



# Twin Pines Day Camp 2016 Registration Form

Parent or Guardian must complete both sides of this form

Camper Name (PRINT) \_\_\_\_\_ Grade completed June 2016 \_\_\_\_\_

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 _____

**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 20 – 24
_____ June 27 – July 1
_____ July 4 – 8
_____ July 11 – 15
_____ July 18 – 22

_____ Session 2 – Entire Session
_____ July 25 – 29
_____ August 1 – 5
_____ August 8 – 12
_____ August 15 – 19
_____ August 22 – 26

**Pricing Per Week**

Entire summer: \$150 (Week of June 20 through week of August 22) Can take one week off in each session

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

Single weeks: \$185

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](http://www.twinpines.org)

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

Ck# and Date \_\_\_\_\_ Paid by \_\_\_\_\_



# Health History & Parental Consent Form 2016

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

**TETANUS DATE** \_\_\_/\_\_\_/\_\_\_

Vaccination Booster



A current 10 year booster ( dpt shot ) will be accepted. Your physician or school nurse has 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 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 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.

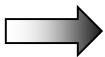
**CANCELLATION POLICY**

I understand that cancellations within two (2) weeks of the opening date of the camp week will be charged one half of the weekly rate, and that any cancellation will cause forfeiture of the \$50.00 non-refundable, non-transferable registration fee.

**SCHOLARSHIP PROGRAM**

Scholarship forms are available to download at [www.twinpines.org](http://www.twinpines.org) or call 570-629-2411.

The completed **Scholarship Request Form** must be **attached** to this completed **Registration Form** along with the **\$50 deposit** mentioned below.



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

This includes: parents, guardians, caregivers for Lotsa Love campers and single parents. If you are over age 21 and assume responsibility for yourself then please sign in the space below as witness to the information you have provided.

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](http://www.twinpines.org)