

# REGISTRATION FORM

Caregiver must complete both sides of this form. (please print)

**TETANUS DATE** \_\_\_/\_\_\_/\_\_\_ **A current 10 year booster ( dpt shot ) will be accepted. Your physician or school nurse has Vaccination Booster current tetanus dates.** If for any reason, your child should require a booster shot while attending camp, it WILL NOT be covered by our insurance policy and parents will be responsible for the cost.

**MEDICAL INFORMATION** List allergies (medicine, food, environmental), activities to be encouraged or restricted, or special needs for this camper \_\_\_\_\_

Operations or Serious Injuries (Dates) \_\_\_\_\_

Illnesses or Disorders (Chronic or recurring) \_\_\_\_\_

**AUTHORIZATION** To my knowledge the health history I have provided is correct and the person herein has permission to engage in all prescribed camp activities, except as noted. \* I understand and certify that my child's participation in Twin Pines Camp and its activities is completely voluntary and I have familiarized myself with the camp's program and activities in which my child will be participating. \* I recognize that certain hazards and dangers are inherent in the camp events and programs and particularly, but not limited to, the activities of swimming, kayaking, hiking, organized recreational activities and games, challenge activities, and the creative play-ground. I also acknowledge that although Twin Pines has taken safety measures to minimize the risk of injury to camp participants, Twin Pines cannot insure nor guarantee that the participants, equipment, premises and/or activities will be free of hazards, accidents and/or injuries. I further recognize and have instructed my child in the importance of knowing and abiding by the camp's rules, regulations and procedures for safety of all camp participants. \* By my signature below, I agree to indemnify, waive all claims, and hold Twin Pines Camp harmless against any and all costs, damages, and expenses which may be incurred by them as a result of any lawsuit I (or my agents) might file against them or arising from my child's participation in activities at Twin Pines Camp. \* I also hereby give my permission to the physician selected by the camp administration to: hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my child as named on the registration and/or medical form. \* I also understand that campers are not permitted to have or use cell phones or electronic games while at camp. \* I understand that this camper is covered by limited camp insurance for illness or accident. \* I also grant permission for me and/or my child to be included in camp photos, audio, and/or video which may be used for promotional purposes. Information on form may be shared with appropriate staff on a need to know basis.

**CANCELLATION POLICY** I understand that cancellations within two (2) weeks of the opening date of the retreat will be charged one half of the retreat rate, and that any cancellation will cause forfeiture of the \$30.00 non-refundable, non-transferable registration fee.

This Form must be signed below by a caregiver with legal responsibility.

Caregiver or representative

\* \_\_\_\_\_  
SIGNATURE DATE

\* \_\_\_\_\_  
PRINT NAME Relationship



Twin Pines is inspected and licensed by the Pennsylvania Departments of Health and Agriculture.



Twin Pines welcomes campers without regard to race, color, or national origin.

FEB. 16-18, 2024



winter  
thaw <sup>2</sup>/<sub>4</sub>  
youth weekend



**TWIN PINES**  
CAMP, CONFERENCE & RETREAT CENTER

3000 TWIN PINES CAMP ROAD • STROUDSBURG, PA 18360  
570.629.2411 • twinpines.org

FEB. 16-18, 2024



You had fun at camp this past summer, and now you have a chance to enjoy it AGAIN! Join friends, summer staff, and other campers for a weekend of games, campfires, and growing in your relationship with Christ. Be sure to invite friends who haven't been to camp yet! **Cost: \$130 before 1/5/24.** (\$160 after 1/5/24)



**Arrival & Departure**

February 16 @ 7:00 PM  
Registration begins

February 18 @ 1:00 PM  
Retreat concludes



Other Dates for Youth Groups:  
Jan. 12-14, Jan. 26-28, and Feb. 23-25

TWIN PINES WINTER THAW YOUTH WEEKEND

**REGISTRATION FORM**

SIDE 1

Caregiver must complete both sides of this form. (please print)

Reserve your space in advance by sending your completed form and a \$30.00 per person non-refundable deposit by **January 5, 2026** to: **TWIN PINES** 3000 Twin Pines Camp Rd., Stroudsburg, PA 18360  
After Jan. 6, the cost is \$160.00.

**FINAL PAYMENT DUE:**  
**FEBRUARY 16, 2027**

CAMPER NAME _____ (PLEASE PRINT)		CURRENT GRADE _____
ADDRESS _____	STATE _____	ZIP _____
HOME PHONE _____	EMAIL _____	M _____ F _____ GENDER
DATE OF BIRTH _____	AGE _____	ROOMMATE _____
CHURCH _____	CHURCH TOWN _____	

**TWO emergency names and phone numbers are required.**

1st Name \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

1st Name \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

**AGE GROUPS (CHECK ONE):**

- JUNIOR HIGH (grades 6-8)
- SENIOR HIGH (grades 9-12)

ROOMMATE PREFERENCE \_\_\_\_\_

Check here for handicapped room

**PAYMENT:**

- \$30 Per Person Deposit Enclosed
  - Full Payment Enclosed
- Total Amount Enclosed: \$ \_\_\_\_\_  
All checks should be payable to TWIN PINES.



**Reconnect with your friends from camp** at this great retreat brought to you by Twin Pines Camp!

**OFFICE ONLY:**

TOTAL DUE \_\_\_\_\_ DEPOSIT PD \_\_\_\_\_ BAL DUE \_\_\_\_\_ OR PAID IN FULL \_\_\_\_\_