

# Camp Peaceful Pines 2021

## Registration Information

All registration should be sent to:

**Lynda Sesser, Registrar**  
**1901 Landini Way**  
**Modesto, CA 95355-3814**

**Use Google Chrome web browser to fill out PDF Form fields!**

Amount Enclosed: \$ \_\_\_\_\_  
 Payable to **Camp Peaceful Pines**

**To receive Super Saver rate, registration cost must be paid in full and postmarked by June 1, 2021. See individual camps for the Early Bird deadlines.** Do not send registrations to the Modesto Church of the Brethren. Be sure to include your complete address on the Registration/Health Form and send it with your payment to the address above. If registering late, contact the registrar by email or phone and take the form with you to Camp. Please include an email so that we may disperse information quickly to a large number of people.

To register for the Work Camps, you may call Lynda at: **(209) 527-8613** or email her at: CampPPRegister@gmail.com

### Accessible Cabin Usage Policy

Camp Peaceful Pines has two cabins that are ADA compliant for accessible usage. Priority for lodging in these cabins will be given to persons with mobility or other issues that make accessibility an important factor in an individual's ability to participate at camp. Beds are limited and all spaces will need to be filled if there is a need for the space. This means that individuals and families may be sharing the accessible cabins with others to accommodate all of the needs for a given camp. Campers should indicate on their registration form their need for use of one of the accessible cabins, what the need is, and the camp director in consultation with the superintendent will make assignments to these cabins. No camper should use either without the permission of the camp director.

**ALL CAMPERS, adults included, must fill out this form for each individual!!**

# 2021 Registration/Health/Release Form

I, \_\_\_\_\_, am registering for \_\_\_\_\_ Camp.  
 For Family, Discovery, or camps with more than one family member attending a form is required for each person (including adults). You may include several camps for one camper on this form.

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

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

Church: \_\_\_\_\_

Need for Accessible Cabin: Yes No Desire Vegetarian Food: Yes No

\*If not attending the entire session, please indicate the dates that you will be in Camp. \_\_\_\_\_  
 This will greatly assist the registrar, directors and the cooks with plans for your camp. Thank you!

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

Health History: Please list any conditions that would be pertinent for the camp leadership to know regarding your health. (i.e. allergies, special diet, seizures, epilepsy, asthma, etc.)

\_\_\_\_\_

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

Have you received the Covid 19 vaccination Yes \_\_\_ NO \_\_\_ Camp Peaceful Pines strongly recommends getting vaccinated prior to attendance at camp

Cabin Assignment: Because of potential COVID restrictions Cabins will be assigned based on Camp Covid 19 Mitigation Plan as approved by Alpine County.

Your Health Insurance Carrier is: \_\_\_\_\_  
 Policy / Group #s \_\_\_\_\_ Carrier Phone \_\_\_\_\_  
 Emergency phone number(s) \_\_\_\_\_

### Photo and Liability Release

I consent and authorized Camp Peaceful Pines to use and publish images in any format taken of me while at camp. I understand these images may be used for a variety of purposes and may appear on the camp website, promotional materials or other media, and that camp will use the images exclusively for camp-related purposes. Since anyone can download an image from the Internet or make copies from printed materials, I agree that Camp Peaceful Pines is not for unauthorized use of the images. By signing below I acknowledge that I understand this release.

Signature of camper or parent/  
 guardian