medication(s) administered, as well as your agreement to relieve the camp of any responsibility for ill effects resulting from the administration of said prescribed medication.

I authorize Mountain Top Bible Camp to administer the medication(s) prescribed by our medical professional and relieve the camp of any responsibility for ill effects, which may result from the administration of said medication.

Parent's
Signature _____ Date _____