

2010 Pilgrim Pines Summer Camp Registration Form

Please complete a **SEPARATE FORM** for each camper for **EACH WEEK**. Photocopy this form as needed or visit our website (www.pilgrimpinescamp.org) to print forms. Please print legibly in blue or black ink. **ALL areas MUST be filled in or marked N/A.**

Section 1 Please fill in all information or check boxes. *Print legibly, we must be able to read phone numbers for emergency phone calls.*

New Camper	UCC Camper	UCC Church Name	UCC Pastor's Signature		
Camper's Name			Prefers to be called	Male	Female
Grade entering Aug/Sept 2010	Age (on July 1, 2010)	Birthdate <u>00/00/00</u>	Registration fees include a camp t-shirt. Please check size below.		
Child: <u> </u> sm <u> </u> med <u> </u> lg		Adult: <u> </u> sm <u> </u> med <u> </u> lg <u> </u> xlg <u> </u> 2xlg <u> </u> 3xlg			
Physical Address (where camper actually lives)			City	State	Zip
Camper's Mailing Address (if different from above)			City	State	Zip
PRIMARY (CUSTODIAL) or 1st Parent/Guardian/Caregiver Name			Relationship	Custody or LEGAL Guardian? YES NO	
Home Phone	Cell Phone	Work Phone	E-mail Address		
Alternate Phone - please explain.		Mailing Address (if different from camper's)			
SECONDARY or 2nd Parent/Guardian/Caregiver Name			Relationship	Custody or LEGAL Guardian? YES NO	
Home Phone	Cell Phone	Work Phone			
Alternate Phone - please explain.		Mailing Address (if different from camper's)			
Person to Contact in Case of an Emergency		Phone 1	Phone 2	Relationship	
CAREGIVERS and FOSTER PARENTS: INFORMATION REGARDING AGENCY AND CASE WORKERS IS REQUIRED					
Foster/Other Agency	Case Worker	Phone 1	Phone 2		
NOTE: Foster care and DCS campers are REQUIRED to obtain authorization to attend camp PRIOR to the start of camp. AGENCY AUTHORIZATION DOES NOT GUARANTEE AVAILABILITY, please call the camp to check on your camper's status.					
DCS Region (REQUIRED)	DCS Region Phone Number (REQUIRED)		DCS Contact Person (REQUIRED)		

Section 2 *MANDATORY Information: Please consult schedule on page 7*

Age Group (Mini, Junior, Jr. High, Sr High, Pinester, Pine Cone, Seedling, Peppermint Ridge) **Dates:** Week 1, 2, 3, 4 or 5

1st Choice: Age Group (group name, not camper's age) _____ **Week #:** _____

2nd Choice: Age Group (group name, not camper's age) _____ **Week #:** _____

Name of ONE (1) friend you would like to be in cabin with _____

Camp Fees: A minimum of \$100 non-refundable deposit is **REQUIRED** to register your camper. Registrations sent in **WITHOUT \$100 OR** a written agency authorization **WILL NOT** be processed.

Registration Fee: \$ _____
 MINUS Enclosed Deposit: (_____)
 \$10 Discount (see below): (_____)
Balance Due (14 days prior to camp): _____

*If applying for a campership, please attach the campership forms AND the **REQUIRED \$100 deposit**.

PAYMENT METHOD: Please **DO NOT** mail cash. \$10 discount when all payments are made by cash, check or money order AND no late or banking fees were charged.

Check	Money Order	VISA	MasterCard	Amer Exp	Discover	Exp. Date	Security Code	Amount of Charge Requested
Credit Card #						Signature		
								\$

Section 3 *The undersigned persons have read and understand the camp policies and agree to abide by these policies (pages 5-6).*

Signature of Camper _____ **Signature of Parent/Guardian** _____

IF YOU DO NOT RECEIVE A REGISTRATION CONFIRMATION please call the camp to check on your camper's status. **Some programs are full by mid-May.**

2010 Pilgrim Pines Summer Camp Registration Form (continued)

Please complete **SEPARATE FORMS** for each camper for **EACH WEEK**. Photocopy this form as needed or visit our website (www.pilgrimpinescamp.org) to print forms. Please print legibly in blue or black ink. **ALL areas MUST be filled in or marked N/A.**

Section 4 Photographic Permission Form - **REQUIRED** - Please Complete

Camper's Name	Age Group (Mini, Junior, etc.)
I hereby <input type="checkbox"/> GIVE MY CONSENT <input type="checkbox"/> DO NOT GIVE MY CONSENT	
for Pilgrim Pines Camp and Conference Center to use any of the photographs taken of the above named camper for publicity, such as for future Summer Camp brochures or other materials designed to inform potential campers or user groups about camping programs or available facilities at this camp. <u>With consent</u> I hereby release Pilgrim Pines and Conference Center from any claim whatsoever that may arise in said regard. <u>Without consent</u> no photographs of the above named camper will be used for any purpose. I understand that the above named camper will participate in and receive a camp photograph of their age group.	
Parent/Guardian/Caregiver/Independent Signature	Date

Section 5 Diversity Information (optional)

Pilgrim Pines Camp and Conference Center is asked to compile diversity information yearly for purposes of grant applications and funding requests.

Please check one:

African American Asian Caucasian/White Hispanic Multiracial Pacific Islander Other

Section 6 Camper Release Form - **REQUIRED**, Please fill in all information **AND SIGN**.

Campers will ONLY be released, at end of camp or for any other reason, to the people designated on this list. ALL persons designated MUST present a valid photo identification form in order to pick up campers. PARENTS/GUARDIANS/CAREGIVERS: please include yourselves when completing this form.		
Camper's Name	Age Group (Mini, Junior, etc.)	Week 1, 2, 3, 4 or 5
Authorized Person to Pick Up Camper	Authorized Person to Pick Up Camper	
Authorized Person to Pick Up Camper	Authorized Person to Pick Up Camper	
Authorized Person to Pick Up Camper	Authorized Person to Pick Up Camper	
Parent/Guardian/Caregiver/Independent Signature	Date	
REMEMBER - when picking up your camper you MUST bring your picture I.D.		

Section 7 Camper Departure - **DO NOT FILL IN** - for office staff only.

Printed Name of Person Who Picked Up Camper	Signature of Person Who Picked Up Camper		
Driver's License or State Picture I.D. Number	Verified by Pilgrim Pines Staff	Date	Time

2010 Pilgrim Pines Summer Camp Health Form

ALL campers MUST have a COMPLETE form, INCLUDING returning campers, per ACA Standard HW-2 & HW-6.

REQUIRED: Form to be completed by the CUSTODIAL parent/caregiver AND must be signed by a licensed medical professional. A current physical exam signed by a medical professional may be attached to fulfill the signature requirement. **This form is due at least 14 days prior to the start of camp.**

Section 1 Contact Information

Camper's Name		Age Group (Mini, Junior, etc.)	Week Attending 1, 2, 3, 4 or 5
Height	Weight	Physical Address (where camper actually lives)	
Person to Contact in Case of an Emergency		Phone 1	Phone 2 Relationship
Alternate Person to Contact in Case of an Emergency		Phone 1	Phone 2 Relationship
Camper's Insurance Company	Insurance Policy Number	Camper's Physician	Physician Phone Number

Section 2 Health History Information **HEALTH FORMS that are not COMPLETELY FILLED IN WILL BE RETURNED.**

ACA Standards **DO NOT ALLOW** answering "**SEE ATTACHED**" or "**SEE PREVIOUS YEAR**". Each area **MUST be completed - NO EXCEPTIONS.** ALL FIELDS MUST BE FILLED IN per ACA Standard HW-6. As an accredited camp we must follow ACA protocols and we appreciate your cooperation, *thank you!*

IMMUNIZATIONS (please fill in month and year) **DO NOT WRITE "SEE ATTACHED"**. If your medical office did not fill in immunizations, please complete.

Tetanus ___/___ DPT ___/___ TB ___/___ MMR ___/___ Polio ___/___ Hepatitis B ___/___

ALLERGIES (please check yes or no).

HEALTH HISTORY (please check yes or no).

ALLERGIES		HEALTH HISTORY			
YES	NO	YES	NO	YES	NO
Hay Fever	_____	Asthma	_____	ADHD/ADD	_____
Bee Sting	_____	Sinus Condition	_____	Ear Infection	_____
Penicillin	_____	Hyperventilation	_____	Heart Disease	_____
Foods	_____	Bed Wetting	_____	Skin Disease	_____
Peanuts	_____	Seizures	_____	Other, explain below	_____
Gluten	_____	Athlete's Foot	_____	Other, explain below	_____
Sulfa	_____	Fainting	_____	Other, explain below	_____
Other Drugs	_____	Diabetes	_____	Other, explain below	_____

Are any of the allergies or conditions listed above **LIFE THREATENING?** IF YES, please give detailed, specific information.

Please explain any YES answers.

Recent illness or surgery (please explain)

Recent exposure to communicable disease (please explain)

Is camper in good health and able to participate in all normal camp activities? ___ Yes ___ No Please explain any restrictions.

Licensed Medical Professional Signature

Date

CURRENT MEDICATIONS: Please answer - do not leave blank.

Does the camper have medications? ___ Yes ___ No If YES, complete page 11.

Camp policy and ACA standards require that campers give all medications, including inhalers, to Health Center staff, in their ORIGINAL CONTAINERS, clearly marked with name, drug, and dosage. ALL MEDICATIONS must be administered by the Health Center staff.

Section 3 Parent/Guardian Consent Please answer - do not leave blank.

Consent and Emergency Treatment Authorization

In the event that I cannot be reached in an emergency or I, myself, am injured or in need of emergency medical care, I do hereby give consent for the above named camper to receive such emergency treatment as deemed necessary by an attending physician.

Parent/Guardian/Independent Signature

Date

Over-the-Counter Medications Please answer - do not leave blank.

Medication of any kind, including aspirin, ibuprofen (acetaminophen), and cream for insect bites will not be dispensed to campers without the express permission of the custodial parent/guardian/caregiver.

Do you authorize over-the-counter medication? ___ Yes ___ No. If YES, please list any medications that you do not give consent for your camper to receive.

Parent/Guardian/Independent Signature

Date

Camper Profile

CONFIDENTIAL INFORMATION TO BE USED BY COUNSELORS AND ADMINISTRATION PERSONNEL ONLY.

PARENTS / GUARDIANS: In order to maximize your camper's experience, his/her counselor needs to be informed of any special talents, needs, or circumstances. We use this confidential information to place campers in cabin groups that will provide the best experience for them during their stay at Pilgrim Pines Camp. Please complete this form and return to the camp with the registration and health forms.

Camper's Name: _____ Camp Dates: _____ Age Group: _____
Age: _____ Grade the camper completed prior to camp: _____

Is this the camper's first overnight camp experience? YES ___ NO ___
Has the camper attended Pilgrim Pines in previous summers? YES ___ NO ___ If Yes, list year(s): _____

ABOUT THE CAMPER:

What are your camper's strengths in terms of social interaction with others (i.e. leadership, active participant)? _____

What area(s) does your camper feel the greatest sense of accomplishment (i.e. academics, sports)? _____

What social or emotional areas do you feel your camper needs to work on? _____

Please rate your camper's level of self-confidence.

LOW _____ AVERAGE _____ HIGH _____

Please rate your camper's swimming ability.

POOR _____ FAIR _____ GOOD _____ EXCELLENT _____

Does your camper have any food allergies or taste dislikes? Please explain severity of allergic reaction.

Are there any circumstances (i.e. bedwetting, recent move, separation of parents, divorce, or recent death) which might affect the camper during his/her stay at camp? Please explain. _____

What activities is your camper MOST looking forward to participating in? _____

What activities is your camper LEAST looking forward to participating in? _____

Please detail any information about the camper that our counselors need to know to ensure a positive camp experience.

Parent/Guardian completing this form: _____ Date: _____

2010 Challenge Course Information & Release Forms

Please complete **SEPARATE FORMS** for each camper for **EACH WEEK**. Photocopy this form as needed or visit our website (www.pilgrimpinescamp.org) to print forms. Please print legibly in blue or black ink. **ALL areas MUST be filled in or marked N/A.**

Pilgrim Pines Camp and Conference Center provides facilitators specifically trained in ropes course safety, instruction, first aid and CPR to reduce all associated risks as possible.

Pilgrim Pines Camp and Conference Center offers challenge exercises as a part of Summer Camp programming as follows:

Activity	Age Group(s)
1. Low Ropes Challenge Course	Junior, Junior High and Senior High
2. 40 Foot Climbing Wall	Jr. High, Sr. High, Pinecones
3. High Ropes Challenge Course	Sr. High ONLY

The **Low Ropes Challenge** course is comprised of nine (9) elements that are used in developing group communication, teamwork, problem solving techniques, and trust among peers. Groups work together to set a goal and complete a team challenge on these ground level obstacles.

The **High Ropes Challenge** course is comprised of seven (7) elements suspended 35 feet above the ground. The course incorporates creative problem solving, team and individual encouragement, trust among peers, and allows for youth to challenge themselves and to celebrate individual successes while building self-esteem. All participants wear safety gear, including a helmet and harness that is connected through a belay safety system.

Low Ropes Challenge Course and Climbing Wall Release Form

Program Age Groups : Junior (low ropes only), Jr. High, Sr. High and Pinecones ONLY

Camper's Name	Age Group: Junior, Jr. High, Sr. High, Pine Cone
<p>I hereby <input type="checkbox"/> GIVE MY CONSENT <input type="checkbox"/> DO NOT GIVE MY CONSENT</p> <p>for the above named camper to participate in the Low Ropes Challenge Course and in the Climbing Wall Challenge courses. As a condition of receiving this programming opportunity I, the undersigned, do hereby agree to the following:</p> <p>I understand that my camper's participation in this activity can expose her/him to dangers from both known and unanticipated risks. Acknowledging that such risks exist, I hereby release and discharge Pilgrim Pines Camp and Conference Center, its officers, agents, and employees from any and all claims or liability for personal injury or property damage my camper may suffer while participating in this activity; including, but not limited to, any claim arising out of any condition of the premises at which the activity is held or the conduct of any person in connection with the preparation for, supervision of, or conduct of any activity, whether planned or unplanned. I specifically agree to release and hereby release Pilgrim Pines Camp and Conference Center and the officers, agents, and employees of Pilgrim Pines for any negligence of Pilgrim Pines, or its officers, agents or employees.</p>	
Parent/Guardian/Caregiver Signature	Date

High Ropes Challenge Course Release Form (Senior High ONLY)

Camper's Name	Age Group: Senior High
<p>I hereby <input type="checkbox"/> GIVE MY CONSENT <input type="checkbox"/> DO NOT GIVE MY CONSENT</p> <p>I understand that my camper's participation in this activity can expose her/him to dangers from both known and unanticipated risks. Acknowledging that such risks exist, I hereby release and discharge Pilgrim Pines Camp and Conference Center, its officers, agents, and employees from any and all claims or liability for personal injury or property damage my camper may suffer while participating in this activity; including, but not limited to, any claim arising out of any condition of the premises at which the activity is held or the conduct of any person in connection with the preparation for, supervision of, or conduct of any activity, whether planned or unplanned. I specifically agree to release and hereby release Pilgrim Pines Camp and Conference Center and the officers, agents, and employees of Pilgrim Pines for any negligence of Pilgrim Pines, or its officers, agents or employees.</p>	
Parent/Guardian/Caregiver Signature	Date