



Pinecroft Summer Camps

2025 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) Youth: S M L Adult: S M L XL XXL XXXL			Early registration deadline June 06, 2025, (t-shirt included with early registration)

Please

Register

Me For:

- ☐ Middle School Camp (Grades 6-8 in the fall) -\$200(\$300 late reg.) \$ _____
- ☐ High School Camp (Grades 9-12 in the fall) -\$200(\$300 late reg.) \$ _____

Hoodie sweatshirts are available for \$35 with an early registration, pre order only
(Sweatshirt preview will be on the Pinecroft Facebook page)

- ☐ Hoodie sweatshirt size: Youth: S M L Adult: S M L XL XXL XXXL \$ _____

Total Amount Enclosed \$ _____

Please make checks payable to "Pinecroft"

T-SHIRTS WILL ONLY BE PROVIDED TO PRE-REGISTERED CAMPERS!!

IMPORTANT! Send all registrations and fees to:
Pinecroft Christian Camp
c/o PO Box 100
Fernwood, ID 83830

Church Scholarships

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

NOTE: 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!

Cabin Mate Request

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 – 2025 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 dispense 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 13, 2025 through and including July 25, 2025. 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: _____