



Twin Pines Camp 2024 Registration Form

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



Camper Name (PRINT) _____ Grade completed June 2024 _____

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 _____
If parent is Incarcerated Facility _____ ID Number _____

Father's Name _____
Street _____ (If different than camper)
City _____ State _____ Zip _____
Home (____) _____ Cell (____) _____
Work (____) _____
Email _____
If parent is Incarcerated Facility _____ ID Number _____

TWO emergency names & phone numbers are **required**. **Do Not List** any of the names above.

1st Name _____ Relationship _____ Phone (____) _____

2nd Name _____ Relationship _____ Phone (____) _____

Camp Choice _____ Roommate Preference _____

Camp Dates _____ Appropriate age for camp and date is found on the camp schedule.

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 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.

<u>FAMILY CAMP</u> <u>½ Wk FAMILY</u> <u>MOMS N GALS</u>	Camper _____ Age _____ Price _____	Camper _____ Age _____ Price _____
	Camper _____ Age _____ Price _____	Camper _____ Age _____ Price _____
	Camper _____ Age _____ Price _____	Camper _____ Age _____ Price _____

Please Complete both sides of this form. Questions? Call 570-629-2411 or visit our website www.twinpines.org

Name of Parent incarcerated. _____ Place _____

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



Health History & Parental Consent Form 2024

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


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.

 **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 or guardian with sole custody**

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 this completed registration form

Questions? Call **570-629-2411** or visit our website www.twinpines.org