

Five Pines Ministries

6597 Smith Rd.

Berrien Center, MI 49102

Phone: (269) 471-1396 * Fax: (269) 471-7563

e-mail: fivepines@fivepines.org

web site: www.fivepines.org

Please use one form for each camper

(Additional forms can be printed from our web site: www.fivepines.org)

Camper's Name _____

Name desired on group button _____

Parents / Guardians Names _____

Address _____

City _____ ST _____ Zip _____

Home phone () _____ - _____ Cell phone () _____ - _____

Work / daytime phone () _____ - _____

e-mail address _____ @ _____

Date of birth ____/____/____ Grade (fall 2012) _____ Sex _____

(optional) **ONE** camp buddy of the same sex _____

* (Please request **only one** friend to be in same group)

Has child been a camper at 5 Pines before? Yes _____ No _____

Home church and city (if any) _____

Unless notified in writing, registration implies permission to use images of your child in future promotional media.

(Register for the grade student will be **entering** in Fall 2012)

"Gold Rush Days" - 1st & 2nd Grade (no overnight) \$135

_____ June 25-29 _____ July 9-13 _____ July 16-20

"Gold Rush Days" - 3rd & 4th Grade (one overnight) \$145

_____ June 25-29 _____ July 9-13 _____ July 16-20

"KinderKamp Busy Bees" - (1/2 day) \$75

_____ July 9-13 _____ July 16-20

"Run the Race" - 5th & 6th Grd. Adventure Camp (one overnight) \$155

_____ July 23-27 _____ July 30 - August 3

"Run the Race" High Adventure Camp (two overnights) \$180

_____ August 6-10

Amount of camp \$ _____

\$5 Early-bird discount (if postmarked by **March 1**) \$ _____

\$5 Family discount for 2nd/3rd child (does not apply to 1st child) \$ _____

\$5 Late fee (if postmarked after **June 1**) \$ _____

CAMP THEME ITEMS: circle one \Rightarrow

\$15 T- Shirt (1st-8th grade) Youth size: S M L Adult size: S M L \$ _____

\$10 KinderKamp T-Shirt Youth size: S M L \$ _____

\$5 Group Photo \$ _____

Net camp fee after discounts or additions \$ _____

Deposit you are paying (minimum \$25 per camper) \$ _____

(Deposit applies to the camp fee, not an additional charge. First \$25 of deposit is non-refundable)

Balance due first day of camp \$ _____

(You may pay in full at time of registration if desired.)

Please fill **both sides** of this form & mail with deposit to:

Five Pines Ministries
6597 Smith Rd.
Berrien Center, MI 49102

**Is there still room?
To check for openings
in each week of camp:
www.fivepines.org**



Christian Camp and
Conference Association

For Five Pines office use only			Camp Fee	\$ _____
EB	Reg	Late	Discounts	\$ _____
			Additions	\$ _____
1st	2nd	3rd/up	Net Total	\$ _____
Date received: ____ / ____ / 2012			Paid	\$ _____
			Balance due	\$ _____
Recorded in computer: ____ / ____			Mailed: ____ / ____	

Medical Form / Health Release

Camper Name _____

In emergency notify (other than parent) _____

Relationship _____

Phone number (_____) _____ - _____

Cell phone or additional phone number (_____) _____ - _____

HEALTH HISTORY

Major Hospitalizations, Surgeries, Injuries (w/ year)

ALLERGIC REACTIONS: Plant, Food, Insect, Medicine, etc.

Allergy _____

Treatment _____

SPECIAL CONDITIONS (please check all that apply)

This is very important. Please check all that apply and describe. By informing us of special conditions we can better serve your child. Due to our limited ability and skill to serve extreme special needs children, we will accept them on a case-by-case basis.

- | | |
|---|---|
| <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Frequent earaches, sore throat |
| <input type="checkbox"/> Eczema, skin rashes | <input type="checkbox"/> Urine or bowel trouble |
| <input type="checkbox"/> Convulsions, seizures | <input type="checkbox"/> Speech problems |
| <input type="checkbox"/> Heart trouble | <input type="checkbox"/> Hay fever, asthma, wheezing |
| <input type="checkbox"/> Menstrual problems | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Communicable diseases | <input type="checkbox"/> Bedwetting |
| <input type="checkbox"/> Sleepwalking | <input type="checkbox"/> Attention Deficit Disorder |
| <input type="checkbox"/> Autism or other emotional disorder (please describe) _____ | |

Other _____

Usual treatment of conditions marked above: _____

Most recent immunization dates (month/year): *please do not send shot records

MMR _____ / _____ DP/Tetanus _____ / _____

Other: _____ / _____

Medications: List all medicines child will bring to camp

Medication	Dose	Frequency	Purpose

I give permission to Five Pines Ministries to secure emergency medical and surgical treatment and to provide routine, non-surgical medical care for the minor child named above, while attending camp, including the dispensing of common over-the-counter medicines.

Parent / Guardian Signature

Please fill out **both** sides of this form. Thank You.

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