



# Adult/Family Registration 2010

- Work Weekend      No fee       Ladies Retreat      \$60
- Fishing Weekend      \$50       Motorcycle Weekend      \$50
- Adult Weekend      \$50       Scrapbooking Weekend I      \$100
- Family Weekend      \*\*\*       Scrapbooking Weekend II      \$100
- Family Week      \*\*\*

Registration starts at 3:00pm the day each camp begins. Weekend camps end after lunch and clean up on the last day of camp. Any exceptions please contact the camp manager for prior approval and applicable fees

Complete a separate registration form for each camp attending. Download additional forms at [www.pinehavencamp.org](http://www.pinehavencamp.org).

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Church: \_\_\_\_\_ Member:  Yes  No Email: \_\_\_\_\_

(Required. Confirmations sent by email.)

Names of other family members attending: (for family camps and work weekend only)

\_\_\_\_\_ Age \_\_\_\_\_ M  F  \_\_\_\_\_ Age: \_\_\_\_\_ M  F

\_\_\_\_\_ Age \_\_\_\_\_ M  F  \_\_\_\_\_ Age: \_\_\_\_\_ M  F

\_\_\_\_\_ Age \_\_\_\_\_ M  F  \_\_\_\_\_ Age: \_\_\_\_\_ M  F

\_\_\_\_\_ Age \_\_\_\_\_ M  F  \_\_\_\_\_ Age: \_\_\_\_\_ M  F

Cabin (Preference: \_\_\_\_\_) Share cabin with: \_\_\_\_\_  Tent  Camper  RV

### USE FOR YOUR FEE CALCULATION

Camp Fee \$ \_\_\_\_\_

Less Your Deposit - \$ \_\_\_\_\_

**Total Amount Due \$ \_\_\_\_\_  
at check-in**

Make checks payable to **PHCA**.

### CAMP USE ONLY

Check # \_\_\_\_\_ Amount \_\_\_\_\_

Check # \_\_\_\_\_ Amount \_\_\_\_\_

Other # \_\_\_\_\_ Amount \_\_\_\_\_

Church \_\_\_\_\_ Amount \_\_\_\_\_

### Health History

Any adult camper that is attending as an individual (without a spouse) or as the sole adult (single parent) in their party, please provide the following health history information for yourself in case of an emergency.

**Known Health Conditions:** Camper Has or is Subject to: (check if Yes)

Asthma  Bronchitis  Seizures  Diabetes  Fainting Spells  Heart trouble  Other (list) \_\_\_\_\_

**Allergies & Reactions:**  Penicillin  Aspirin  Other Medication/Drug (list) \_\_\_\_\_

Insect Bites/Stings  Ivy, Oak or Sumac Poisoning Date of last tetanus shot \_\_\_\_\_

**Camper has condition requiring medication:**  Yes  No (indicate condition if yes) \_\_\_\_\_

### Medical Emergency Information

In Case of Emergency Notify: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Family Physician or Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Health Insurance Co.: \_\_\_\_\_ Policy #: \_\_\_\_\_

CAMP INSURANCE POLICY PROVIDES COVERAGE FOR MEDICAL PAYMENTS AND LIABILITY ONLY WHEN THE CAMP IS AT FAULT. NORMAL MEDICAL BILLS ARE YOUR RESPONSIBILITY.

In case of emergency I grant permission to the attending physician to employ such diagnostic procedures and medical treatment as deemed necessary.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Send completed and signed registration form and checks to **PHCA, 16508 State 87, Park Rapids, MN 56470.**

*By registering, you give Pine Haven Christian Assembly the authorization to use photos and videos of all campers for promotional purposes.*

*No pets allowed on the campgrounds.*