



Twin Pines Day Camp 2019 Registration Form

Parent or Guardian must complete both sides of this form

Camper Name (PRINT) _____ Grade completed June 2019 _____

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.

1st Name _____ Relationship _____ Phone (____) _____

2nd Name _____ Relationship _____ Phone (____) _____

Select the weeks you are registering for Day Camp.

_____ Session 1 – Entire Session
_____ June 10 – 14
_____ June 17 – 21
_____ June 24 – 28
_____ July 1 – 5
_____ July 8 – 12

_____ Session 2 – Entire Session
_____ July 15 – 19
_____ July 22 – 26
_____ July 29 – August 2
_____ August 5 – 9
_____ August 12 – 16

Pricing Per Week

Entire summer: \$150 (Week of June 10 through week of August 16) Can take one week off in each session

One Summer Session: \$175 per week (1/2 summer)

Single weeks: \$185 per week

Sibling Discount: \$10 per child/per week

Pay for the whole summer by June 1 and pay only \$145 per week

Enclose \$50.00 PER PERSON DEPOSIT OR FULL PAYMENT with this registration form completed on both sides.

(non-refundable, non-transferable)

Questions? Call **570-629-2411** or visit our website www.twinpines.org

TOTAL DUE _____ DEPOSIT PD _____ BAL DUE _____ OR PD IN FULL _____

Ck# and Date _____ Paid by _____





Health History & Parental Consent Form 2019

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

TETANUS DATE ___/___/___

Vaccination Booster



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 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 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 weekly rate, and that any cancellation will cause forfeiture of the \$50.00 non-refundable, non-transferable registration fee.

SCHOLARSHIP PROGRAM

Scholarship forms are available to download at www.twinpines.org or call 570-629-2411.

The completed **Scholarship Request Form** must be **attached** to this completed **Registration Form** along with the **\$50 deposit** mentioned below.



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