



What are you doing to start off the New Year? Spend it at The Pines!

Alive Again Twenty-Ten

A **Teen-Only** weekend devoted to refocusing your faith, and spending time with friends and counselors.

Get a charge out of all your favorite activities like Zip Line, Climbing Wall, or Ultimate and cap it off Saturday Night with a huge late night Bonfire.

Pump up your faith for 2010 with spiritual activities including Mass, Adoration, Confession, & Uproarious Praise and Worship music in Big Sandy.

It's all the fun of a week at camp crammed into a 3 day weekend!

Arrive Friday January 1st at 6pm and Leave Sunday January 3rd at Noon.

Bus transportation from Dallas provided.

Register Now! **Space is Limited!!**

Print out Registration form below and send back to The Pines office at:

3530 Forest Ln. Suite 48

Dallas, TX 75234

Or Fax in to (214) 522-2600



The Pines Catholic Camp Alive Again 2010 Registration

Payment:

\$100- Weekend Fee
\$40- Bus Transportation

Payment Method:

Mark your payment method:

___ Check enclosed (\$25 fee if returned)
Check # _____

___ Credit Card
Amount to Charge \$ _____
Expiration Date _____
Cardholder Name _____
Credit Card Number _____
Visa___ Master Card___ Discover___ American Express___
Signature _____

**Bus Transportation
\$40**

Round Trip Only

Friday January 1st:

- Check in at **new** office 2:45pm
- Bus leaves promptly to camp 3:15pm

Sunday January 3rd

- Bus leaves camp 11:30 am
- Expected Arrival to Dallas office 1:45pm

CONSENT TO TREAT

In addition, my child's health history is correct and complete as far as I know. I hereby give permission to the camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral billing or insurance purposes. I give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for my child named above. Should medical attention be required for my child, other than provided by camp coverage, I will pay the expense incurred. This completed form may be copied for trips out of camp. It is my responsibility to notify The Pines Catholic Camp in writing, if any new medical conditions arise prior to my child attending camp (e.g., exposure to a communicable disease after completing the health form).

RELEASE AND INDEMNIFICATION

I hereby release and waive any and all claims that I may have against The Pines Catholic Camp and their employees, agents, representatives, or volunteers arising from my child's participation in this program. I AGREE TO FULLY INDEMNIFY AND HOLD HARMLESS THE PINES CATHOLIC CAMP, AND THEIR EMPLOYEES, AGENTS, REPRESENTATIVES, AND VOLUNTEERS FROM ANY AND ALL CLAIMS ARISING FROM MY CHILD'S PARTICIPATION IN THIS PROGRAM. THIS INDEMNIFICATION EXPRESSLY INCLUDES ANY CLAIMS ARISING OUT OF THE PINES CATHOLIC CAMP'S OWN NEGLIGENCE OR FAULT OR THAT OF THEIR EMPLOYEES, AGENTS, REPRESENTATIVES, OR VOLUNTEERS. I AGREE THAT THE INDEMNIFICATION INCLUDES THE AMOUNT OF THE CLAIMS, THE EXPENSES OF DEFENDING AGAINST THE CLAIMS, COURT COSTS AND ATTORNEYS' FEES.

In case of emergency, I understand that every effort will be made to contact me. In the event that I cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child.

RULES AND REGULATIONS

I understand and agree to abide by all rules and regulations of The Pines Catholic Camp while attending this program, and I will comply with all Pines staff instructions. Violation of the rules and regulations is grounds for immediate dismissal without refund, and may subject the violator to prosecution.

PHOTO RELEASE

I hereby grant permission to The Pines Catholic Camp to use my (or my child's) photograph on its World Wide Web site, Summer Camp brochure and in other official Pines publications without further consideration, and I acknowledge The Pines's right to crop or treat the photograph at its discretion. I also understand that once my (my child's) image is posted on the web site, the image can be downloaded by any computer user. Therefore, I agree to indemnify and hold harmless The Pines Catholic Camp from any claims.

SIGNATURE: _____ **DATE:** _____

**Return Form by Mail or Fax to:
3530 Forest Ln. Suite 48
Dallas, TX 75234
(214) 522-2600**