



# Trinity Pines Camp & Conference Center

## 2019 Registration Form | Genesis Adult Camper

### ADULT CAMPER INFORMATION

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ M.I. \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

CHURCH: \_\_\_\_\_  NO CHURCH AFFILIATION

CAMPER GENDER:  MALE  FEMALE BIRTHDATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

ROOMMATE REQUEST (1 ONLY) LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

*We will do our best to place you with your requested roommate. Only 1 request, please.*

### GENESIS CAMPER(S) UNDER MY SUPERVISION

1. LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

2. LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

3. LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

4. LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

**REQUIRED DOCUMENTATION: BACKGROUND CHECK APPLICATION**  
Please fill out and sign the Background Check Application accompanying this registration, *even if you have submitted one previously and/or through another agency.* This is a requirement for all Genesis Adult Campers by the Intermountain District Church of the Nazarene. Thank you.

### CAMP INFORMATION (ALL DATES 2019)

**Genesis Girls' Camp (Adult Camper)** **June 10-12**  
Early Bird (postmarked by April 15) ..... \$65  
Regular Fee (postmarked by June 1\*) ..... \$90

**Genesis Boys' Camp (Adult Camper)** **June 12-14**  
Early Bird (postmarked by April 15) ..... \$65  
Regular Fee (postmarked by June 1\*) ..... \$90

**\*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

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   
LOGGED \_\_\_\_ / \_\_\_\_ / \_\_\_\_ ChN

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**

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

OFFICE USE ONLY	
<input type="checkbox"/> BACKGROUND CHECK RECEIVED	<input type="checkbox"/> BACKGROUND CHECK APPLICATION TO DISTRICT OFFICE
<input type="checkbox"/> BACKGROUND CHECK APPROVED	