

# 2022 CAMP PINEHILL REGISTRATION AND RELEASE FORM

Week Desired 1<sup>st</sup> choice \_\_\_\_\_ 2<sup>nd</sup> choice \_\_\_\_\_  Please check if for Day Camp Only

Name \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_ **Shirt Size: Circle One** Youth: S M L Adult: S M L XL Other: \_\_\_\_\_

Address \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_ LAST GRADE ATTENDED IN SCHOOL \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_  
Area Code

Church \_\_\_\_\_ Pastor \_\_\_\_\_

Church Address \_\_\_\_\_

Parent or Guardian's Name \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_  
Area Code

Additional Contact Person \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_  
Area Code

Pre-existing medical condition or present medical condition \_\_\_\_\_

**Does the camp staff have permission to administer Tylenol, Motrin, Pepto Bismol, or Benadryl to your child while he/she is at Camp?**  Yes  No \_\_\_\_\_

Name and dosage of any additional medication to be administered at Camp \_\_\_\_\_

Any Allergies? \_\_\_\_\_ Medication Allergies? \_\_\_\_\_

Any swimming restrictions? \_\_\_\_\_ What? \_\_\_\_\_

Any activity restrictions? \_\_\_\_\_ What? \_\_\_\_\_

**If Possible Please Room With:** \_\_\_\_\_

## PARENT OR GUARDIAN RELEASE STATEMENT

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I cannot be reached in an emergency during the dates shown on this form, I hereby give permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or to order injection, anesthesia, or surgery for my child if deemed necessary.

I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed. Coverage by Pinehill Baptist Retreat through its accident policy will be used as a backup for what my family's insurance does not cover.

I understand all reasonable safety precautions will be taken at all times by Pinehill Baptist Retreat and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Pinehill Baptist Retreat, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

I consent to the use of video, photographs, audio recording, or any other visual or audio reproduction that may be taken of the subject of this release during the activity/event to be used, distributed, or shown as Pinehill Baptist Retreat sees fit.

I have reviewed the information about the summer program of Pinehill Baptist Retreat and give my permission for the subject of this release to be involved in the overall activities.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### FOR RETREAT USE ONLY:



Visa \_\_\_\_\_



MasterCard \_\_\_\_\_



Discover \_\_\_\_\_

**S.C. Pee Dee Associational Member.....\$200.00**

Amount Due \_\_\_\_\_

**Non-S.C. Pee Dee Associational Member.....\$220.00**

Amount Paid \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_

**\*Day Camp and Overnight Camp are the same price.**

Balance Due \_\_\_\_\_ Check# \_\_\_\_\_ Cash \_\_\_\_\_

Canteen Paid \_\_\_\_\_

\$5.00 convenience fee for each registration form paid by debit or credit card.

Please mail the completed Registration form with a \$100.00 deposit to: Camp Pinehill, 2096 Baptist Road • Bennettsville, SC 29512.

For additional registration forms or to register online, go to : [www.camppinehill.org](http://www.camppinehill.org)

**We accept VISA, MASTERCARD and DISCOVER cards.**