

REGISTRATION FORM

SIDE 2

Parent or guardian 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 \$25.00 non-refundable, non-transferable registration fee.

This Form must be signed below by ALL persons with legal responsibility, for another or themselves.

CHECK HERE If you are a parent with sole custody; otherwise **BOTH PARENTS MUST SIGN BELOW**

PARENT #1 or representative

* _____
SIGNATURE DATE

* _____
PRINT NAME Relationship

PARENT #2 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.

NOVEMBER 1-3, 2019



junior
&
senior
high
retreat



TWIN PINES
CAMP, CONFERENCE & RETREAT CENTER

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

NOVEMBER 1-3, 2019



» 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: \$105**



ARRIVAL & DEPARTURE

November 1 @ 7:00 PM • Registration begins
November 3 @ 1:00 PM • Retreat concludes

Register in advance using the attached 2-sided form or online at www.tpjrsrhigh.eventbrite.com

570.629.2411 • twinpines.org

TWIN PINES JUNIOR & SENIOR HIGH RETREAT

REGISTRATION FORM

SIDE 1

Parent or guardian must complete both sides of this form. (please print)

All participants should register in advance.
Send completed form and \$25.00 per person non-refundable deposit to:
TWIN PINES 3000 Twin Pines Camp Rd., Stroudsburg, PA 18360

REGISTRATION DEADLINE:

OCTOBER 21, 2019

CAMPER NAME (PLEASE PRINT) **CURRENT GRADE**

ADDRESS STATE ZIP

HOME PHONE EMAIL GENDER M F

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:

\$25 Per Person Deposit Enclosed Total Amount Enclosed:

Full Payment 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 _____