



# TWIN PINES

## Camp, Conference, and Retreat Center

3000 Twin Pines Camp Road, Stroudsburg, PA 18360

Phone: 570-629-2411 ~ Fax: 570-620-0664 ~ [lotsalove@twinpines.org](mailto:lotsalove@twinpines.org)

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### LOTSALOVE FALL RETREAT – PRE-REGISTRATION FORM 2021

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We need this information to determine if our program and facilities can meet the needs of your camper and if he or she can handle our program. Please answer as accurately as possible so we can make a thorough evaluation. We want to provide a good camp experience for all of our campers.

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Camper Name \_\_\_\_\_ Nickname \_\_\_\_\_ Age \_\_\_\_\_

Street Address \_\_\_\_\_ ☐ Male

☐ Female

City, State, Zip \_\_\_\_\_

Person or Organization responsible for this Camper \_\_\_\_\_

and his/her phone #: \_\_\_\_\_ and email: \_\_\_\_\_

Has this camper ever participated in an overnight camp experience before? ☐ Yes ☐ No At Twin Pines? ☐ Yes ☐ No

Person completing this form and relationship to the camper: \_\_\_\_\_

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#### History of Disability/Condition:

Primary Medical Diagnosis \_\_\_\_\_ Secondary Diagnosis (if any) \_\_\_\_\_

Describe the extent of disability, including onset and cause (if known) \_\_\_\_\_

At what age level does he/she function? \_\_\_\_\_ Can he/she read? ☐ Yes ☐ No If yes, at what level? \_\_\_\_\_

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#### Socialization / Behavioral Issues:

Please check all the items below that apply to him/her:

- |   |  |
|---|--|
| _____ Friendly towards others   | _____ Can behave rudely/inappropriately towards others |
| _____ Willing to try new things   | _____ New things cause distress                        |
| _____ Acts without thought of consequences  | _____ Accepts rules easily; complies with requests     |
| _____ Avoids social contact with adults and peers                                 | _____ Accepts correction and can be redirected easily  |
| _____ Temper outbursts – if so, please indicate causes _____                      |  |
| _____ Physical outbursts towards others – if so, what causes this to happen _____ |  |

Please indicate which type of behavior modification works best with him/her:

\_\_\_\_\_ Verbal correction \_\_\_\_\_ Removal from group \_\_\_\_\_ Redirection \_\_\_\_\_ Time out \_\_\_\_\_ Token/reward system  
\_\_\_\_\_ Other – please explain \_\_\_\_\_

List unusual behaviors or behavior problems we might expect to see and suggest ways to handle them \_\_\_\_\_

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Does the camper walk without assistance? ☐ Yes ☐ No

If NO, what assistance is needed?

- ☐ person walking with them
- ☐ walker
- ☐ wheelchair
- ☐ cane

How far can camper walk without tiring? \_\_\_\_\_

Can camper do any running? ☐ Yes ☐ No

If YES, approximately how far? \_\_\_\_\_

Should any activities be discouraged? ☐ Yes ☐ No

If YES, what are they? \_\_\_\_\_

\_\_\_\_\_

Is camper toilet trained? ☐ Yes ☐ No

Does camper need help going to the bathroom? ☐ Yes ☐ No

If YES, how much assistance? \_\_\_\_\_

\_\_\_\_\_

Does camper wear diapers? ☐ Yes ☐ No If YES, when?

- ☐ all the time
- ☐ bed time only

Does camper wet the bed? ☐ Yes ☐ No

Can camper eat all types of food? ☐ Yes ☐ No

If NO, what is not allowed? \_\_\_\_\_

\_\_\_\_\_

Can camper eat without assistance? ☐ Yes ☐ No

If NO, what assistance is needed? \_\_\_\_\_

\_\_\_\_\_

Describe camper's eating habits: ☐ slow ☐ normal ☐ fast

Does camper choke easily? ☐ Yes ☐ No

Is camper on any special diet? ☐ Yes ☐ No

If YES, please explain \_\_\_\_\_

\_\_\_\_\_

What is camper's usual bedtime? \_\_\_\_\_

Does camper have any sleeping problems? ☐ Yes ☐ No

If YES, please explain \_\_\_\_\_

\_\_\_\_\_

Does camper sleepwalk or have a habit of getting up during the night? ☐ Yes ☐ No

Does this camper need assistance dressing/undressing?

☐ Yes ☐ No

Is camper able to shower unassisted? ☐ Yes ☐ No

If NO, what assistance is needed? \_\_\_\_\_

\_\_\_\_\_

Is this camper able to:

- shave unassisted ☐ Yes ☐ No

- brush teeth unassisted ☐ Yes ☐ No

Does camper have any hearing problems? ☐ Yes ☐ No

If YES, check below all that apply:

- ☐ wears a hearing aid
- ☐ knows sign language
- ☐ read lips
- ☐ other \_\_\_\_\_

Does camper have any vision problems? ☐ Yes ☐ No

If YES, do they wear glasses? ☐ Yes ☐ No

If YES, do they wear contacts? ☐ Yes ☐ No

Is camper prone to seizures? ☐ Yes ☐ No

If YES, are they controlled by medication? ☐ Yes ☐ No

Please give date of last seizure \_\_\_\_\_

**Thanks for completing this form**

**PEASE NOTE:** If camper is accepted into Lotsa Love, all medications must be brought to camp in their original package. Prescription drugs must come in original containers or bubble cards with the doctor's name, ID number and dosage. "Bubble-packed" medications of *mixed* drugs will not be accepted.

A special "Camper Medication Instruction Form" will be sent to you with camper's confirmation letter when accepted. This form must be completed and given with the meds to our nurse when the camper is brought to camp. Thanks for your help with this.

Completion of this form does not guarantee acceptance into a Lotsa Love program – a letter will follow with additional information.

**Please provide any additional information that would be helpful to us.**



# Twin Pines Camp

## 2021 Lotsa Love Fall Retreat

### Registration Form

### October 8-10, 2021

Parent, Guardian, or Caregiver must complete both sides of this form

**Name (PRINT)** \_\_\_\_\_

**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.

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

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

**Registration Fee is \$130.00**

**Enclose \$50.00 PER PERSON DEPOSIT OR FULL PAYMENT** with this registration form completed on both sides.  
(non-refundable, non-transferable) Questions? Call the office **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 USE: ch code: \_\_\_\_\_ date \_\_\_\_\_ sch req \_\_\_\_\_ conf \_\_\_\_\_ Early Reg \_\_\_\_\_

Side 2





# Health History & Consent Form 2021

Parent or Guardian or Caregiver 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 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.

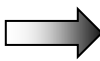
**MEDICAL INFORMATION** List **allergies** (medicine, food, environmental), activities to be encouraged or restricted, or special needs for this camper \_\_\_\_\_

**Operations or Serious Injuries** (Dates) \_\_\_\_\_

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

**AUTHORIZATION** To my knowledge the health history I have provided is correct and this camper named 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 retreat 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 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)