Thank you for your interest in Pilgrim Pines Summer Camp! Below are the step by step instructions to register your camper. A completed registration form is required for every camper. Due to American Camp Association guidelines, certain forms and questions are required to maintain the highest standards for all campers. All information on all forms is kept confidential and is only used for official camp records. Answers to frequently asked questions, as well as more information on camp and programs, can be found in the 2017 Summer Camp Information Brochure, or on our website at www.pilgrimpinescamp.org. You can also find additional forms online, as well as how to complete the registration process and make payments. Should you have any additional questions, please feel free to contact us via email (preferred) at pilgrimpinessummercamp@gmail.com or by calling (909) 566-CAMP [(909)566-2267].

✓ Please answer all questions on each form, or mark N/A (not applicable).
✓ Please write legibly and use blue or black ink.
✓ Please sign all forms where indicated.

**Step One: Complete Summer Camp Registration Form**
This form is required for all campers. Be sure to answer all questions and sign the bottom of the form, along with the camper. Information on dates and age groups can be found online or in the 2017 Summer Camp Information Brochure. A $100 non-refundable deposit is required at the time of completing the application, and your camper’s application will not be processed without this deposit. (Can also be completed online)

**Step Two: Complete Appropriate Profile Information**
Campers with developmental disabilities must complete the Campers with Special Needs Profile. All other campers must complete the Camper Profile. Please answer all questions to the best of your ability- we ask these questions in order to provide the best possible experience for your camper.

**Step Three: Complete Health & Medication Forms**
These two forms are extremely important in order to safeguard the health and welfare of your camper while they are at camp. ALL information on the Health Form is required. A doctor’s signature is no longer required on the health form, unless you are registering a camper with special needs (Pinester, Pinecone or Seedling). Complete the Medication Form ONLY if your camper is taking ANY medication on a regular basis while they are at camp (i.e. allergy medication or an inhaler). This form will ensure that your camper correctly receives their medication from our health staff and must be updated with any changes before camp begins. Please print the medication form and bring it with you to registration.

**Step Four: Complete Release Forms**
Both release forms must be completed for all campers. The first is for both low rope and high rope challenge courses. Information for the low ropes challenge course must be completed for all campers. Information for the high ropes challenge course must be completed for junior, junior high, and senior high age group campers. The second is for photographs, our statistical information, and a list of persons authorized to pick up your camper when camp ends.

**Step Five: Mail Your Completed Forms**
All forms, along with your $100 deposit, must be mailed to us at the following address:
Pilgrim Pines 2017 Registration 39570 Glen Road Yucaipa, CA 92399-9505

**Step Six: Check For Correspondence and Additional Information**
Once your forms are received and they are processed, you will receive an email (if an email address is provided) or a letter or postcard in the mail confirming your camper’s registration and week attending. If there is an issue with the forms received, we will let you know by mail, phone, or email. Once you have received confirmation of your camper’s registration, you are welcome to complete a Campership Application for payment assistance. This application can be found on the Pilgrim Pines website, or you can request an application by contacting us. Please note that there is a price increase if your application is not postmarked by June 1st.

**Step Seven: Two Week Confirmation**
Two weeks before your camper is set to go to camp, you will receive a final confirmation by email or mail. If any additional information or payment is required, it is due at this time. Please remember that incomplete camp registrations or campers without full payment can be dropped from registration anytime within this two week period. We will notify you by phone if your camper’s registration has been dropped, and any deposits or payments will not be refunded.

Registration Packet – Page 1
### Section 1: Personal Information

<table>
<thead>
<tr>
<th>New Camper</th>
<th>Returning Camper</th>
<th>UCC Camper</th>
<th>UCC Church Name (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Camper's First Name</td>
<td>Last Name</td>
<td>Camper prefers to be called</td>
<td>Gender: Male Female</td>
</tr>
<tr>
<td>Grade entering fall 2017</td>
<td>Age (on July 1, 2017)</td>
<td>Birthdate 00/00/00</td>
<td>Age Group (circle one)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Big Feet/Little Feet</td>
</tr>
<tr>
<td>T Shirt Size (circle one)</td>
<td>Child: small medium large</td>
<td>Adult: small medium large xlarge 2xlg 3 xlg</td>
<td></td>
</tr>
<tr>
<td>1st Choice of Week</td>
<td>2nd Choice of Week</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Camper's Address- Mail will be sent to this address unless information is provided below</td>
<td>City</td>
<td>State</td>
<td>Zip</td>
</tr>
<tr>
<td>PRIMARY (CUSTODIAL) or 1st Parent/Guardian/Caregiver Name</td>
<td>Relationship</td>
<td>Physical Custody or LEGAL Guardian? YES NO</td>
<td>Is mailing address the same as physical address? YES NO</td>
</tr>
<tr>
<td>Mailing Address- Complete if different from physical address</td>
<td>Does Camper Live With You? YES NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home Phone</td>
<td>Work Phone</td>
<td>Cell Phone</td>
<td>E-mail Address</td>
</tr>
<tr>
<td>SECONDARY or 2nd Parent/Guardian/Caregiver Name</td>
<td>Relationship</td>
<td>Physical Custody or LEGAL Guardian? YES NO</td>
<td></td>
</tr>
<tr>
<td>Mailing Address</td>
<td>Does Camper Live With You? YES NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home Phone</td>
<td>Work Phone</td>
<td>Cell Phone</td>
<td>E-mail Address</td>
</tr>
<tr>
<td>Additional Emergency Contact:</td>
<td>Phone 1</td>
<td>Phone 2</td>
<td>Relationship</td>
</tr>
<tr>
<td>Does your camper have any allergies or medical conditions? YES NO</td>
<td>If YES, please briefly explain (further explanation will be on health forms):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CAREGIVERS and FOSTER PARENTS: INFORMATION REGARDING AGENCY AND CASE WORKERS IS REQUIRED</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foster/Other Agency</td>
<td>Case Worker</td>
<td>Phone 1</td>
<td>Phone 2</td>
</tr>
<tr>
<td>DCS Region (REQUIRED)</td>
<td>DCS Region Phone Number (REQUIRED)</td>
<td>DCS Contact Person (REQUIRED)</td>
<td></td>
</tr>
</tbody>
</table>

### Section Two: Registration Fees

The Schedule of Fees for camp can be found in the 2017 Summer Camp Information Brochure, or online. A $100 non-refundable deposit is required to reserve your camper’s place. We are unable to process registrations without a deposit. Credit card deposits must be done online through our website.

Your Total Camp Fees: $________ - Your enclosed deposit (minimum $100): $________ = Your balance: $________

The balance of your camp fees must be paid 14 days before your camper attends camp.

### Section Three: Camp Policies and Rules

All campers are required to abide by Camp Policies and Rules as defined in the Summer Camp Information Brochure. Along with those guidelines, all campers must:

- Be respectful to the counselors, other campers and camp property.
- Follow the camp rules.
- Participate in all camp and group activities that I am able.

If a camper does not follow the policies and rules, they are subject to disciplinary action, up to and including being dismissed from camp early without any refund of fees paid. ALL CAMPERS AND PARENTS/GUARDIANS WILL BE REQUIRED TO REVIEW THESE GUIDELINES AND SIGN AN ACKNOWLEDGMENT WHEN CHECKING IN TO CAMP.

The undersigned persons have read and understand the camp policies and agree to abide by these policies.

Signature of Camper ___________________________ Signature of Parent/Guardian ___________________________
2017 Camper Profile

If your camper is a Pinester, Pinecone, or Seedling, please complete the Campers with Special Needs Profile instead of this profile.

Camper’s Name ___________________________ Grade camper entering in 2017________ Gender F M

Age _______Camp Week(s) ___________________ Age Group ___________________________

Is this the camper’s first overnight camp experience?  Yes _____ No _____

Has the camper ever attended Pilgrim Pines Summer Camp? Yes _______ No _____  If yes, list year(s) _______________________

ABOUT THE CAMPER:

What are your camper’s strengths in terms of social interaction with others (i.e. leadership, active participant)?

________________________________________________________________________

What area(s) does your camper feel the greatest sense of accomplishment (i.e. academics, sports)?

________________________________________________________________________

What social or emotional areas do you believe your camper needs to work on?

________________________________________________________________________

Please rate your camper’s level of self-confidence. Low _____ Average _____ High_____

What activities is your camper MOST looking forward to participating in?

________________________________________________________________________

What activities is your camper LEAST looking forward to participating in?

________________________________________________________________________

Does your camper have any food allergies?  PLEASE DO NOT list food preferences.

________________________________________________________________________

Are any of the allergies LIFE THREATENING?  Yes _____ No _____  If yes, please give specific details.

________________________________________________________________________

Are there any circumstances (i.e. bedwetting, recent move, separation of parents, divorce, or recent death) which may affect the camper during her/his stay at camp?  Please explain:

________________________________________________________________________

________________________________________________________________________

Does your camper know any other campers attending during their preferred week of camp?  Circle ‘Yes’  No

If so, who are they (i.e. friends, family, church group) and would they like to be in the same cabin? _________________________

Please detail any information about the camper that our counselors should know to help create a positive camp experience.

________________________________________________________________________

________________________________________________________________________

Parent/Guardian Signature ___________________________ Date ____________

Registration Packet – Page 3
Section 1: Contact Information

Camper's Name
Person to Contact in Case of an Emergency
Alternate Person to Contact in Case of an Emergency
Camper's Insurance Company

Height
Weight
Age Group (Mini, Junior, etc.)
Week Attending 1, 2, 3, or 4
Phone 1
Phone 2
Relationship
Phone 1
Phone 2
Relationship
Insurance Policy Number
Camper's Physician
Physician Phone Number

Section 2: Health History Information

Each area MUST be completed. Immunization records can be attached to this document.

A. IMMUNIZATIONS (fill in month and year)
   - Tetanus
   - DPT
   - TB
   - MMR
   - Polio
   - Hepatitis B

B. ALLERGIES Does your camper have any known allergies? ☐ Yes ☐ No
   If yes, please circle their allergens and explain in part E. Do not list food preferences as allergies.
   - Hay Fever
   - Bee Sting
   - Penicillin
   - Foods
   - Nuts
   - Gluten
   - Sulfas
   - Other Drugs
   - Other

C. HEALTH HISTORY If yes, please circle their health issue and explain in part E.
   - Asthma
   - ADHD
   - Sinus Condition
   - ADD
   - Hyperventilation
   - Ear Infection
   - Bed Wetting
   - Heart Disease
   - Seizures
   - Skin Disease
   - Athlete's Foot
   - Fainting
   - Diabetes
   - Other

D. RECENT HEALTH Has your camper had any recent illness or surgery? ☐ Yes ☐ No
   - Has your camper had any recent exposure to any communicable diseases? ☐ Yes ☐ No
   - Has your camper been diagnosed with any medical condition other than those above? ☐ Yes ☐ No
   - Are any of the allergies or conditions listed above LIFE THREATENING? ☐ Yes ☐ No

E. EXPLANATION OF YES ANSWERS Please explain all YES answers to parts B-D:

Licensed Medical Professional Signature required ONLY FOR CAMPERS WITH SPECIAL NEEDS

CURRENT MEDICATIONS: Does the camper have any current medications taken on a regular basis? ☐ Yes ☐ No

If yes, complete the Medication Administration Record.

State law and ACA standards require that campers give all medications, including inhalers, to Health Center staff, in their ORIGINAL CONTAINERS clearly marked with name, drug, and dosage. ALL MEDICATIONS must be administered by the Health Center staff.

Section 3: Parent/Guardian Consent

CONSENT AND EMERGENCY TREATMENT AUTHORIZATION

In the event that I cannot be reached in an emergency or I, myself, am injured or in need of emergency medical care, I do hereby give consent for the above named camper to receive routine medical care or such emergency treatment as deemed necessary by camp medical staff or attending physician.

Parent/Guardian/Independent Signature
Date

OVER-THE-COUNTER MEDICATIONS

Medication of any kind, including aspirin, ibuprofen, acetaminophen, and cream for insect bites will not be dispensed to campers without the express permission of the custodial parent/guardian/caregiver.

Do you authorize over-the-counter medication? ☐ Yes ☐ No
If YES, please list any medications that you do not give consent for your camper to receive:

Parent/Guardian/Independent Signature
Date

Registration Packet – Page 4
# 2017 Pilgrim Pines Medication Administration Record

Camp policy and state law require campers to turn in all medications in their original containers, clearly marked with name, drug, and dosage to the camp nurse, under whose supervision all medications, prescription and over-the-counter, will be administered. Complete an additional form if necessary.

*Only complete this form if regular medications are taken by your camper.*

<table>
<thead>
<tr>
<th>Camper's Last Name</th>
<th>Dates of Camp (Week #)</th>
<th>Allergies</th>
<th>Camper's First Name</th>
<th>Age Group (Program Name)</th>
<th>Meds Returned</th>
<th>Parent/Guardian/Caregiver Name</th>
<th>Parent/Guardian/Caregiver Phone Number</th>
<th>Date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Medication</th>
<th>Dosage</th>
<th>Sunday</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Sat</th>
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<td>B</td>
<td>L</td>
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</table>

OTC: [ ] Yes  [ ] No

B=Breakfast (8:30 - 9:00)  L=Lunch (12:30 - 1:00)  D=Dinner (6:30 - 7:00)  N=Night (8:00 - 9:30)

Page [ ] of [ ]  

Counselor  
Cabin Assignment

Registration Packet – Page 5
In accordance with current industry practices, Pilgrim Pines uses its Challenge Course (Low Ropes, Climbing Tower/Zip Line, and High Ropes Challenge Course) to include, in some capacity, all ages of campers. All participants will have choice regarding their level of participation in each activity.

1. Mini campers, Pinecones, Pinesters, and Seedlings Participation will be limited to use of low ropes and the climbing wall.
2. Junior, Junior High, Senior High Will have access to low ropes, climbing tower and high ropes challenge courses.

Their specific activities will be determined in collaboration between the Summer Camp Director, Challenge Course Specialist, and Age-Group Directors.

The Low Ropes Challenge course is comprised of nine (9) elements that are used in developing group communication, teamwork, problem solving techniques, and trust among peers. Groups work together to set a goal and complete a team challenge on these ground level obstacles.

The Climbing Tower/Zip Line: 40 foot rock wall and "vertical playpen" - belayed/facilitated by trained staff.

The High Ropes Challenge course is comprised of seven (7) elements suspended 35 feet above the ground. The course incorporates creative problem solving, team and individual encouragement, trust among peers, and allows for youth to challenge themselves and to celebrate individual successes while building self-esteem. All participants wear safety gear, including a helmet and harness that is connected through a relay safety system.

### Low Ropes Challenge Course and Climbing Wall Program Age Groups: ALL

<table>
<thead>
<tr>
<th>Camper's Name</th>
<th>Age Group: Circle One</th>
<th>Connect Six</th>
<th>Jun-See High</th>
<th>CIT Minis</th>
<th>Juniors Jr High</th>
<th>Sr High Pinecones</th>
<th>Pinesters</th>
<th>Seedlings</th>
<th>Week Attending:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

I hereby _____ GIVE MY CONSENT _____ DO NOT GIVE MY CONSENT for the above named camper to participate in the Low Ropes Challenge Course and in the Climbing Wall Challenge courses. As a condition of receiving this programming opportunity I, the undersigned, do hereby agree to the following:

I understand that though every reasonable effort is made to minimize exposure to known risks, not all dangers and hazards can be foreseen. I am aware that certain risks and dangers exist in the activities that are beyond the control of PILGRIM PINES CAMP AND CONFERENCE CENTER. I understand and assume all dangers and risks (both known and unknown) to myself or my participating minor child/ward and do here by waive, release and discharge PILGRIM PINES CAMP AND CONFERENCE CENTER, its officers, agents, and employees from any and all claims or liability, even if arising from the negligence of the releases, and agree to indemnify and hold PILGRIM PINES CAMP AND CONFERENCE CENTER harmless for any accidents, injury, loss or damage of property, and from any legal fees that I may ever have as a direct or indirect result of participating in the challenge course activity.

*This release, indemnification, and waiver shall be construed broadly to the maximum extent under applicable laws.*

Parent/Guardian/Caregiver Signature: __________________________ Date: __________

### High Ropes Challenge Course Program Age Groups: Junior, Junior High, and Senior High

<table>
<thead>
<tr>
<th>Camper's Name</th>
<th>Age Group:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I hereby _____ GIVE MY CONSENT _____ DO NOT GIVE MY CONSENT for the above named camper to participate in the High Ropes Challenge Course. As a condition of receiving this programming opportunity I, the undersigned, do hereby agree to the following:

I understand that though every reasonable effort is made to minimize exposure to known risks, not all dangers and hazards can be foreseen. I am aware that certain risks and dangers exist in the activities that are beyond the control of PILGRIM PINES CAMP AND CONFERENCE CENTER. I understand and assume all dangers and risks (both known and unknown) to myself or my participating minor child/ward and do here by waive, release and discharge PILGRIM PINES CAMP AND CONFERENCE CENTER, its officers, agents, and employees from any and all claims or liability, even if arising from the negligence of the releases, and agree to indemnify and hold PILGRIM PINES CAMP AND CONFERENCE CENTER harmless for any accidents, injury, loss or damage of property, and from any legal fees that I may ever have as a direct or indirect result of participating in the challenge course activity. *This release, indemnification, and waiver shall be construed broadly to the maximum extent under applicable laws.*

Parent/Guardian/Caregiver Signature: __________________________ Date: __________
2017 PILGRIM PINES SUMMER CAMP RELEASE FORM

Please complete a SEPARATE FORM for each camper for EACH WEEK.

Section 1: Photographic Permission Form

<table>
<thead>
<tr>
<th>Camper’s Name</th>
<th>Age Group (Mini, Junior, Jr. High, Sr. High, Pinester)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I hereby _____ GIVE MY CONSENT _____ DO NOT GIVE MY CONSENT _____ DCFS - NO CONSENT ALLOWED

for Pilgrim Pines Camp and Conference Center to use any of the photographs taken of the above named camper for publicity, such as for future Summer Camp brochures or other materials designed to inform potential campers or user groups about camping programs or available facilities at this camp. With consent I hereby release Pilgrim Pines and Conference Center from any claim whatsoever that may arise in said regard. Without consent no photographs of the above named camper will be used for any purpose. I understand that the above named camper will participate in and receive a camp photograph of their age group.

Parent/Guardian/Caregiver/Independent Signature		Date

Section 2: Diversity Information (optional)

Pilgrim Pines Camp is asked to compile diversity information yearly for purposes of grant applications and funding requests.

Please circle one: African American Asian Hispanic Pacific Islander White Multiracial Other

Section 3: Camper Release Form

Camper’s will ONLY be released, at end of camp or for any other reason, to the people designated on this list.

ALL persons designated MUST present a valid photo identification form in order to pick up campers.

PARENTS/GUARDIANS/CAREGIVERS: please include yourselves when completing this form.

<table>
<thead>
<tr>
<th>Camper’s Name</th>
<th>Age Group (Mini, Junior, etc.)</th>
<th>Week 1, 2, 3, or 4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td></td>
<td>5</td>
</tr>
</tbody>
</table>

Authorized Person to Pick Up Camper

2

Authorized Person to Pick Up Camper

3

Authorized Person to Pick Up Camper

4

Authorized Person to Pick Up Camper

Parent/Guardian/Caregiver/Independent Signature		Date

REMEMBER - when picking up your camper you MUST bring your picture I.D.

Section 4: Camper Departure - DO NOT FILL IN - for office staff only.

<table>
<thead>
<tr>
<th>Printed Name of Person Who Picked Up Camper</th>
<th>Signature of Person Who Picked Up Camper</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Driver’s License or State Picture ID Number</td>
<td>Pilgrim Pines Staff Initials Date Time</td>
</tr>
</tbody>
</table>

Registration Packet – Page 7