



# TRINITY PINES 2012 SUMMER CAMPS

## Registration Form: Genesis Adult Camper

Office Use Only	
Date Received _____	Direct <input type="checkbox"/>
Date Logged _____	ChN <input type="checkbox"/>

**Step 1: Adult 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

EMAIL ADDRESS: \_\_\_\_\_

CAMPER GENDER:  Male  Female Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

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

### GENESIS CAMPER(S) UNDER MY SUPERVISION

(1)	_____	_____
	Last Name	First Name
(2)	_____	_____
	Last Name	First Name
(3)	_____	_____
	Last Name	First Name
(4)	_____	_____
	Last Name	First Name

#### REQUIRED DOCUMENTATION WITH THIS REGISTRATION: Background Check Application

Please fill out and sign the Background Check Application accompanying this registration, even if you have submitted one previously, or through another agency. This is a requirement for all Genesis Adult Campers by the Intermountain District Church of the Nazarene. Thank you.

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

#### TRINITY PINES CAMPS ♦ SUMMER 2012

**Genesis Girls—Adult Camper (June 18—20, 2012)**

Early Bird (\$55): Postmark deadline 4/1/12  
Regular Fee (\$70): \*Postmark deadline 6/4/12

**Genesis Boys—Adult Camper (June 20—22, 2012)**

Early Bird (\$55): Postmark deadline 4/1/12  
Regular Fee (\$70): \*Postmark deadline 6/6/12

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.

#### 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  
 Visa  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: \_\_\_\_\_  
Last Name First Name

CAMP ATTENDING: \_\_\_\_\_

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

**EMERGENCY CONTACT**  
Full Name: \_\_\_\_\_  
First Name Last Name  
Relationship to camper:  Spouse  Relative  
 Family Friend  
Home Phone: (\_\_\_\_) \_\_\_\_\_  
Work Phone: (\_\_\_\_) \_\_\_\_\_  
Cell Phone: (\_\_\_\_) \_\_\_\_\_

**Camp Activities\*:** may include, but are not limited to...  
Genesis Camps: Arts and Crafts; Swings; Monkey Bars; Climbing Wall; Kids Zipline; Hiking.  
**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.

Parent/Guardian Signature \_\_\_\_\_ Parent/Guardian—Print Name \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**  
 Background Check Application Received  Background Check Application to District Office \_\_\_\_\_  
 Background Check Approved