

# Registration Information

All registrations should be sent to:

**Peggy Castañeda, Registrar**  
**1704 Thorsen Ave.**  
**Modesto CA 95355-1830**

Amount enclosed: \$ \_\_\_\_\_

Please do not send registrations to the Modesto Church of the Brethren. Your registration may be delayed or lost.

Be sure to include your complete address on the Health Form and send it with your payment to the address above, or if you are registering late, take the Health Form with you to Camp.

Include an email if you have one. We are trying to establish a data base for campers so that we may disperse information quickly to a large number of people in the future.

To register for the Work Camps, you may call Peggy at: **(209) 521-1525**

or email Peggy at:

[CampPPRegister@gmail.com](mailto:CampPPRegister@gmail.com)

More information is available at our Camp Peaceful Pines Website:

[www.camppeacefulpines.org](http://www.camppeacefulpines.org)

# Registration / Health Form\*\*

I, \_\_\_\_\_, am registering for \_\_\_\_\_ Camp. Age \_\_\_\_\_

For family camps: Name \_\_\_\_\_ Age \_\_\_\_\_ Grade Completed \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade Completed \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade Completed \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade Completed \_\_\_\_\_

For Age Group Camps: Name of Parent/Guardian: \_\_\_\_\_

Local Church: \_\_\_\_\_ *T-Shirt Size (for age level camps)*

Need for Accessible Cabin: (Y) (N) \_\_\_\_\_

Desire Vegetarian Food: (Y) (N) *Youth S - L, Adult S - XXL*

Address \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_ Email: \_\_\_\_\_

**Health History:** Please list an conditions that would be pertinent for the camp leadership to know regarding your health. (i.e. allergies, special diet, seizures, epilepsy, asthma, etc.) complete this form for each camper — use the back of this form, or make copies.

\_\_\_\_\_

If participant is on medication, please list dosage, frequency and purpose, or attach to this form.

\_\_\_\_\_

Your Health Insurance Carrier is: \_\_\_\_\_

Policy / Group #s \_\_\_\_\_ Carrier Phone \_\_\_\_\_

Emergency phone number(s) \_\_\_\_\_

I give permission for my child to be treated by the camp nurse, and if necessary, a physician in a hospital in case of an emergency.

Signature of parent / guardian \_\_\_\_\_

**\*\*ALL CAMPERS, adults included, must fill out this form!!**

\* **Dress Code** — Appropriate dress has become an issue at some camps. Please be advised that all campers are expected to dress in suitable and modest attire while attending camp. A complete dress code can be requested and sent to campers before their scheduled camp. The Camp Directors and Staff have the authority to monitor campers for compliance with the dress code.

