



Adult & Family

Pine Haven Christian Assembly Adult & Family Registration Form

FAMILY INFORMATION

Parent, Guardian or Spouse #1: Name (last) _____ (first) _____

Phone Numbers: home () _____ work () _____ cell () _____

email: _____ Parent #1 relationship: _____

Parent, Guardian or Spouse #2: Name (last) _____ (first) _____

Phone Numbers: home () _____ work () _____ cell () _____

email: _____ Parent #2 relationship: _____

Address: _____

City/State/Zip: _____

Emergency Contact #1 Full Name _____ Relationship _____

Phone Numbers: home () _____ work () _____ cell () _____

Emergency Contact #2 Full Name _____ Relationship _____

Phone Numbers: home () _____ work () _____ cell () _____

CAMPER INFORMATION

Camper #1 Parent, Guardian or Spouse #1: Birthdate: _____ Gender: M / F email: _____

Is attending Camp Is not attending camp

Camper #2 Parent, Guardian or Spouse #2: Birthdate: _____ Gender: M / F email: _____

Is attending Camp Is not attending camp

Camper #3 Name: (last) _____ (first) _____

Birthdate: _____ Gender: M / F Grade Entering: _____ email: _____

Camper #4 Name: (last) _____ (first) _____

Birthdate: _____ Gender: M / F Grade Entering: _____ email: _____

Camper #5 Name: (last) _____ (first) _____

Birthdate: _____ Gender: M / F Grade Entering: _____ email: _____

Camper #6 Name: (last) _____ (first) _____

Birthdate: _____ Gender: M / F Grade Entering: _____ email: _____

Accommodations: Cabin/Room | Tent | Camper | RV (length _____) | Hotel | Private

Preferred Cabin: _____

Church: _____ Member | Regular Attender | Occasional Attender

Family Status: Married | Divorce | Single | Other Custody: _____

Cabin Share: (name) _____

2017 Pine Haven Adult & Family Camp Schedule

Date	Camp	Registration (Up to 2 weeks prior to start date)	Late Registration (Less than 2 weeks prior to start date)
<input type="checkbox"/> MAY 11-13	Work Weekend	No Cost	No Cost
<input type="checkbox"/> MAY 26-29	Fishing Weekend	See Fishing Weekend fees below.	Add \$25 fee for late registration 5/15 or later.
<input type="checkbox"/> JUN 9 - 11	Ladies Retreat	\$70 (thru 5/28)	\$70 (5/29 or later)
<input type="checkbox"/> JUL 21-23	Adult Weekend	\$60 (thru 7/9)	\$65 (7/10 or later)
<input type="checkbox"/> JUL 2-7	Family Week	See Family Week fees below.	Add \$25 fee for late registration 6/19 or later.
<input type="checkbox"/> AUG 10-13	Family Weekend	See Family Weekend Camp fees below.	Add \$25 fee for late registration 7/31 or later.
<input type="checkbox"/> AUG 18-20	MANCAMP	\$60 (thru 8/6)	\$65 (8/7 or later)
<input type="checkbox"/> AUG 20-22	Ministry Leadership Retreat	\$45 (thru 8/6)	\$50 (8/7 or later)
<input type="checkbox"/> SEPT 14-17	Scrapbooking/Craft Weekend	\$110 (thru 9/3)	\$125 (9/4 or later)

Family Week:

Maximum fee for a family of up to 5 members will be \$375.
Maximum fee for a family with 6 or more members will be \$425.

Per Day Rates: Adult: \$31.00 | 13-18 yrs: \$21.00 | 4-12 yrs: \$11.00 | 3 yrs/under: Free

Camper #1: (rate) _____ X (days) _____ = _____

Camper #2: (rate) _____ X (days) _____ = _____

Camper #3: (rate) _____ X (days) _____ = _____

Family and Fishing Weekend:

Maximum fee for a family of up to 5 members will be \$300.
Maximum fee for a family with 6 or more members will be \$325.

Camper #4: (rate) _____ X (days) _____ = _____

Camper #5: (rate) _____ X (days) _____ = _____

Camper #6: (rate) _____ X (days) _____ = _____

Per Day Totals or Maximum Fee (whichever is less):- _____

Add \$25 for Late Registration (See dates above): _____

Family Sub-Total: _____

(Place on first line of Camp Fee Tally)

- A family is defined as adult or adults (spouses) and minor or dependent children.
- **Any adult camper that is attending as an individual** (without a spouse) or as the sole adult (single parent) in their party, please fill out a Health and Consent Form for yourself in case of an emergency.

All other Adult/Family registrants please fill out the consent portion of our Health and Consent Form. Download additional forms at www.pinehavencamp.org.

- For early arrivals or late departures, please contact the camp manager for prior approval and applicable fees.
- NO PETS ALLOWED ON CAMPGROUNDS.
- Check-In starts at 3:30 pm the day each camp begins
- Adult/Family camps end after cleanup on the last day of camp. Contact the camp manager to make arrangements.
- Scrapbook Weekends have limited enrollment. After limit is reached, registrations will no longer be accepted.

Contact Information:

Camp Manager, Tay Odor
Phone: 218-732-9419 (May 1 - Sept 30)
Off Season Phone: 218-366-1391 (October 1 – April 30)
email: www.register@pinehavencamp.org |
www.pinehavencamp.org

CAMP FEE TALLY

Family Sub-Total: _____

Less Church Scholarship: _____

Please see your church for a scholarship code.

Less Faculty Discount: _____

Less Enclosed Check Amt: _____

TOTAL DUE AT CHECK-IN: _____

Church Scholarship Code: _____

Camp Use Only

Check # _____ Amount _____

Check # _____ Amount _____

Check # _____ Amount _____

Church _____ Amount _____

Please list ALL medication (including over-the-counter or non-prescription drugs) taken routinely. Bring enough medication to last the entire time at camp. Adults over 18 need not list reasons for medications.

Med #1: Dosage: Specific times taken each day: Reason for taking:	Med #2: Dosage: Specific times taken each day: Reason for taking:
Med #3: Dosage: Specific times taken each day: Reason for taking:	Med #4: Dosage: Specific times taken each day: Reason for taking:
Please share any other information we should know regarding your health and medical history.	

Consent and Release Please initial and sign the following consent/release statements acknowledging that you have read and understand each.

I hereby give permission to the medical personnel selected by the camp manager to provide routine health care; to administer medications; to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp manager to secure and administer treatment, including hospitalization, for myself/or my child.	Initials:
I accept primary responsibility of medical coverage on accidents and illness while my camper is at Pine Haven Christian Assembly. The camp's insurance will be secondary for injuries only.	Initials:
I hereby state that I have accurately completed the medical history information.	Initials:

General

I hereby give permission for my child to take part in all program activities including recreational and swimming, unless otherwise noted, and agree to be bound by all camp policies in force.	
I hereby release Pine Haven Christian Assembly from any responsibility other than normal supervision and care. In case of an accident, I will not hold Pine Haven Christian Assembly or its staff members, management or board officers liable unless guilty of gross negligence.	Initials:
I hereby give permission for the appropriate camp personnel to search my child's/my belongings in my child's/my presence when the health, well-being, or safety of the camper or others requires it.	Initials:
By registering, I understand that I give Pine Haven Christian Assembly the authorization to use photos and videos of myself/my child for promotional purposes.	Initials:
I agree to do a thorough head check on my camper within 48 hours before sending them to camp and will not send my camper if they have untreated head lice. I will notify the camp if my child presents head lice within two weeks of their camp session.	Initials:

Optional Parental Consent for Off-site Canoe Trip

Our off-site canoe trip is offered during 5th grade and older camp sessions if programming allows. Participants are transported to the drop off site, approximately 15 miles from camp and transported back to camp from the let out site, approximately 20 miles from camp. Participants will canoe about 5 miles of a river that is not challenging and excellent for families and beginning river paddlers. The canoe trip includes up to 15 campers with two staff members as trip leaders and three faculty members as chaperones. Each trip leader is trained in CPR and first aid. All participants are required to wear appropriate PFD's (life jackets) at all times while on the river. At most points on the trip, the group will be a minimum of 45 minutes from professional medical care. Trip leaders will carry cellular phones that are in cellular service areas for portions of the trip. Participants may be subject to extremes in weather, and will be held responsible for their own behavior on the trip. Understanding these situations, I hereby give permission for my child to participate in this trip sponsored and supervised by Pine Haven Christian Assembly.	Initials:
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Health and Consent Release Signature

By registering and signing, I agree to the permissions, consents and releases as indicated. I verify that all medical information is up-to-date and accurate.

 Signature (Full Legal Name)