

Camp Peaceful Pines 2019

Registration Information

All registration should be sent to:

Lynda Sesser, Registrar

1901 Landini Way

Modesto, CA 95355-3814

Use Google Chrome web browser to fill out PDF Form fields!

Amount Enclosed: \$ _____

Payable to **Camp Peaceful Pines**

To receive Super Saver rate, registration cost must be paid in full and postmarked by May 15, 2019. See individual camps for the Early Bird deadlines. Do not send registrations to the Modesto Church of the Brethren. Be sure to include your complete address on the Registration/Health Form and send it with your payment to the address above. If registering late, contact the registrar by email or phone and take the form with you to Camp.

Please include an email so that we may disperse information quickly to a large number of people.

To register for the Work Camps, you may call Lynda at:

(209) 527-8613 or email her at:

CampPPRegister@gmail.com

Accessible Cabin Usage Policy

Camp Peaceful Pines has two cabins that are ADA compliant for accessible usage. Priority for lodging in these cabins will be given to persons with mobility or other issues that make accessibility an important factor in an individual's ability to participate at camp. Beds are limited and all spaces will need to be filled if there is a need for the space. This means that individuals and families may be sharing the accessible cabins with others to accommodate all of the needs for a given camp. Campers should indicate on their registration form their need for use of one of the accessible cabins, what the need is, and the camp director in consultation with the superintendent will make assignments to these cabins. No camper should use either without the permission of the camp director.

**** ALL CAMPERS, adults included, must fill out this form!!**

2019 Registration/Health/Release Form

I, _____, am registering for _____ Camp.

For Family, Discovery, or camps with more than one family member attending a form is required for each person (including adults). You may include several camps for one camper on this form.

Name _____ Age _____ Grade Completed _____

For Age Group Camps, Name of Parent/Guardian: _____

Local Church: _____

Need for Accessible Cabin: Yes No Desire Vegetarian Food: Yes No

Address: _____

Phone 1: _____ Phone 2: _____ Email: _____

Health History: Please list any conditions that would be pertinent for the camp leadership to know regarding your health. (i.e. allergies, special diet, seizures, epilepsy, asthma, etc.)

If participant is on medication, please list dosage, frequency and purpose, or attach to this form.

Your Health Insurance Carrier is: _____

Policy / Group #s _____ Carrier Phone _____

Emergency phone number(s) _____

Photo and Liability Release

I consent and authorized Camp Peaceful Pines to use and publish images in any format taken of me while at camp. I understand these images may be used for a variety of purposes and may appear on the camp website, promotional materials or other media, and that camp will use the images exclusively for camp-related purposes. Since anyone can download an image from the Internet or make copies from printed materials, I agree that Camp Peaceful Pines is not for unauthorized use of the images. By signing below I acknowledge that I understand this release.

Signature of camper or parent/guardian _____

I give permission for my child/self to be treated by the camp nurse, and if necessary, a physician in a hospital in case of an emergency. I agree that I will not hold liable for any reason those working at or Camp Peaceful Pines itself for any injuries or accidents related to my own or my child's participation at Camp.

Signature of camper or parent/guardian _____

Cabin Assignment: Participates in Family and Discovery Camps may request a Cabin Assignment here. Campers should not move into a cabin until their placement has been confirmed with the Camp Director.

Cabin Requested: _____