

Spring Work Camp 2011 Registration

MAY 14-15, 2011

Please Complete Registration Form, Health Form, and submit full payment.

Please complete a separate set of forms for each participant, Photocopy all forms as needed.

Please Print.

General Information:

Participant's First and Last Name _____ Phone Number _____

e-mail address (please print clearly) _____ Cell Phone _____

Address: Street _____ City _____ State _____ Zip Code _____

WORK CAMP DONATION: \$25 PER PERSON to cover food costs

Age requirements:

All ages are welcome. Children must be under supervision of their parents at all times.

All participants under the age of 18 must be accompanied by a parent/guardian or be part of a youth group.

Youth groups must have 1 adult per 8 youth and male/female adults to match the gender of the youth.

LEADERSHIP: All work projects will be planned by the Property and Facilities Committee of the Pilgrim Pines Board of Directors in consultation with the Pilgrim Pines Facilities Manager. The Work Camp Director and work crew leaders will provide leadership for the camps program and work projects. For the supervision of youth in cabins and overall participation, parents and adult leaders of a group are asked to be responsible for the members of their family or group throughout the camp experience.

Camper Section:

I am interested in coming to work camp because _____

Have you attended a work day at Pilgrim Pines in the past? WHEN? _____

Please tell us what skills, tools, and talents you can share during work camp: _____

Parent/Guardian Section: (for all work campers under 18 years of age)

Information helpful for camp staff to know (i.e. learning/physical challenges, therapy, life issues)

I HEREBY GIVE MY CONSERNT FOR MY CHILD (A MINOR) TO ATTEND AND PARTICIPATE IN SPRING WORK CAMP.

Parent/Legal Guardian Signature

Parent/Legal Guardian name (PRINT)

Date

Minor Media Release: I also hereby give my consent to use any photographs or video taken of the above named minor for publication to promote the ministry of Pilgrim Pines. I do hereby release Pilgrim Pines Camp for any claim whatsoever which may arise in said regard.

Parent/Legal Guardian Signature

Date

Adult Media Release: I also hereby give my consent to use any photographs or video taken of me personally for publication to promote the ministry of Pilgrim Pines. I do hereby release Pilgrim Pines Camp for any claim whatsoever which may arise in said regard.

Signature

Date

NOTE: Registration and Health Form are required. The Health Form must be filled out by all campers, counselors, and directors for this camp. **Parent or legal guardian signature is required on the health form if the participant is a minor.**

Lodging: (circle) FRIDAY NIGHT SATURDAY NIGHT

Meals: (circle) SATURDAY
BREAKFAST LUNCH DINNER

SUNDAY
BREAKFAST

Be prepared! Remember to bring your personal items, bedding, toiletries, jacket, flashlight, Bible, etc. You will also want to bring work gloves, work clothes and sturdy closed toed shoes you can get dirty, and lots of lots of energy and enthusiasm. Questions? 909-797-1821.

**RETURN TO
PILGRIM PINES CAMP
39570 GLEN ROAD
YUCAIPA CA 92399**