



# Pinecroft Summer Camps

## 2024 Camper Registration

(Please fill out both sides—Include signatures)

Camper Information				
Last Name:	First Name:	Gender: (circle one) Male or Female	Grade This Fall	
Mailing Address:		City:	State:	Zip:
Home Phone:	Age:	Birthdate:	Email Address:	
T-shirt size (circle one) <b>Youth:</b> S M L <b>Adult:</b> S M L XL XXL XXXL			Early registration deadline June 05, 2024, (t-shirt included with early registration)	
Please Register Me For:	↓	<input type="checkbox"/> <b>Junior Camp (Grades 3-5 in the fall) -\$200(\$225 late reg.)</b> ..... \$ _____  <b>Hoodie sweatshirts are available for \$35 with an early registration, pre order only</b> (Sweatshirt preview will be on the Pinecroft Facebook page) <input type="checkbox"/> <b>Hoodie sweatshirt size:</b> Youth: S M L Adult: S M L XL XXL XXXL ..... \$ _____ <b>Total Amount Enclosed</b> ..... \$ _____ Please make checks payable to "Pinecroft"		
<b>T-SHIRTS WILL ONLY BE PROVIDED TO PRE-REGISTERED CAMPERS!!</b>		<b>IMPORTANT!</b> Send all registrations and fees to: <b>Pinecroft Christian Camp</b> c/o 182 Dalkena St. Newport, WA 99156		
<b>Church Scholarships</b>		<b>Cabin Mate Request</b>		
Some churches may have financial scholarships available to assist families when registration fees are beyond your ability to pay. Check with your church if your child would be prevented from attending camp because of financial limitations in your family <b>NOTE:</b> If you receive a scholarship from your church, please give your completed registration form and payment to your church so that they can forward all monies and registrations to us.... Thanks!		If possible, I would like to be in a cabin with: 1. _____ 2. _____ (Requests will be honored if possible but are not guaranteed.)		

**Agreement: (Parent or Guardian and Camper must read and sign)**

**"I have read Pinecroft's Camp Rules and Dress Code and I will cheerfully comply with all camp rules, obey camp leaders, and participate in all activities I am physically able to. I understand that any violation of rules or policies may result in dismissal from camp without refund."**

Camper signature \_\_\_\_\_ Date \_\_\_\_\_ Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

### Media Release

Campers Name: \_\_\_\_\_

Part of the camp experience at Pinecroft Christian Camp is our daily photo and video slideshows. It is from these photos and videos that we get the images to use for our promotional materials and camp brochures for Pinecroft Christian Camp.

I authorize the use of any visual or audio recordings of the person named above for television, radio, magazines, newspaper, website, brochure, and any other forms of media presentations, for related stories about Pinecroft Christian Camp

\_\_\_\_\_  
Signature of applicant, or Parent/Guardian if applicant is a minor.

\_\_\_\_\_  
Date

# Pinecroft Summer Camps – 2024 Camper Registration Medical Release

Please circle "Yes" or "No"

Allergies? Yes No If yes, explain: \_\_\_\_\_

Special Medications: RX and/or OTC? Yes No If yes, list: \_\_\_\_\_

Any Life-Threatening Allergies or conditions Yes No If yes, explain: \_\_\_\_\_

Any Physical reason for not participating in sports Yes No If yes, explain: \_\_\_\_\_

Health/Accident insurance? Yes No If yes, please include a photocopy of your insurance card.

Company name \_\_\_\_\_ Policy# \_\_\_\_\_

Family Physician? Yes No If yes, give name: \_\_\_\_\_ Physician phone: \_\_\_\_\_

**IN CASE OF EMERGENCY**, I understand that every effort will be made to contact me. However, if I can't be reached, I hereby give permission to the attending physician to hospitalize, secure proper treatment, order injection, anesthesia, or surgery for my child, named herein.

I give permission for the camp nurse to dispense over the counter medications as needed for the care of my child according to manufacturer's dosing instructions. (E.g.: Tylenol, Ibuprofen, Benadryl, Cough syrup, Pepto-Bismol, Midol, etc.) Prescription medication must be in their original prescription containers for the nurse to disperse to your child.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## Health and Accident insurance

**Pinecroft carries Health & Accident insurance for your camp week. However,** Pinecroft insurance is secondary to any family health/accident insurance. In other words, if you have family insurance and your child requires treatment at a local hospital or hospitalization, your insurance will pay first. Pinecroft insurance would cover what your insurance does not. In the event that there is no family insurance, Pinecroft insurance covers any medical cost resulting from accidental injury sustained while involved in any Pinecroft activities.

## Emergency Contact Info

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Relationship to camper: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## Dietary Restrictions

Does this camper have any special dietary restrictions or requirements? Yes No If yes, please explain: \_\_\_\_\_

## Release and Arbitration Agreement

(Must be signed by all attendees)

IN CONSIDERATION OF the use of the camp facilities owned/operated by **SPOKANE SLAVIC BAPTIST CHURCH, PEND OREILLE BIBLE CAMP, and PINECROFT CHRISTIAN CAMP** by myself or one or more of my children or wards, I, for myself, or the minor child named below, forever waive, release and discharge **PINECROFT CHRISTIAN CAMP** or **PEND OREILLE BIBLE CAMP** and its parent corporation, **SPOKANE SLAVIC BAPTIST CHURCH** from any/all injuries, claims, disputes, liabilities, or actions resulting from the use of the camp, regardless of location, from July 7, 2024 through and including July 26, 2024. I attest and verify that I have full knowledge of the risks and dangers involved; that I assume such risks, and that I will assume and pay my own medical expenses, in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses.

Any controversy arising out of, connected to, or relating to this Release and Agreement between me and the above named parties or on behalf of the minor child named below, or the breach thereof, including, but not limited to any claims of violations of Federal and/or State law, as well as any common law claims shall be settled by arbitration through the Christian Consolation Services: and in accordance with this paragraph a judgement based upon the arbitrator's award may be entered in any court having jurisdiction thereof in accordance with the provisions of R.C.W. 7.04. This agreement shall be construed and interpreted under the laws of the State of Washington.

**I HAVE READ THIS RELEASE AND ARBITRATION AGREEMENT CAREFULLY, AND UNDERSTAND IT**

\_\_\_\_\_  
Print Participants Name:

\_\_\_\_\_  
Birth Date mm/dd/yyyy:

\_\_\_\_\_  
Signature (Parent/Guardian if participant named above is under 18)

\_\_\_\_\_  
Date: