

## REGISTRATION FORM

SIDE 2

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 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 \$30.00 non-refundable, non-transferable registration fee.

This Form must be signed below by a caregiver with legal responsibility.

Caregiver 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

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.

**JANUARY 16-18, 2026**  
**FEBRUARY 13-15, 2026**



**winter  
thaw '26**  
youth weekends



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## WEEKENDS OF FUN!

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!



## JANUARY 16-18, 2026 (WEEK A)

**REV. JEFF WADLEY** is an avid outdoorsman, educator, chaplain and adventurer extraordinaire who loves being present with the Creator in the midst of His creation.

Jeff is heavily involved in Search and Rescue, including as a trainer. He loves to hike, backpack, and paddle. Jeff introduced our new CEO, Tony Lea, to the Boundary Waters Canoe Area Wilderness in northern Minnesota in 2016.



**ARRIVAL:** January 16 @ 7:00 PM • Registration begins  
**DEPARTURE:** January 18 @ 1:00 PM • Retreat concludes

## FEBRUARY 13-15, 2026 (WEEK B)

**ZACK ORTMAN** is the Pocono/Slate Belt Area Director for NEPA Youth For Christ. A passionate communicator and small business owner, he has shared the Gospel with audiences from our local communities all the way to Jamaica. He is a husband, a father of two, and is driven by a mission to share the truth of God's Word wherever he goes.



**ARRIVAL:** February 13 @ 7:00 PM • Registration begins  
**DEPARTURE:** February 15 @ 1:00 PM • Retreat concludes



## TWIN PINES WINTER THAW YOUTH WEEKENDS

## 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 to: **TWIN PINES 3000 Twin Pines Camp Rd., Stroudsburg, PA 18360**

## CHOOSE YOUR WEEKEND:

☐

**JANUARY 16-18 (WEEK A)**

**Cost: \$135 before 12/29/25. (\$150 after 12/29/25)**

**FINAL PAYMENT DUE: January 16, 2026**

☐

**FEBRUARY 13-15 (WEEK B)**

**Cost: \$135 before 1/26/26. (\$150 after 1/26/26)**

**FINAL PAYMENT DUE: February 13, 2026**

CAMPER NAME		(PLEASE PRINT)	CURRENT GRADE	
ADDRESS		STATE	ZIP	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

## AGE GROUPS (CHECK ONE):

- ☐ **JUNIOR HIGH** (grades 6-8)  
☐ **SENIOR HIGH** (grades 9-12)

ROOMMATE PREFERENCE

☐ Check here for handicapped room

## PAYMENT:

☐ \$30 Per Person Deposit Enclosed      Total Amount Enclosed:  
☐ Full Payment Enclosed      \$\_\_\_\_\_

All checks should be payable to TWIN PINES.

## OFFICE ONLY:

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