



# Twin Pines Camp 2026 Registration Form

Parent, Guardian, or Adult Camper must complete both sides of this form

Camper Name (PRINT) \_\_\_\_\_ Grade completed June 2026 \_\_\_\_\_

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.**

1<sup>st</sup> Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

2<sup>nd</sup> Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Camp Choice \_\_\_\_\_ Roommate Preference \_\_\_\_\_

Camp Dates \_\_\_\_\_ Appropriate age for camp and date is found on the camp brochure.

**LOTS A LOVE** must attach completed **Pre-registration Form** to this completed **Registration Form** + **\$50 deposit below.**  
Pre-registration Form can be downloaded at [www.twinpines.org](http://www.twinpines.org) or requested by calling 570-629-2411.

If your camp choice is below, list all camper names, ages, and prices. Prices can be found on the camp brochure.

**FAMILY CAMP**  
**1/2 Wk FAMILY**  
**MOMS N GALS**

Camper	_____	Age	_____	Price	_____	Camper	_____	Age	_____	Price	_____
Camper	_____	Age	_____	Price	_____	Camper	_____	Age	_____	Price	_____
Camper	_____	Age	_____	Price	_____	Camper	_____	Age	_____	Price	_____

**ADULT CAMP**

Camper \_\_\_\_\_ Price \_\_\_\_\_ Camper \_\_\_\_\_ Price \_\_\_\_\_

\_\_\_\_\_ **Standard**-bring linens or \_\_\_\_\_ **Aspen**-linens supplied; **Aspen King** \_\_\_\_\_ or **Aspen Twin** \_\_\_\_\_

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 \_\_\_\_\_

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


Side 2





# Health History & Parental Consent Form 2026

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) \_\_\_\_\_

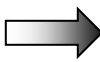
**Illnesses or Disorders** (Chronic or Recurring) \_\_\_\_\_

**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 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)