TRINITY PINES 2012 SUMMER CAMPS

Registration Form: 4th - 12th Grade Camps

Office Use Only	
_____ Date Received	Direct ☐
_____ Date Logged	ChN ☐

Step 1: Camper Information Print Legibly & Complete all areas.

CAMPER: _____, _____, _____
Last Name First Name M.I.

MAILING ADDRESS: _____, _____ _____ _____
Street & Number or P.O. Box City State Zip Code

CAMPER LIVES WITH: ☐Mother & Father ☐Mother ☐Father ☐Legal Guardian(s)
☐Other (Relationship _____)

CAMPER GENDER: ☐Male ☐Female Birthdate: _____ / _____ / _____ Grade in Fall: _____
Month Day Year

T-SHIRT SIZE: ☐Youth Small (6-8) ☐Youth Medium (10-12) ☐Youth Large (14-16)
☐Adult Small (36-38) ☐Adult Medium (38-40) ☐Adult Large (42-44) ☐Adult XL (46-48)
☐Adult XXL (50-52) ☐Size Unknown

ROOMMATE REQUEST (1 ONLY): _____, _____
Last Name First Name
We will do our best to try and place you with the roommate requested.

CHURCH AFFILIATION: ☐ _____
Nazarene Church
☐ _____ ☐No Church Affiliation at this time
Other Church Affiliation

Step 2: Please check the camp you wish to attend, and fill out Payment Information

TRINITY PINES CAMPS ♦ SUMMER 2012

☐ **4th—6th Grade Kids Camp (June 25—29, 2012)**
Early Bird ($150): *Postmark deadline 4/1/12*
Regular Fee ($175): **Postmark deadline 6/11/12*

☐ **4th—6th Grade Girls Camp (July 9—13, 2012)**
Early Bird ($150): *Postmark deadline 4/1/12*
Regular Fee ($175): **Postmark deadline 6/25/12*

☐ **4th—6th Grade Boys Camp (July 16—20, 2012)**
Early Bird ($150): *Postmark deadline 4/1/12*
Regular Fee ($175): **Postmark deadline 7/2/12*

☐ **7th—8th Teen Camp (July 23—27, 2012)**
Early Bird ($175): *Postmark Deadline 4/1/12*
Regular Fee ($200): **Postmark Deadline 7/9/12*

☐ **9th—12th Teen Camp (June 11—15, 2012)**
Early Bird ($175): *Postmark deadline 4/1/12*
Regular Fee ($200): **Postmark deadline 5/28/12*

Late Fee ($50): *Add to Regular Fee if registering after *Postmark Deadline date or for Walk-On registrations*

Registration fee balances to be paid in full by the **Postmark deadline date listed for each camp.*

BRING A FRIEND TO CAMP

Bring a friend who's never been to Trinity Pines Summer Camp, and one of you will receive $15 off the registration fee.
Friend's Name: _____, _____
Last Name First Name
Who gets the discount? ☐Me ☐My Friend

PAYMENT INFORMATION

1. **Camper Fee (from list at left):** $ _____
2. **Amount Enclosed:** $ _____
   ($50 deposit or Total Fee)
3. **Payment Method:** ☐ Cash ☐ Check #_____
   ☐ Money Order #_____
4. **Payment Method: Credit / Debit Card**
   O Visa O MasterCard

Credit Card #: _____ / _____ / _____ / _____
Expiration Date: _____ / _____ **Amt. Authorized: $**_____
Name on Card: _____, _____
Last Name First Name/M.I.
Transaction Verification: _____ / _____
Street Address Zip Code
Telephone: (_____) _____

Send registrations & payments to:
Trinity Pines Camp: P.O. Box 1269, Cascade, ID 83611
or to your local Nazarene church, if registering thru them.

If you have paid by credit card, and wish to have the remaining balance of your registration fee automatically processed on the **Postmark deadline* date for your camp, please initial here _____

CAMPER NAME: _____, _____ **CAMP ATTENDING:** _____
Last Name First Name

Step 3: Family Information ***Print Legibly & Complete all areas.***

PARENT/LEGAL GUARDIAN (1)

NAME: _____, _____
Last Name First Name

ADDRESS: _____
Street Address

_____, _____, _____
City State Zip Code

TELEPHONE INFORMATION

Home: (_____) _____
Work: (_____) _____
Cell: (_____) _____

EMAIL: _____

RELATIONSHIP TO CAMPER: ☐Father ☐Mother ☐Legal Guardian ☐Other _____
Relationship

PARENT/LEGAL GUARDIAN (2)

NAME: _____, _____
Last Name First Name

ADDRESS: _____
Street Address

_____, _____, _____
City State Zip Code

TELEPHONE INFORMATION

Home: (_____) _____
Work: (_____) _____
Cell: (_____) _____

EMAIL: _____

RELATIONSHIP TO CAMPER: ☐Father ☐Mother ☐Legal Guardian ☐Other _____
Relationship

EMERGENCY CONTACT (*OTHER THAN THE PARENT OR GUARDIAN*)

Full Name: _____ _____
First Name Last Name

Relationship to camper: ☐ Relative ☐ Family Friend

Home Phone: (_____) _____
Work Phone: (_____) _____
Cell Phone: (_____) _____

Camp Activities*: may include, but are not limited to...

4th—12th Camps: Archery; Table Tennis; Box Hockey; GeoCaching; Zipline/Ropes Course; Hiking; Disc Golf; River Tubing; Horseshoes; Croquet; Basketball; Air gun target practice; Volleyball; Softball; Arts & Crafts; Soccer; Swimming, Tetherball

Camper Activity Restrictions:

_____
_____

Step 4: Camper Health Record/Releases ***Print Legibly & Complete all areas. If additional space required, attach 2nd sheet***

Family Physician: _____ **Telephone:** (_____) _____

VACCINATIONS/TB TEST (Give month and year): ☐Tetanus: ____/____ ☐Polio: ____/____ ☐MMR: ____/____
☐TB Test: ____/____ ☐Other: _____ ____/____ ☐Other: _____ ____/____

ALLERGIES: ☐**None known of any kind**

Drug Allergies: _____, _____, _____, _____, _____
Food Allergies: _____, _____, _____, _____, _____
Environmental: _____, _____, _____, _____, _____
Bee Sting (specify treatment; bring EpiPen if necessary) ☐ _____

MEDICAL CONDITIONS / SPECIAL NEEDS (Be specific): _____
_____
_____

MEDICATIONS: Prescription meds sent to camp must be in the original container 1._____
2._____ 3._____ 4._____ 5._____ 6._____

I hereby authorize Trinity Pines medical staff to administer meds. YES ☐ NO ☐ Initial _____

■Activity Disclosure & Release for Participation in Trinity Pines Camp & Conference Center Programs■ Initial as read: _____

Trinity Pines has taken all reasonable precautions to insure that camp programs, **(including, but not limited to the Challenge Course, Ziplines, Climbing Walls, and all activities as listed under Camp Activities above)** have been made as safe as possible. However, camp activities are not without risk, and such risk may result in serious injury or death. Please read the Camp Activities as listed above. If you do not wish your camper involved in a listed activity, please note the restriction in the area provided on the medical form. Phone calls are not acceptable for exclusion. Call the District Registrar (208-382-6200) if you have questions.

■Emergency Treatment Authorization■ Initial as read: _____

In case of medical emergency, I hereby give permission to physicians selected by the camp personnel/directors of Trinity Pines Camp & Conference Center, to hospitalize, and/or administer any treatment deemed necessary by said medical professional. I also give permission for medical staff at Trinity Pines to administer over-the-counter medications.

■Registration Approval & Assumption of Risk Agreement■ Initial as read: _____

I hereby approve the camp registration for _____. I accept and assume all risks attendant to camp participation, and agree to release Trinity Pines Camp & Conference Center, the Intermountain District Church of the Nazarene, all local Nazarene Churches, and all employees, directors, counselors and CITs of the above-mentioned organizations, from liability in case of accident or illness. I agree to abide by all camp regulations and policies, and to uphold its objectives. **Publicity Waiver:** I hereby give permission for Trinity Pines Camp to use my child's photo in publicity material. Names will not appear with the photo.

_____ _____ **Date:** _____
Parent/Guardian Signature **Parent/Guardian—Print Name**