



16508 Hwy 87 | Park Rapids, MN 56470 | Phone: 218.732.9419

# YOUTH

## Pine Haven Christian Assembly Youth Registration Form

### FAMILY INFORMATION

Parent #1: Name (last) \_\_\_\_\_ (first) \_\_\_\_\_

Phone Numbers: home ( ) \_\_\_\_\_ work ( ) \_\_\_\_\_ cell ( ) \_\_\_\_\_

Email: \_\_\_\_\_ Parent #1 relationship: \_\_\_\_\_

Parent #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 ( ) \_\_\_\_\_

Family Status:  Married |  Divorce |  Single |  Other Custody: \_\_\_\_\_

### CAMPER INFORMATION

Name: (last) \_\_\_\_\_ (first) \_\_\_\_\_

Birthdate: \_\_\_\_\_ Gender: M / F \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Email: \_\_\_\_\_ Preferred Cabin: \_\_\_\_\_

Church: \_\_\_\_\_  Member |  Regular Attender |  Occasional Attender

Buddy Request: (name) \_\_\_\_\_

Transportation: To Camp: Riding with Church?  yes  no Church Name: \_\_\_\_\_

From Camp: Riding with Church?  yes  no Church Name: \_\_\_\_\_

Sport, water, or activity restrictions: \_\_\_\_\_

Behavioral Information (If your child has a behavioral IEP at school, please indicate here aspects of that plan that could help your child have a successful week of camp): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Complete a separate registration form for each camper and camp attending. Be sure to fill out a Health and Consent Form for EACH CAMPER registration. Download additional forms at [www.pinehavencamp.org](http://www.pinehavencamp.org). Register for your camp session based on the grade you are entering this fall. We encourage you to attend the appropriate camp for your grade. In special cases, permission must be obtained in writing from the Dean prior to the week of camp. Registration starts at 3:30 pm the day each camp begins. Youth camps end after breakfast and clean up on the last day of camp, about 10:00am. Any exceptions please contact the camp manager for prior approval and applicable fees.

**Zone A** is for campers who: 1) Live South of the Twin Cities or 2) Live West of the Twin Cities and South of Interstate 94 or 3) Live outside of MN.  
**Zone B** is for campers who: 1) Live in the Twin Cities or 2) Live North of Interstate 94.

2017 Pine Haven Youth Camp Schedule				
Date	Camp	Early Registration (postmarked on or before 5/1)	Registration (5/2 to 2 week prior to start date)	Late Registration (13 days prior to start date)
<input type="radio"/> JUN 11-17	7th & 8th Grade Zone B	\$175	\$185 (5/2 - 5/28)	\$210 (5/29 or later)
<input type="radio"/> JUN 18-24	11th & 12th Grade	\$175	\$185 (5/2 - 6/4)	\$210 (6/5 or later)
<input type="radio"/> JUL 9-15	9th & 10th Grade	\$175	\$185 (5/2 - 6/25)	\$210 (6/26 or later)
<input type="radio"/> JUL 16-21	5th & 6th Grade Zone A	\$150	\$160 (5/2 - 7/2)	\$180 (7/3 or later)
<input type="radio"/> JUL 16-29	Salt & Light Leadership Camp*	\$110	\$110	\$110
<input type="radio"/> JUL 23-29	7th & 8th Grade Zone A	\$175	\$185 (5/2 - 7/9)	\$210 (7/10 or later)
<input type="radio"/> AUG 2-6	World View Camp	\$105	\$115 (5/2 - 7/23)	\$130 (7/24 or later)
<input type="radio"/> AUG 6-9	Greenhorns - 3rd & 4th	\$80	\$90 (5/2 - 7/23)	\$100 (7/24 or later)
<input type="radio"/> AUG 13-18	5th & 6th Grade Zone B	\$150	\$160 (5/2 - 7/30)	\$180 (7/31 or later)

\*Salt & Light Leadership Camp is an opportunity to grow as a servant leader through Bible study, leadership development and service as staff and faculty at Pine Haven. To apply and for more details, go to [www.pinehavencamp.org/saltlight-servant-leadership-training.html](http://www.pinehavencamp.org/saltlight-servant-leadership-training.html).

Cell Phones are NOT permitted at youth camps. They will be turned into/collected at registration and returned to campers at departure.

**What to Bring:** Remaining balance on Camp Fee, Bible, Notebook, Pencil/Pen, Bedding, Towels, Toiletries, Play and Street Clothes, Sweater/Jacket, Swimsuit, Ball Glove, Musical Instrument, Money for Offering and Snacks

**What NOT to Bring:** Radios, Tape/CD/MP3 Players, Electronic toys, Magazines, Fireworks, Water Guns, Skate boards, Tobacco, Alcohol or other drugs.

**Dress Code:** Pine Haven dress is casual and modest. We typically have one dress-up night a week, so be sure to bring one nice outfit for that night. No offensive pictures or writing on T-shirts. Campers should not bring tank tops with spaghetti straps, midriff-baring shirts, pants so low as to show briefs and tight or short shorts/pants. Our waterfront requires one-piece swimming suits. See our website for more details.

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

**CAMP FEE TALLY**

Registration Fee: \_\_\_\_\_

**TOTAL FEE:** \_\_\_\_\_

Less Church Scholarship: \_\_\_\_\_

Less Enclosed Check Amt: \_\_\_\_\_

**TOTAL DUE AT CHECK-IN:** \_\_\_\_\_

Church Scholarship Code: \_\_\_\_\_

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

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.

<b>Med #1:</b> Dosage: Specific times taken each day: Reason for taking:	<b>Med #2:</b> Dosage: Specific times taken each day: Reason for taking:
<b>Med #3:</b> Dosage: Specific times taken each day: Reason for taking:	<b>Med #4:</b> 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:
I agree to do a thorough head check on my camper within 72 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:

**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:

**Optional Parental Consent for Off-site Canoe/Tubing Trip**

Our off-site canoe/tubing 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/tube about 5 miles of a river that is not challenging and excellent for families and beginning river paddlers. The canoe/tubing trip includes up to 15-20 campers with two staff members as trip leaders and three faculty members as chaperones. Each trip staff 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. While we confirm weather activity before going, participants may be subject to extremes in unexpected weather. Participants 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 Release Consent 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)