

REGISTRATION FORM

SIDE 2

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
CAMP, CONFERENCE & RETREAT CENTER

3000 Twin Pines Camp Road • Stroudsburg, PA 18360
570.629.2411 • www.twinpines.org • shawn@twinpines.org

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. 14th - 16th 2025



winter
thaw²/₅
youth weekend



TWIN PINES
CAMP, CONFERENCE & RETREAT CENTER

3000 TWIN PINES CAMP ROAD • STROUDSBURG, PA 18360

570.629.2411 • twinpines.org

Feb 14 - 16 2025



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 1/27/25. (\$160 after 1/27/25)



**BUILDING
MOMENTUM**

Other Dates for Youth Groups:
Jan. 17 - 19, Jan. 31 -Feb. 2,
and Feb. 21-23

**Arrival &
Departure**

February 14th
@ 7:00 PM
Registration
begins

February 16th
@ 1:00 PM
Retreat
concludes

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 27, 2025** to: **TWIN PINES** 3000 Twin Pines Camp Rd., Stroudsburg, PA 18360
After Jan. 27, the cost is \$160.00.

FINAL PAYMENT DUE:

February 14th 2025

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 _____