

# INDIVIDUAL REGISTRATION FORM

SIDE 2

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 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 \$25.00 non-refundable, non-transferable registration fee.

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

**CHECK HERE**  If you are a parent with sole custody; otherwise **BOTH PARENTS MUST SIGN BELOW**

**PARENT #1 or representative**

\* \_\_\_\_\_  
SIGNATURE DATE

\* \_\_\_\_\_  
PRINT NAME Relationship

**PARENT #2 or representative**

\* \_\_\_\_\_  
SIGNATURE DATE

\* \_\_\_\_\_  
PRINT NAME Relationship



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.

NOVEMBER 5-7, 2021



**TWIN PINES**  
CAMP, CONFERENCE & RETREAT CENTER

3000 TWIN PINES CAMP ROAD • STROUDSBURG, PA 18360  
570.629.2411 • twinpines.org

NOVEMBER 5-7, 2021



F.Y.R.E. Fall Youth Retreat Experience

Experience

- fall at Twin Pines
- a weekend with friends
- fun challenges
- spiritual growth
- God

2 WAYS TO REGISTER:

YOUTH GROUP

Attend F.Y.R.E. as a youth group with all of the retreat elements already planned. Get your group together and fill out the Group Registration form found online. Submit them to Twin Pines with your payment of \$115 per person. (See Leader Information packet for more details about the weekend.)

INDIVIDUALLY

Attend F.Y.R.E on your own and Twin Pines will provide cabin counselors as supervision. Just fill out the registration form to the left and send it to Twin Pines. Cost: \$115. After October 25, \$145.

The planning team for this weekend experience is the 2021 Summer Staff Leadership Team, led by NJ Brodish.

ARRIVAL & DEPART | November 6 @ 7:00 PM • Registration begins November 8 @ 1:00 PM • Retreat concludes

F.Y.R.E. FALL YOUTH RETREAT EXPERIENCE

INDIVIDUAL REGISTRATION FORM

SIDE 1

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

All participants should register in advance. Send completed form and \$25.00 per person non-refundable deposit to: TWIN PINES 3000 Twin Pines Camp Rd., Stroudsburg, PA 18360

REGISTRATION DEADLINE:

OCTOBER 25, 2021

Registration form fields: CAMPER NAME, ADDRESS, HOME PHONE, DATE OF BIRTH, CHURCH, CURRENT GRADE, STATE, ZIP, M/F, EMAIL, GENDER, ROOMMATE, CHURCH TOWN

TWO emergency names and phone numbers are required.

Emergency contact fields: 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:

- \$25 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 \_\_\_\_\_