



Trinity Pines Camp & Conference Center

2019 Registration Form | 4th-12th Grade Camps

CAMPER INFORMATION

LAST NAME _____ FIRST NAME _____ M.I. _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

CHURCH: _____ NO CHURCH AFFILIATION

CAMPER LIVES WITH: MOTHER & FATHER MOTHER FATHER LEGAL GUARDIAN(S) JOINT CUSTODY
 OTHER (RELATIONSHIP: _____)

CAMPER GENDER: MALE FEMALE BIRTHDATE: ____ / ____ / _____ GRADE IN FALL: _____

T-SHIRT SIZE: YS (6-8) YM (10-12) YL (14-16) S (36-38) M (38-40) L (42-44) XL (46-48) XXL (46-48)

ROOMMATE REQUEST (1 ONLY) LAST NAME: _____ FIRST NAME: _____
We will do our best to place you with your requested roommate. Only 1 request, please.

CAMP INFORMATION (ALL DATES 2019)

- Senior High Camp (9th-12th Grade)** **June 17-21**
 Early Bird (postmarked by April 15) \$220
 Regular Fee (postmarked by June 1*) \$250
- Boys' Camp (4th-6th Grade)** **June 24-28**
 Early Bird (postmarked by April 15) \$195
 Regular Fee (postmarked by June 15*) \$225
- Girls' Camp (4th-6th Grade)** **July 8-12**
 Early Bird (postmarked by April 15) \$195
 Regular Fee (postmarked by June 15*) \$225
- Middle School Camp (7th-8th Grade)** **July 22-26**
 Early Bird (postmarked by April 15) \$220
 Regular Fee (postmarked by July 1*) \$250

***NEW POLICY IN 2019: No registrations will be accepted after this date to ensure appropriate staffing, food, and supplies for campers who have met the deadline.**

PLEASE NOTE: Registration fee balances to be paid in full by latest postmark deadline listed for each camp.

PAYMENT INFORMATION

BRING A FRIEND who has NEVER BEEN to Trinity Pines Summer Camp and receive \$15 off the registration fee!

FRIEND'S NAME: _____

DISCOUNT GOES TO: ME MY FRIEND

CAMPER FEE (from list at left) \$ _____

AMOUNT ENCLOSED \$ _____
(\$50 NON-REFUNDABLE DEPOSIT OR TOTAL FEE)

CASH CREDIT/DEBIT CARD CHECK (# _____)

NAME ON CARD _____

CARD NO. _____

EXP. DATE _____ CVV _____ ZIP _____

____ If paying by credit card and wish to have the remaining balance automatically processed on the date of your camp's latest postmark deadline, please initial here.

OFFICE USE ONLY	
RECEIVED ____ / ____ / ____	DIRECT <input type="checkbox"/>
LOGGED ____ / ____ / ____	ChN <input type="checkbox"/>

SEND FORM + PAYMENTS: Trinity Pines Camp | P.O. Box 1269 | Cascade, ID 83611

IMPORTANT: FILL OUT THE REVERSE SIDE! SIGNATURES/INITIALS REQUIRED.

CAMPER NAME: _____ , _____ CAMP ATTENDING: _____
LAST NAME FIRST NAME

FAMILY INFORMATION

PARENT/LEGAL GUARDIAN LAST NAME _____ FIRST NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (PRIMARY) _____ HM WK CL PHONE (SECONDARY) _____ HM WK CL

EMAIL _____ RELATIONSHIP TO CAMPER _____

EMERGENCY CONTACT (OTHER THAN ABOVE) LAST _____ FIRST _____

PHONE (PRIMARY) _____ HM WK CL PHONE (SECONDARY) _____ HM WK CL

RELATIONSHIP TO CAMPER _____

CAMPER HEALTH INFORMATION: PLEASE ATTACH SEPARATE SHEET IF NECESSARY

HEALTH CARE PROVIDER _____ PHONE _____

HEALTH INSURANCE _____ ACCT # _____

MEDICATION (INCLUDE PRESCRIPTION, OTC, SUPPLEMENTS)	MEDICAL CONDITION TREATED BY THE MEDS	TIME(S) GIVEN (BREAKFAST, LUNCH, AFTERNOON, DINNER, BED)

FOOD ALLERGIES (CHECK ALL THAT APPLY)	REACTION	TREATMENT (INCLUDE IF CAMPER IS BRINGING EPI-PENS)
<input type="checkbox"/> GLUTEN		
<input type="checkbox"/> DAIRY		
<input type="checkbox"/> NUTS		
<input type="checkbox"/> LATEX		
<input type="checkbox"/> OTHER:		

If camper may have severe allergic reactions or is bringing an epi-pen, please contact Carla Thompson, Food Service Director, at 208-382-6200 upon submission of registration form.

MEDICAL ALLERGIES (MEDICATIONS, SEASONAL, ETC.)	REACTION	TREATMENT (INCLUDE IF CAMPER IS BRINGING EPI-PENS)

OTHER HEALTH CONDITIONS (SUCH AS BEDWETTING, NIGHTMARES, ANXIETY, ETC.) _____

O.T.C. MEDICATIONS CAMP NURSE IS **NOT PERMITTED** TO GIVE CAMPER? _____

REQUIRED FOR COMPLETION: PLEASE READ, INITIAL, AND SIGN BELOW

_____ **Activity Disclosure & Release for Participation:** Trinity Pines has taken all reasonable precautions to insure its programs (including, but not limited to, the ropes course, ziplines, climbing walls, water activities) have been made as safe as possible. However, camp activities are not without risk, and such risk may result in serious injury or death. Call 208-382-6200 with questions.

_____ **Emergency Treatment Authorization:** In case of medical emergency, I give permission to physicians selected by the camp personnel/directors of Trinity Pines, to hospitalize, and/or administer any treatment deemed necessary by said healthcare professional. I give permission for healthcare professionals at Trinity Pines to administer OTC medications (except for those listed above).

_____ **Registration Approval & Assumption of Risk Agreement:** I approve this camp registration and assume all risks attendant to camp participation. I release Trinity Pines, the Intermountain District Church of the Nazarene, all Nazarene Churches, and 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, policies, and objectives. **Publicity Waiver:** I hereby give permission for Trinity Pines to use my child's photo in publicity material. Names will not appear with the photo.

PARENT/GUARDIAN SIGNATURE PARENT/GUARDIAN - PRINT NAME DATE