

2019 Pilgrim Pines Summer Camp Registration Packet & Instructions

Thank you for your interest in Pilgrim Pines Summer Camp! Below are the step by step instructions for registering your camper for camp. 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 2019 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 pilgrimpinessummerncamp@gmail.com or by calling (909) 566-CAMP.

✓ 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 2019 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.

Step Four: Complete Release Forms

Both release forms must be completed for all campers. The first is for photographs and a list of persons authorized to pick up your camper when camp ends. The second 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.

Step Five: Mail Your Completed Forms

All forms, along with your \$100 deposit, must be mailed to us at the following address:

Pilgrim Pines 2019 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 confirming your camper's registration and week attending. If there is an issue with the forms received, we will let you know by phone or email. Please note that there is a price increase if your application is not postmarked by June 1st and another increase one week prior to the start of the week you are registering for. 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. Campership applications will not be accepted after 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. 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.*

2019 Pilgrim Pines Summer Camp Registration Form

Section 1: Personal Information

New Camper	Returning Camper	UCC Camper Yes No	UCC Church Name (if applicable)		
Camper's First Name		Last Name		Camper prefers to be called	Gender: Male Female
Grade entering <i>fall 2019</i>	Age (on July 1, 2019)	Birthdate 00/00/00	Age Group (circle one) Mini Junior Jr. High Sr. High Seedling Pinecone Pinester <i>Week One Only:</i> Big Feet/Little Feet Jr. -Sr. High CIT		
T Shirt Size (circle one) <i>Child:</i> small medium large <i>Adult:</i> small medium large xlarge 2xlg 3 xlg				1 st Choice of Week	2 nd Choice of Week
Camper's Address- <i>Mail will be sent to this address unless information is provided below</i> City State Zip					
PRIMARY (CUSTODIAL) or 1st Parent/Guardian/Caregiver Name			Relationship	Physical Custody or LEGAL Guardian? YES NO	Is mailing address the same as physical address? YES NO
Mailing Address- <i>Complete if different from physical address</i>					Does Camper Live With You? YES NO
Home Phone	Work Phone	Cell Phone	E-mail Address		Contact in case of emergency? YES NO
SECONDARY or 2nd Parent/Guardian/Caregiver Name			Relationship	Physical Custody or LEGAL Guardian? YES NO	
Mailing Address					Does Camper Live With You? YES NO
Home Phone	Work Phone	Cell Phone	E-mail Address		Contact in case of emergency? YES NO
Additional Emergency Contact:		Phone 1	Phone 2	Relationship	
Does your camper have any allergies or medical conditions? YES NO		If YES, please briefly explain (further explanation will be on health forms):			Please circle your camper's swimming ability: Poor Fair Good Excellent
CAREGIVERS and FOSTER PARENTS: INFORMATION REGARDING AGENCY AND CASE WORKERS IS REQUIRED					
Foster/Other Agency		Case Worker	Phone 1	Phone 2	
DCS Region (REQUIRED)		DCS Region Phone Number (REQUIRED)		DCS Contact Person (REQUIRED)	

Section Two: Registration Fees

The Schedule of Fees for camp can be found in the 2019 Summer Camp Information Brochure or online. A \$100 *non-refundable* deposit is required to reserve your camper's place for their preferred week. 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 page 6 of the 2019 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** _____

2019 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 2019 _____

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? 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 ensure a positive camp experience.

Parent/Guardian Signature _____ Date _____

2019 PILGRIM PINES SUMMER CAMP HEALTH FORM

*ALL campers MUST have a **COMPLETE 2019 FORM, INCLUDING returning campers, per ACA regulations.** This form is to be completed by the CUSTODIAL parent/caregiver. For Campers with Special Needs, a signature by a licensed medical professional IS REQUIRED OR a current physical exam (Aug 2018+) signed by a medical professional may be attached in lieu of the signature.*

Section 1: Contact Information

Camper's Name	Height	Weight	Age Group (Mini, Junior, etc.)	Week Attending 1, 2, 3, or 4
Person to Contact in Case of an Emergency	Phone 1	Phone 2		Relationship
Alternate Person to Contact in Case of an Emergency	Phone 1	Phone 2		Relationship
Camper's Insurance Company	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 Sulfa 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** Date

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

2019 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.

Camper's Last Name		Dates of Camp (Week #)												Allergies										
Camper's First Name		Age Group (Program Name)												Meds Returned										
Parent/Guardian/Caregiver Name		Parent/Guardian/Caregiver Phone Number												Date										
Name of Medication	Dosage	Sunday		Monday				Tuesday				Wednesday				Thursday				Friday				Sat
		D	N	B	L	D	N	B	L	D	N	B	L	D	N	B	L	D	N	B	B			

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 _____

Nurse check in: _____

Counselor _____
Cabin Assignment _____

2019 PILGRIM PINES SUMMER CAMP RELEASE FORM

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

Section 1: Photographic Permission Form

Camper's Name	Age Group (Mini, Junior, Jr. High, Sr. High, Pinester)
<p>I hereby _____ GIVE MY CONSENT _____ DO NOT GIVE MY CONSENT _____ DCFS - NO CONSENT ALLOWED</p> <p>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. <u>With consent</u> I hereby release Pilgrim Pines and Conference Center from any claim whatsoever that may arise in said regard. <u>Without consent</u> no photographs of the above named camper will be used for any purpose. <u>I understand that the above named camper will participate in and receive a camp photograph of their age group.</u></p>	
Parent/Guardian/Caregiver/Independent Signature	Date

Section 2: Camper Release Form

<p>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. <u>PARENTS/GUARDIANS/CAREGIVERS:</u> please include yourselves when completing this form.</p>		
Camper's Name	Age Group (Mini, Junior, etc.)	Week 1, 2, 3, or 4
1 _____	5 _____	
Authorized Person to Pick Up Camper	Authorized Person to Pick Up Camper	
2 _____	6 _____	
Authorized Person to Pick Up Camper	Authorized Person to Pick Up Camper	
3 _____	7 _____	
Authorized Person to Pick Up Camper	Authorized Person to Pick Up Camper	
4 _____	8 _____	
Parent/Guardian/Caregiver/Independent Signature	Date	
REMEMBER - when picking up your camper you MUST bring your picture I.D.		

Section 3: Camper Departure - DO NOT FILL IN - for office staff only.

Printed Name of Person Who Picked Up Camper	Signature of Person Who Picked Up Camper		
Driver's License or State Picture I.D. Number	Pilgrim Pines Staff Initials	Date	Time

2019 CHALLENGE COURSE INFORMATION & RELEASE FORM

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

Pilgrim Pines Camp and Conference Center provides facilitators specifically trained in ropes course safety, instruction, first aid and CPR to reduce all associated risks as possible.

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 belay safety system.

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

Camper's Name	Age Group: <i>Circle One</i> Connect Six Jun-See High CIT Minis Juniors Jr High Sr High Pinecones Pinesters Seedlings	Week Attending:
<p>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. <i>This release, indemnification, and waiver shall be construed broadly to the maximum extent under applicable laws.</i></p>		
Parent/Guardian/Caregiver Signature	Date	

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

Camper's Name	Age Group:
<p>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 to 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. <i>This release, indemnification, and waiver shall be construed broadly to the maximum extent under applicable laws.</i></p>	
Parent/Guardian/Caregiver Signature	Date