## **REGISTRATION FORM**

SIDE 2

Caregiver must complete both sides of this form. (please print)

nurse has Vaccination	Booster current tetanus dates. If for a	er ( dpt shot ) will be accepted. Your physician or school ny reason, your child should require a booster shot while icy and parents will be responsible for the cost.
	TION List allergies (medicine, food, env	rironmental), activities to be encouraged or restricted, or
Illnesses or Disorders	(Chronic or recurring)	
noted. * I understand and certify activities in which my child will b activities of swimming, kayaking, taken safety measures to minimiz free of hazards, accidents and/or safety of all camp participants. * which may be incurred by them a give my permission to the physicia the registration and/or medical for is covered by limited camp insural promotional purposes. Information	that my child's participation in Twin Pines Camp and its act e participating. * I recognize that certain hazards and dang hiking, organized recreational activities and games, challeng the the risk of injury to camp participants, Twin Pines cannotinjuries. I further recognize and have instructed my child in the By my signature below, I agree to indemnify, waive all claims a result of any lawsuit I (or my agents) might file against the anselected by the camp administration to: hospitalize, secur rm. * I also understand that campers are not permitted to honce for illness or accident. * I also grant permission for me in on form may be shared with appropriate staff on a need to	of the opening date of the retreat will be charged one half of the retreat rate, and that any
	gned below by a caregiver with legal r	
*		
ourceiver or	SIGNATURE	DATE
representative	PRINT NAME	Relationship



Twin Pines is inspected and licensed by the Pennsylvania Departments of Health and Agriculture.



welcomes campers without regard to race, color, or national origin.

FEB. 17-19, 2023





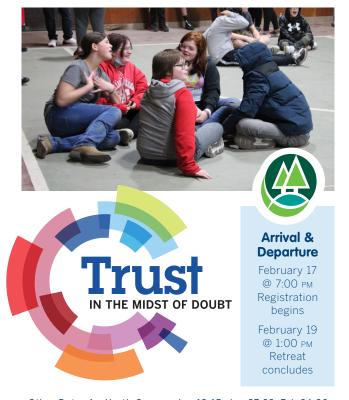
3000 TWIN PINES CAMP ROAD • STROUDSBURG, PA 18360 570.629.2411 • twinpines.org

## FEB. 17-19, 2023



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: \$130 before 1/6/23. (\$160 after 1/6/23)



## TWIN PINES WINTER THAW YOUTH WEEKEND

## **REGISTRATION FORM**

SIDE 1

Caregiver must complete both sides of this form. (please print)

Reserve your space in advance by sending your completed form and a \$30.00 per person non-refundable deposit by January 6, 2023 to: **TWIN PINES** 3000 Twin Pines Camp Rd., Stroudsburg, PA 18360 After Jan. 6, the cost is \$160.00.

FINAL PAYMENT DUE:

FEBRUARY 17, 2023

CAMPER NAME	(PL	EASE PRINT)	CURREN	T GRADE
ADDRESS		STATE	Z	IP
			М	F
HOME PHONE	EMAIL		GENDER	
DATE OF BIRTH	AGE R	COOMMATE		
CHURCH	СН	URCH TOWN		
TWO emergency nam	nes and phone numbers are <u>re</u>	equired.	AGE GROUPS (CHECK ONE	):
		[	JUNIOR HIGH (grades 6-8)	
		[	☐ JUNIOR HIGH (grades 6-8) ☐ SENIOR HIGH (grades 9-12)	
1st Name RELATIONSHIP	PHONE NUMBER	]		m
1st Name  RELATIONSHIP	PHONE NUMBER		SENIOR HIGH (grades 9-12)	
1st Name	PHONE NUMBER		SENIOR HIGH (grades 9-12)  ROOMMATE PREFERENCE  Check here for handicapped roo	m Total Amount Enclosed:

TOTAL DUE \_\_\_\_\_ DEPOSIT PD \_\_\_\_\_ BAL DUE \_\_\_\_ OR PAID IN FULL \_\_\_\_