

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
CAMP, CONFERENCE & RETREAT CENTER

3000 Twin Pines Camp Road • Stroudsburg, PA 18360
570.629.2411 • www.twinpines.org • shawn@twinpines.org

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.

FEB. 14-16, 2020



winter
thaw²₀
youth weekend



TWIN PINES
CAMP, CONFERENCE & RETREAT CENTER

3000 TWIN PINES CAMP ROAD • STROUDSBURG, PA 18360

570.629.2411 • twinpines.org

FEB. 14-16, 2020



» You had fun at camp this past summer, and now you have a chance to enjoy it AGAIN! Join friends, summer staff, and other campers for a weekend of games, campfires, and growing in your relationship with Christ. Be sure to invite friends who haven't been to camp yet! **Cost: \$115**



ARRIVAL & DEPARTURE

February 14 @ 7:00 PM • Registration begins
February 16 @ 1:00 PM • Retreat concludes

LOCKED IN
1 KINGS 8:61

TWIN PINES WINTER THAW YOUTH WEEKEND

REGISTRATION FORM

SIDE 1

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

Reserve your space in advance by sending your completed form and a \$25.00 per person non-refundable deposit by **January 3, 2020** to:
TWIN PINES 3000 Twin Pines Camp Rd., Stroudsburg, PA 18360
After Jan. 3, the cost is \$125.00 and t-shirts are \$9.00.

FINAL PAYMENT DUE:

FEBRUARY 14, 2019

CAMPER NAME		(PLEASE PRINT)	CURRENT GRADE
ADDRESS		STATE	ZIP
			M F
HOME PHONE		EMAIL	GENDER
DATE OF BIRTH		AGE	ROOMMATE
CHURCH		CHURCH TOWN	

TWO emergency names and phone numbers are required.

1st Name	
RELATIONSHIP	PHONE NUMBER
1st Name	
RELATIONSHIP	PHONE NUMBER

T-SHIRT SIZE:

☐ Small ☐ Large ☐ Medium ☐ X-Large
(All adult sizes)

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
All checks should be payable to TWIN PINES.

Total Amount Enclosed:
\$ _____

» **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 _____