



Twin Pines Day Camp 2020 Registration Form

Parent or Guardian must complete both sides of this form

Camper Name (PRINT) _____ Grade completed June 2020 _____

Street _____ City _____ State _____ Zip _____

Home Phone # (____) _____ Age _____ Gender Female _____ Male _____

Date of Birth _____ Is this your first time camping at Twin Pines? Yes _____ No _____

Church Name _____ Church Town _____

Mother's Name _____ Street _____ (If different than camper) City _____ State _____ Zip _____ Home (____) _____ Cell (____) _____ Work (____) _____ Email _____	Father's Name _____ Street _____ (If different than camper) City _____ State _____ Zip _____ Home (____) _____ Cell (____) _____ Work (____) _____ Email _____
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TWO emergency names & phone numbers are required. Do Not List any of the names above.

1st Name _____ Relationship _____ Phone (____) _____

2nd Name _____ Relationship _____ Phone (____) _____

Select the weeks you are registering for Day Camp.

_____ Session 1 – Entire Session _____ June 8 – 12 _____ June 15 – 19 _____ June 22 – 26 _____ June 29 – July 3 _____ July 6 – 10
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_____ Session 2 – Entire Session _____ July 13 – 17 _____ July 20 – 24 _____ July 27 – 31 _____ August 3 – 7 _____ August 10 – 14
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Pricing Per Week

Entire summer: \$150 (All 10 weeks). Camper can take off one week in each session at this price.

One Summer Session: \$175 per week (1/2 summer)

Single weeks: \$185 per week

Sibling Discount: \$10 per child/per week

Pay for the whole summer by June 1 and pay only \$145 per week

Enclose **\$50.00 PER PERSON DEPOSIT OR FULL PAYMENT** with this registration form completed on both sides.

(non-refundable, non-transferable) Questions? Call 570-629-2411 or visit our website www.twinpines.org

TOTAL DUE _____ DEPOSIT PD _____ BAL DUE _____ OR PD IN FULL _____

Ck# and Date _____ Paid by _____

OFFICE : ch code: _____ date _____ sch req _____ s/c _____ Early Reg. _____


Side 2





Health History & Parental Consent Form 2020 Day Camp

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 child 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 playground. 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 give 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 this form may be shared with appropriate camp staff on a need to know basis.

 This Form must be signed below by ALL parents or guardians with legal responsibility for the camper.

Check here  _____ If you are a parent with sole custody; otherwise BOTH PARENTS MUST SIGN BELOW

Parent #1 or representative – **Signature** _____ **Date** _____

Please **print** name _____ Relationship _____

Parent #2 or representative – **Signature** _____ **Date** _____

Please **print** name _____ Relationship _____

Mail Completed Registration to: Twin Pines, 3000 Twin Pines Camp Road, Stroudsburg, PA 18360
ENCLOSE \$50.00 (non-refundable, non-transferable) Per Person Deposit OR Full Payment with this completed registration form
Questions? Call 570-629-2411 or visit our website www.twinpines.org