

# Pine Springs Camp

"providing vital encounters with Jesus Christ since 1948"

SUMMER  
2019

## CONFIRMATION PACKET 2019





# Welcome from the Executive Director

Wow! I can't contain my excitement for all of the changes taking place at Pine Springs Camp! The evidence of the Faith for the Future Campaign can be seen all over the place. When you arrive this summer you will see some small improvements like new signage across camp and a new campfire circle by Fort Legacy as well as a complete redesign of the climbing tower, zip-lines and high ropes course (see page 5 of this packet). God has certainly blessed this beautiful piece of property and life-changing ministry.

All of these physical and programmatic improvements were only possible through our partners who shared their resources with Pine Springs Camp. What a wonderful example of what the Body of Christ can accomplish. This same principle applies to our mission at Pine Springs Camp. We have always believed that the "vital encounters with Christ" happen in the context of community. We all need to explore and experience our faith with others. We enjoy the support of so many individuals and churches who invest and support the mission of Pine Springs. Every camper learns about the Christian faith alongside other campers, counselors, staff and volunteers.

What does faith with others look like? Each summer I marvel at what occurs at camp. Cabinmates become friends, counselors invest wholeheartedly in serving, teaching and showing campers what it means to live faithfully for Christ. Our Volunteer Weekly Directors give a week of their time because they want to provide a program where faith in Christ is uniquely experienced. Summer Program staff race to set up ropes for campers to climb trees or fill hundreds of water balloons for an epic water game. Campers learn about faith in Christ with others through the daily Bible Interactions, a campfire song or talk or a simple conversation with a counselor. We strive to foster an atmosphere that builds positive relationships, interaction and conversation with others. Whether talking around the dining hall table, or playing a game outside, (remarkably without cell-phones or video games!), our philosophy is centered around the biblical concept that faith is "done" with others.

Your camper will be welcomed into this "faith experience with others" this summer. For anyone to grow closer to Christ, we need others to help guide, encourage and be role models for us. This is especially true for young people in today's society and culture. Pine Springs Camp was established on the principle that we are on this faith journey together with others. Paul expresses this in Ephesians 2:22 as it states, "and you too, are being built together to be a dwelling in which God lives by His spirit." We can't wait to have each and every camper come this summer and join us for we are being "built together" to and grow in our faith in Christ.

Blessings,

Greg Davis

Executive Director





## From the Summer Camp Director



Dear Parents,

We are excited that you are “READY” to experience an amazing summer at Pine Springs Camp! We hope that your camper’s week at Pine Springs Camp will be the highlight of his/her summer. We are excited that they are going to have a vital encounter with Christ through our summer theme, interactions with our counselors and have the time of their life! We understand that getting prepared for a week at camp is important for both campers and parents. Below is a suggested list of ways to help prepare you and your family for camp. If you have any questions, please do not hesitate to call me at (814) 243-3398 or e-mail me at [mike@pinesprings.org](mailto:mike@pinesprings.org) We look forward to seeing you this summer.

In Christ,

Mike Hurley  
Summer Camp Director

### GET SET

- ❑ **Send in all required forms-** It is preferred that you send in all forms 2 weeks prior to camp.
- ❑ **Alert camp office of any special food requirements-** You can inform us of any food allergies or dietary needs by completing the Food Allergy and Intolerances Form and the Counselor Communication Form. Please feel free to call or email the office (814-629-9834/[ellie@pinesprings.org](mailto:ellie@pinesprings.org)) and talk to Ellie Davis, our Food Service Coordinator, if you have any questions or comments regarding your campers food requirements. We will make sure that your child is kept away from foods they are allergic to, and we will accomodate dietary needs to the best of our ability; however, we also encourage parents to send supplemental food that we can store for campers.
- ❑ **Label ALL gear-** Make sure that your child’s clothes, items and medications are labeled. Also make sure that your child knows exactly what they are bringing, so at the end of the week, they can make sure they have packed ALL their items.
- ❑ **Arrange travel to and from camp-** Make sure you know exactly what time registration is for your child. Keep in mind, **if you are attending Week 5 [July 5-12], which is Long Week, registration is Friday between 4:00 p.m. and 6:00 p.m.** All other weeks, registration is from 2:00 p.m. to 4:00 p.m. on Sunday. Make sure you know what time to pick up your child, which is Friday at 4:00 p.m. for all 5 and 7 day camps. More information will be given to you during registration. **3-Day Camps will end at 12:00 p.m. on Wednesday.** You are free to park in the Refuge Parking lot and pick up your child’s luggage. For our 3-Day camps, campers will be brought to our Dining Hall where you can check them out and join us for a small program and picnic lunch. Anyone other than a parent or guardian must have parent authorization to pick up a child. Please refer to the Camper Release Form.
- ❑ **Talk with your child about what to expect at camp-** Your child may have some concerns about being away from you for the week. Talk with them to see how they are feeling. If they are scared to be away from home, express your confidence in them staying over night at camp.
- ❑ **Visit our website-** Go to our website, [www.pinesprings.org](http://www.pinesprings.org), and take a couple minutes to familiarize yourself and your child with our ministry. You will find our 2018 Summer Camp Highlight video that will give you a glimpse of what the summer will be like.
- ❑ **Camp Store Account-** Do not send money with your child. Please make sure that you prepay or you may add money to the camp store account during registration day. The recommended amount is \$15 for 3-day, \$25 for a 5-day camp and \$35 for a 7-day camp.
- ❑ Review the camper covenant form in this packet. Talk about every point, review and sign.

- Pack gear using the checklist provided in this packet.
- Pack self-addressed stamped postcards or envelopes so your child can write to you from camp. Although we discourage phone calls, letters are a great way for your child to keep in touch with you while they are at camp.
- Plan to send your child mail- A good idea is to write a letter or card and give it to one of the staff members during registration. We will make sure that your child receives it on their first night of camp. You could also put a note in their bag. Cards and letters are great, however we ask that you please do not send any care packages. Parents can also e-mail or fax letters to their kids. Our camper e-mail address is **psscsummercamper@gmail.com** and our **fax number is 814-629-6520**. We ask that a camper only receive one e-mail or fax per day from a family member only. Parents can send letters to the following address:

(Campers Name)  
P.O. Box 186  
Pine Springs Camp  
Jennerstown, PA 15547

- Pray! - Make sure that you sit down as a family and pray with your child as they get ready for camp.

## Food Service at Pine Springs Camp

We take feeding campers very seriously at Pine Springs and we know that campers need adequate fuel in their bodies to be able to take full advantage of all of the crazy fun that happens each day. Our kitchen staff love their role in this ministry and strive to make every meal healthy, delicious and enjoyable.

The menu is kid friendly and familiar and provides healthy choices for everyone. A cereal bar is available each morning which consists of four different cereals, oatmeal, yogurt and fresh fruit. There is a salad bar available at every lunch and dinner, with fresh produce, lean protein and varied toppings. We like to plan some special events in the dining hall and each week there is a theme dinner and a cookout.

Our meals are served family style which makes meal time a warm, communal affair. Cabins sit together at each meal with their counselors and usually an extra staff person or two. Counselors are attentive to making sure that all campers are served and that any allergies or food issues are taken care of. If your camper has a food allergy or intolerance, please complete and return the enclosed Food Allergy form. We look forward to feeding both the Body and the Soul of your child!

If you have any questions or concerns related to our food service, please contact Ellie Davis at [ellie@pinesprings.org](mailto:ellie@pinesprings.org).

## Adventure at Pine Springs Camp

Greetings camper family! My name is Justin Shaffer, I am the Director of Adventure Education here at Pine Springs Camp. I want to take this opportunity to share with you some of the exciting things your child (ren) will be doing during their week at camp.

Our adventure program consists of numerous activities that challenge, shape and encourage campers as they interact with peers in a safe and positive, Christ-centered environment. Ranging from low intensity on-site activities such as hiking and team building to our more challenging and exciting off site trips such as white water rafting, every camper will have a chance to engage in some type of outdoor adventure during their week at Pine Springs.

Safety is our number one priority. With this in mind the Pine Springs adventure program incorporates a team building model known as "Challenge by Choice". This experiential teaching concept allows campers to choose the level of challenge they are faced with. Our well-trained adventure and counseling staff are very considerate and will make every effort to accommodate each camper's unique desire to grow and be challenged.



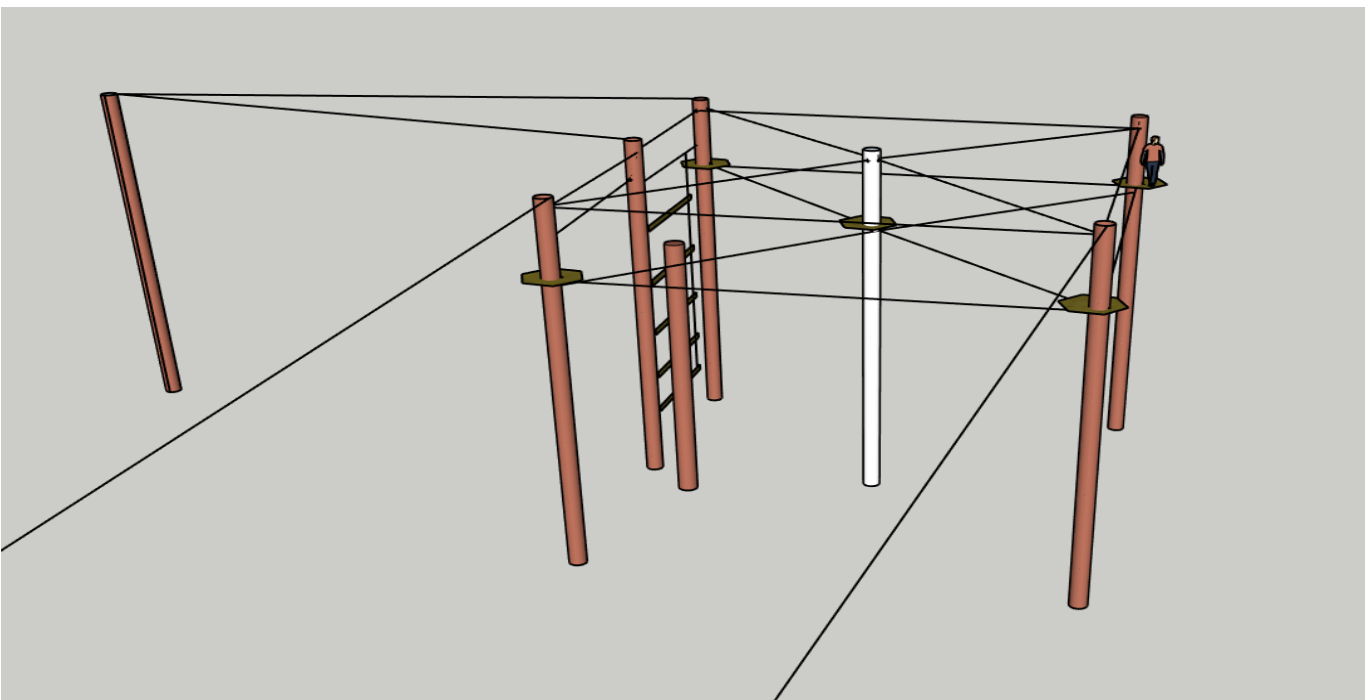
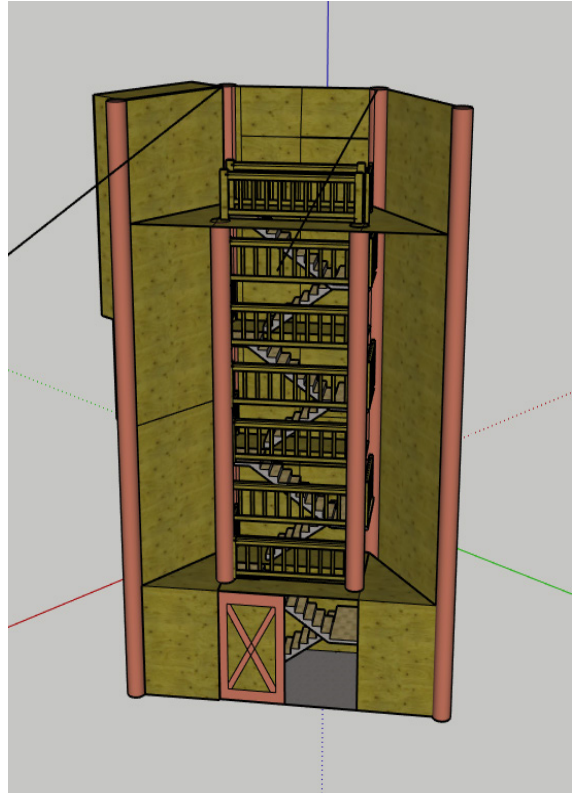
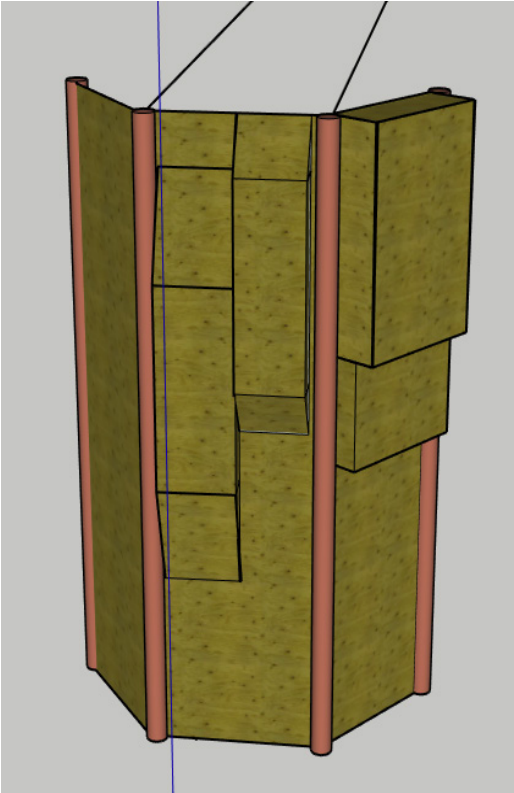
Pine Springs Camp also provides adventure education opportunities throughout the year to school groups, confirmation classes, youth groups, corporate groups and anyone else who wants to grow as a team with their coworkers, church or family members.

For more information about our exciting Adventure Program, please feel free to contact me by e-mail at [pscadventure@pinesprings.org](mailto:pscadventure@pinesprings.org).

## New for 2019!

Our beloved climbing tower and high ropes course are being completely renovated!

The new tower will feature three brand new rock climbing walls. Each wall will be 40' high with climbing routes varying in difficulty from easy to hard. The highlight of this exciting new adventure activity, however, will be the staircase going from the ground all the way up to the zip line platform!





## MEDICAL/NURSE INFORMATION

A very important part of our ministry is caring for campers who have various medical needs. Our desire is for each camper to experience a safe, fun and caring environment. This occurs many times through their interaction with our nurses. We take very seriously the task of providing quality care for your child. Therefore, it is mandatory that you complete the Medical Form and extremely important that you complete the Counselor Communication Form which goes directly to the camp counselor. Both forms provide information which will help us best serve your child. An RN or medical doctor will be on camp property during the week providing 24 hour care.

All camper medications must be turned into the nurse during check-in and must be in the original containers. In addition to our camp medical staff, we also have access to a local medical doctor (only 5 minutes away) who provides additional professional advice. Emergency services are only 20 minutes from camp. You will be notified by the medical staff and/or a year round staff member in the following situations: your camper's injury requires emergency treatment; it is determined that your camper needs to see a doctor; your camper's fever is above 100 degrees and/or vomiting occurs; your camper's symptoms may be determined contagious according to the nurses professional judgment; your camper's symptoms and/or injury result in any physical harm. If treatment at either the doctor's office or emergency room is required, your health insurance will be the primary insurance.

In accordance with the HIPAA Privacy Act we are providing this information to give you an idea of how we share medical records among our staff. Please understand that the medical information that you provide Pine Springs is used strictly for the safety of your child. The following individuals will have access to your child's information: Executive Director, Summer Camp Director, Director of Adventure Education, Program Coordinators, Camp Registrar (these are all year round staff) and the Weekly Nurse. Some information may be shared with the camper's counselor if deemed necessary and appropriate.

We retain your child's medical record and keep it on file. You may request the medical record at anytime. Please contact us with any questions. Please call us if there are any special medical concerns you may have regarding your child.

## DROP-OFF/PICK-UP INFORMATION

Pine Springs Camp strives to make the drop off and pick up process as easy as possible. We hope that the following information will provide answers to any questions you have about drop off and pick up. Please keep in mind, the more you take care of prior to your arrival, the quicker the opening day registration process will be. We encourage you to label all your luggage with tags. If you have any further questions, please do not hesitate to call or email the PSC office at [info@pinesprings.org](mailto:info@pinesprings.org) or 814-629-9834.

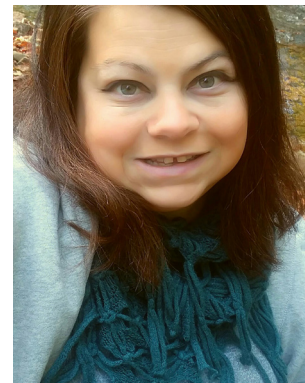
### Drop Off

**For full week and 3-Day camps registration and check-in is on Sunday afternoon between 2:00 p.m. and 4:00 p.m. For Long week camps registration is on Friday between 4:00 p.m. and 6:00 p.m.**

PSC has worked hard to make the check-in process as efficient as possible. Upon arrival, there will be PSC staff members present to greet you and show you where to park. You can check your luggage at the table outside the A-frame where there will be staff members to give you your camper's cabin assignment and take your camper's luggage to the correct cabin. Parents and campers should then enter the A-frame where they can register, put money on their camp store account and leave medications with our nurse. All campers who have medication, whether prescription or not, MUST check the medication in with the nurse. A parent or guardian must be present. A parent or guardian must walk the camper to his/her cabin, meet the counselors and help your child get settled.

### Pick Up (5-Day and 7-Day Camps)

Each week wraps up with our closing program at 4:00 p.m. at the Sports Pavilion. Parents will be directed to park in the Refuge Parking Lot and are free to pick up their child's luggage, which will be divided by cabins. Parents will proceed to the Sports Pavilion where they MUST sign out their camper. Upon signing out they receive a Family Packet of information which will include a camp picture and any patches their camper(s) earned throughout the week. There will be a fun, high energy closing program highlighting your child's week of camp which will last about a half hour. Before or after the closing program a nurse will be available to sign-out medication, and you will also receive a refund postcard regarding any unused portion of your camp store account. After completion of the closing program you are free to make your way over to the store to purchase any of our merchandise.



### **Pick Up (3-Day Camps)**

ALL 3-Day camps will end on Wednesday and pick up will be at 12:00 p.m. Families will be directed to park in the Refuge parking lot and pick up your child's luggage. Camper's will be brought to our Dining Hall where you can check them out and join us for a small program and picnic lunch. Any person other than a parent or guardian must have parent Barnabas (which means 'son of encouragement'), sold a field he owned and brought the money and put it at the apostles' feet". The campers chosen to be the Barnabas winner will be those who displayed encouragement throughout the week in his/her

# Summer Camp Packing Checklist

What follows is a suggested packing list for your child's week at camp. Please label ALL items!

## Clothing

**\*modest at all times**  
**\*clothes that can get dirty**

- ☐ T-shirts and shorts
- ☐ Long pants/sweatpants
- ☐ Extra socks and underwear
- ☐ One piece swimsuit
- ☐ Sweatshirt and/or jacket
- ☐ Laundry bag
- ☐ Sneakers
- ☐ Extra playing shoes
- ☐ Water shoes
- ☐ Raincoat/Poncho

## Toiletries/ Bedding

- ☐ 2 Towels and washcloths
- ☐ Soap
- ☐ Shampoo
- ☐ Hairbrush/ Comb
- ☐ Toothbrush/ Toothpaste
- ☐ Shower Flip Flops
- ☐ Sleeping Bag (MUST)
- ☐ Pillow
- ☐ Fitted Twin Sheet (optional)
- ☐ Blanket (optional)

## Special/ Other Items

- ☐ Bible
- ☐ Notebook and pen
- ☐ Water Bottle
- ☐ Flashlight
- ☐ Backpack
- ☐ Bug Spray
- ☐ Camera
- ☐ Stationery
- ☐ Medication
- ☐ Sunscreen

## Items Not Allowed

- ☐ Cell phones/Video games
- ☐ Pets
- ☐ DVD players, iPod, etc.
- ☐ Alcohol, illegal drugs, etc.
- ☐ Fireworks/firearms
- ☐ Knives, hatchets or anything considered a weapon.
- ☐ Food items (gum, candy, etc.)
- ☐ Provocative clothing (bikinis, loose tank tops and underclothing without proper coverage)
- ☐ Personal Sports Equipment
- ☐ Animals or Pets

*Please note: Certain camps will require special items. You will be notified in advance of any special items that you need to bring.*

# Summer Camp Forms Checklist

Please take time to complete and return the following mandatory forms before your child's week at camp

- ☐ Medical Release Form
- ☐ Release of Liability Form
- ☐ Camper Release Form
- ☐ Counselor Communication Form
- ☐ Food Allergies/Intolerance Form
- ☐ Camper Covenant Form
- ☐ White Water Rafting Release Form (ONLY applies to Adventure Expedition Campers)
- ☐ Swim Test Release Form (ONLY applies to Discovery Aged Campers)



# Medical Release Form

Without this completed form your child will not be allowed to participate in any camping event.

## Personal Information

Name of camper: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_  
Home Phone \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_  
Parent/Guardian (Last) \_\_\_\_\_ (First) \_\_\_\_\_  
Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
1st Emergency Contact: \_\_\_\_\_ Ph #: \_\_\_\_\_  
2nd Emergency Contact: \_\_\_\_\_ Ph #: \_\_\_\_\_  
Physician Name: \_\_\_\_\_ Ph #: \_\_\_\_\_  
Is the participant covered by family medical hospital insurance? YES NO  
If yes, please indicate carrier \_\_\_\_\_ Policy or Group #: \_\_\_\_\_

**\*\*\*Please provide a copy of the front and back of the health insurance card and attach to this form.**

## Health History

Date of last Tetanus shot: \_\_\_\_\_ Are immunizations current? \_\_\_\_\_  
If No, which one(s) are not current? \_\_\_\_\_ Able to take Tylenol or Advil: YES NO  
Are you currently on any medication? Please specify: \_\_\_\_\_  
Please list Medications that you are bringing to camp: (All medications must be with the Nurse)  
Medication \_\_\_\_\_ Dosage \_\_\_\_\_ x Daily \_\_\_\_\_ Time \_\_\_\_\_  
Medication \_\_\_\_\_ Dosage \_\_\_\_\_ x Daily \_\_\_\_\_ Time \_\_\_\_\_  
Medication \_\_\_\_\_ Dosage \_\_\_\_\_ x Daily \_\_\_\_\_ Time \_\_\_\_\_  
Medication \_\_\_\_\_ Dosage \_\_\_\_\_ x Daily \_\_\_\_\_ Time \_\_\_\_\_  
Prescribing Physician (s) \_\_\_\_\_

Does camper have any allergic reactions to?

Bee Stings \_\_\_\_\_ Poison Ivy/Oak \_\_\_\_\_ Drugs \_\_\_\_\_ Foods \_\_\_\_\_

Please describe any reactions \_\_\_\_\_

Has camper had any illness, injuries or surgeries? \_\_\_\_\_

Any special restrictions or considerations while at camp? \_\_\_\_\_

Has camper had a recent exposure to a contagious or infectious disease? \_\_\_\_\_

Any concerns we should be aware of, such as health habits, health conditions, menstruation, recent loss or trauma? \_\_\_\_\_

## THIS BOX MUST INCLUDE THE SIGNATURE OF A LICENSED PHYSICIAN OR CERTIFIED NURSE PRACTITIONER.

I have examined the above camp applicant within the past 12 months and in my opinion, this camper's health is stable enough to participate in an active camp program.

Please Print or Stamp Physician's Name: \_\_\_\_\_

Licensed Physician's Signature: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Date of Form Completion: \_\_\_\_\_

Form Completed by\* \_\_\_\_\_

\*Initial if completed by nurse or physician's assistant. Must be signed within the 12 months prior to the beginning of the camp season.

## IMPORTANT: This section must be completed for participation in camp activities.

Parent/Guardian Authorization: This health history is correct and complete as far as I know. The person herein described has permission to engage in all camp activities except as noted. I hereby give permission to the camp's health care provider to provide routine health care; to administer medication; to order x-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician or dentist selected by the camp to secure and administer treatment, including hospitalization, for the person named above. I affirm that the camp, its staff and volunteers are held harmless from any liability claims, judgments, and costs incurred during my/my child's stay at the facility or involvement in the camp experience. This completed form may be photocopied for trips out of camp.

Signature of Parent/Guardian or adult camper: \_\_\_\_\_

Printed name: \_\_\_\_\_ Date: \_\_\_\_\_

I also understand and agree to abide by any restrictions placed on my participation in camp activities.

Signature of camper: \_\_\_\_\_ Date: \_\_\_\_\_

371 Pine Springs Camp Rd. Box 186 Jennerstown, PA 15547 • (814) 629-9834 • [www.pinesprings.org](http://www.pinesprings.org)

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Camp Name: \_\_\_\_\_

Camp Week: \_\_\_\_\_

*For office use only*

# Release of Liability Form

Without this completed form your child will not be allowed to participate in any camping event



**Warning:** There are significant elements of risk in any adventure, sport, activity, or training associated with a climbing wall, ropes course, or other camp programming (referred to herein as “activities”), and the use of any equipment. Activities include, but are not limited to; mountain biking, archery, canoeing, swimming, low and high ropes, course elements, climbing tower, caving, and zip line. Activities take place on and off Pine Springs Camp’s facility.

**Acknowledgement of Risks:** I/my child recognize the fact that there is an inherent danger in these types of activities, even though safety systems are provided. These risks may result in serious injury or death, and include but are not limited to: 1) Falls; 2) Risk associated with climbing or down climbing; 3) Equipment failure; 4) My child’s and/or other children’s physical condition, sense of balance, decision making, and the ability to follow or give directions; 5) Failure on my/my child’s part to disclose a medical condition and/or physical activity concern that my child may have. I/my child also acknowledge that certain foreseeable and unforeseeable events can contribute to the unpredictability of the activity, such that personal property may be damaged or lost, and that wearing appropriate clothing and footwear are basic safety precautions; 6) Risk associated with transportation to off site activities; 7) Risk associated with participating in aquatic activities.

**Express Assumption of Risk Responsibility:** In recognition of the inherent risks of the activity that I/my child will engage in, I affirm that I/my child is physically and mentally capable of participating in the activity and/or using equipment. I realize it is my/my child’s responsibility to inform the camp staff of any and all medical conditions and/or physical activity concerns I/my child may have, and to limit my/my child’s participation in any way I/my child deem appropriate. I/my child participates willingly and voluntarily and I/my child assume full responsibility for personal injury, accidents or illness, including death, and any expenses as a result of any accident that may occur.

I/my child voluntarily and knowingly assume the risk(s) of personal injury, accidents and/or illnesses, including, but not limited to sprains, torn muscles and/or ligaments; fractured or broken bones; eye damage; cuts; punctures, wounds, scrapes, and abrasions; spinal injuries; animal bite or attack; insect bite or allergic reaction; shock; paralysis and/or death; and acknowledge that during the activity I/my child may experience fatigue, chill and/or dizziness that may diminish my/my child’s reaction time and increase the risk of an accident.

**Covenant of Good Faith:** I/my child recognize that you, as provider of services, will operate under a covenant of good faith and fair dealing, but that you may find it necessary to terminate an activity due to forces of nature; medical necessities or problems in the group; and/or refuse or terminate the participation of any person you judge to be incapable of meeting the rigors or requirements of participating in the activity. I/my child accept your right to take such actions for the safety of me/my child and/or other participants. I/my child acknowledge that no guarantees have been made with respect to activity objectives.

**Authorization:** I hereby authorize any medical treatment deemed necessary for me/ my child in the event of any injury or illness while participating in the activity. I/my child either have appropriate insurance or in its absence, agree to pay all costs of rescue and/or medical services as may be incurred on my/my child’s behalf.

**Release:** In consideration of services or property provided, I, as legal guardian, my child, any heirs, personal representatives or assigns, do hereby release: Pine Springs Camp, Inc., its principles, directors, officers, agents, employees, and volunteers, and each and every land owner, municipal and/or government agency upon whose property an activity is conducted, from all liability.

*I have read and understand the foregoing acknowledgement of risk, express assumption of risk responsibility, and covenant of good faith and release of liability. My child and or I understand that by signing it is intended also to bind our heirs, representatives, executors, administrators, successors and assigns. I also give permission for me/my child to participate in the entire camp program; to travel in camp vehicles for off camp property trips.*

Camper’s name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

# Camper Release Form



It is our greatest desire to care for the safety of your child. Therefore, we are concerned that your child is released, at the end of their time at camp, into the care of a parent/guardian or someone you wish to designate.

## INSTRUCTIONS:

- A. Complete section 1 with your camper's name and the name and dates of the camp attending.
- B. Next, please identify individuals authorized to pick up your camper along with your signature, date and phone number.
- C. **IMPORTANT – DO NOT fill out section 2. It is to be completed the day of pick-up.**
- D. Both parents are able to pick up child unless noted on this form.
- E. Return this form along with the Medical Form, Camper Covenant and Liability Form.

## SECTION 1

*To be completed by a Parent or Guardian*

CAMPER NAME: \_\_\_\_\_

CAMP NAME: \_\_\_\_\_

CAMP WEEK: \_\_\_\_\_ DATES: \_\_\_\_\_

I authorize these individuals to pick up the camper listed above:

1. \_\_\_\_\_ Cell Number \_\_\_\_\_

2. \_\_\_\_\_ Cell Number \_\_\_\_\_

Please do not release my child to: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

(parent or guardian)

## SECTION 2

*This section will be completed at pick up.*

Signature of person picking-up camper: \_\_\_\_\_

Date: \_\_\_\_\_

***If the person signing above is not authorized to pick up camper, we will contact the parent/guardian for permission prior to the camper being released into the custody. Identification will be required. (Please read carefully and complete both sides of this sheet as directed.)***



# Food Allergies/Intolerances Form

Pine Springs Camp makes it a priority to provide campers and retreat guests with healthy and delicious food for the duration of their stay. We recognize that individuals who have allergies and food intolerances need accommodations to ensure that they stay safe and healthy while eating away from home. To that end, it is critical that we get as much information as possible to ensure that we can do our best to accommodate special dietary needs. Please return this form at least two weeks prior to your child's stay at camp. You may also contact the camp for a tentative menu. Ellie Davis, our Food Service Coordinator, is available to discuss any questions or concerns and can be reached at [pscretreat48@gmail.com](mailto:pscretreat48@gmail.com) or by calling the camp office at 814-629-9834.



Please complete the following form ONLY if your child has any food allergies or intolerances.

Camper Name: \_\_\_\_\_

Week of Camp they are attending: \_\_\_\_\_

Camp Name: \_\_\_\_\_

Contact Information: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

## Food Allergies/Intolerance

Please list allergies/intolerances and their severity:

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We are able to accommodate most common allergies and desire to provide food that is safe and familiar to campers. Families are welcome to send supplemental food for a child with very specific needs (for example: prefers only a certain kind of gluten free pasta or almond milk etc.). Unused food can be picked up at the end of the camp session. This information will be given directly to the Food Service Coordinator. You will also need to include this information on the general health forms required by the camp.

# Counselor Communication Form

*In an effort to better serve & care for your child, we are encouraging parents/guardians to complete this form. Please share information you feel is relevant so counselors can provide the best possible experience for your child. Please feel free to call if you have any questions or concerns.*



All information contained in this form is strictly confidential and will be shared only with camper's counselor. Please note that a health form is required for each camper in addition to this form.

## Camper Information:

Camper Name: \_\_\_\_\_ ☐ Male ☐ Female DOB: \_\_\_\_\_  
Camp Name: \_\_\_\_\_ Dates Attending: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## Personality traits:

Camper makes friends:  
☐ Very Easily ☐ Easily ☐ Average ☐ Slowly

Comments: \_\_\_\_\_

Please describe camper's sleeping habits:

☐ Just fine ☐ Nightmares  
☐ Light ☐ Bed Wets ☐ Heavy ☐ Sleep Walks

Comments: \_\_\_\_\_

## Health Information:

Does camper have any allergic reactions to the following?  
Food ☐ yes ☐ no

Comments: \_\_\_\_\_

Bee Stings ☐ yes ☐ no Comments: \_\_\_\_\_

Poison Ivy/Oak ☐ yes ☐ no Comments: \_\_\_\_\_

Medications ☐ yes ☐ no Comments: \_\_\_\_\_

***\*\*ALL medications must be given to camp nurse at registration and will only be administered by camp nurse.***

I would like to share the following about my son or daughter (personality traits, fears, interests, specific habits, menstruation, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any additional comments or concerns here:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Camper Covenant Form

*We ask that the Camper Covenant be read and signed by the camper and parent(s).*



I, (print name of camper)\_\_\_\_\_ hereby agree:

✚ To stay on Pine Springs' site during the entire camp session except when given

permission by the Summer Camp Director or in the case of an emergency. You are required to stay from the time your parents/guardians drop you off at camp until the time you are picked up to go home.

✚ That visitors are welcome at camp only at the time of arrival and pickup, but not during the camp session.

✚ The following things are **NOT** allowed at camp, and I will **NOT** bring them: cell phones, video games, radios, cd players, dvd players, ipods, mp3 players, or any other electronic device; alcohol, illegal drugs, tobacco products, or any other illegal or banned substance; fireworks, firearms, knives, hatchets or anything considered to be a weapon; candy, gum or food of any kind; comic books or trading cards; provocative clothing (bikinis, loose tank tops and underclothing without proper coverage).

✚ To remain in my cabin and on my bunk during rest time and after lights out unless otherwise given permission.

✚ That it would be disruptive and distracting for any camper to make or receive phone calls during camp. In the event of an emergency, my family can contact me through the camp office at 814-629-9834.

✚ That food and candy attract bugs and critters so these will not be mailed or brought with me. All campers receive daily 3 meals and a snack. Snacks and drinks may be purchased during pool time.

✚ To give all medications, to the Camp Nurse, with dosage and prescribing doctor information, upon arrival.

✚ To respect my counselors, my cabin mates, and all others that are involved in camp.

✚ To take care of camp property by not littering, damaging or hurting God's creation.

\_\_\_\_\_  
(Signature of Camper) Date: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Parent(s)/Guardian) Date: \_\_\_\_\_

\_\_\_\_\_  
Date: \_\_\_\_\_



## Our History...

The generous gift of Isabell Coffin – PINE SPRINGS FARM – to the Presbyterian Church in 1929, is the true beginning of what was to become a Redstone Presbytery youth camp nearly twenty years later. After years of planning and fund raising, construction of the camp began in February of 1948. That summer, 173 youth campers, 30 leaders and 15 church groups were led to the “Springs of Living Water” in the first season of PINE SPRINGS CAMP. Originally managed by the First Presbyterian Church of Johnstown, Pine Springs Farm became an active summer mission of the Presbyterian Church in the Laurel Highlands. In 1981, Redstone Presbytery welcomed the addition of Washington Presbytery as a cosponsor of this growing camping ministry. Since that time, the camp has grown in facilities, human resources and camper programs for the summer. This is the 60-year legacy of Isabell Coffin’s gift-PINE SPRINGS CAMP-where thirsty souls find springs of living water through life-changing encounters with Jesus Christ! Stuart Chapel, named for Joseph A. Stuart, the camp’s first director, stands today as a faithful witness to the mission that began half a century ago.

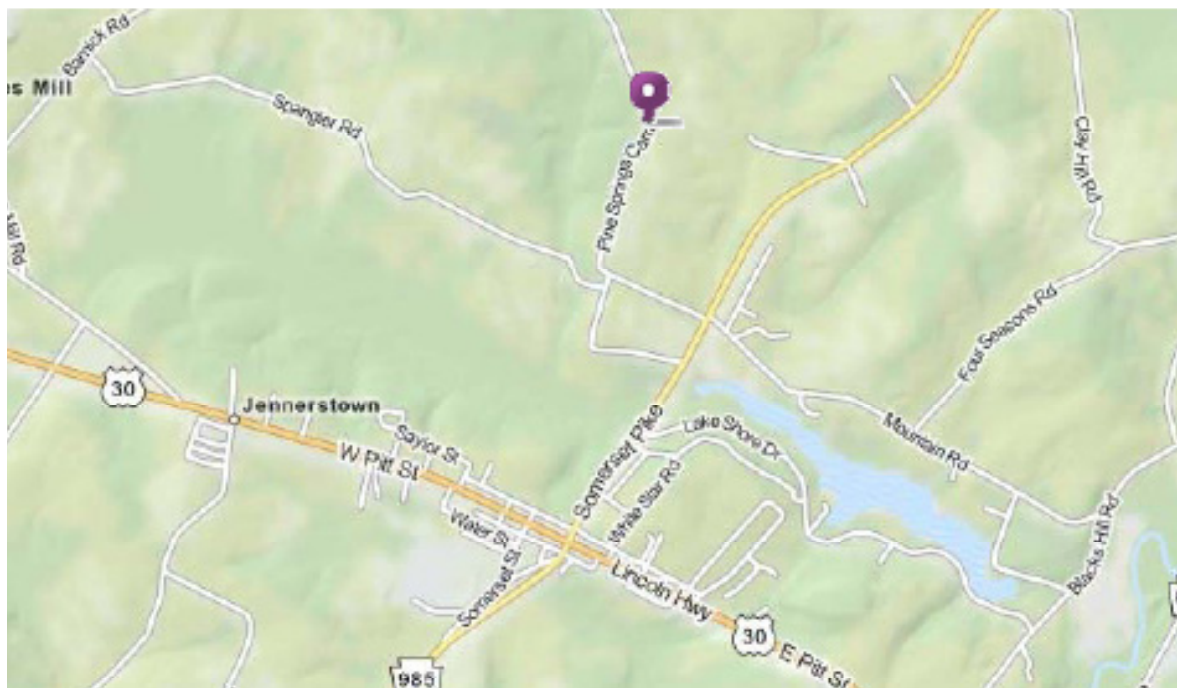
**Driving Directions:** Pine Springs is located in the beautiful Laurel Highlands of Somerset County. It is easily accessible from the Pennsylvania Turnpike (Somerset Exit), U.S. Route 30 East from Ligonier, or U.S Route 219 South from Johnstown.

Pine Springs is about 1/2 mile north of the traffic light in Jennerstown, off of Route 985. Pine Springs is across from the Green Gables/Mountain Playhouse parking area.

## From Pittsburgh:

Take the PA Turnpike East to exit 110-Somerset and drive North on 601 which then turns into 985 North. In Jennerstown cross route 30 and turn left across from the Green Gables Restaurant, look for

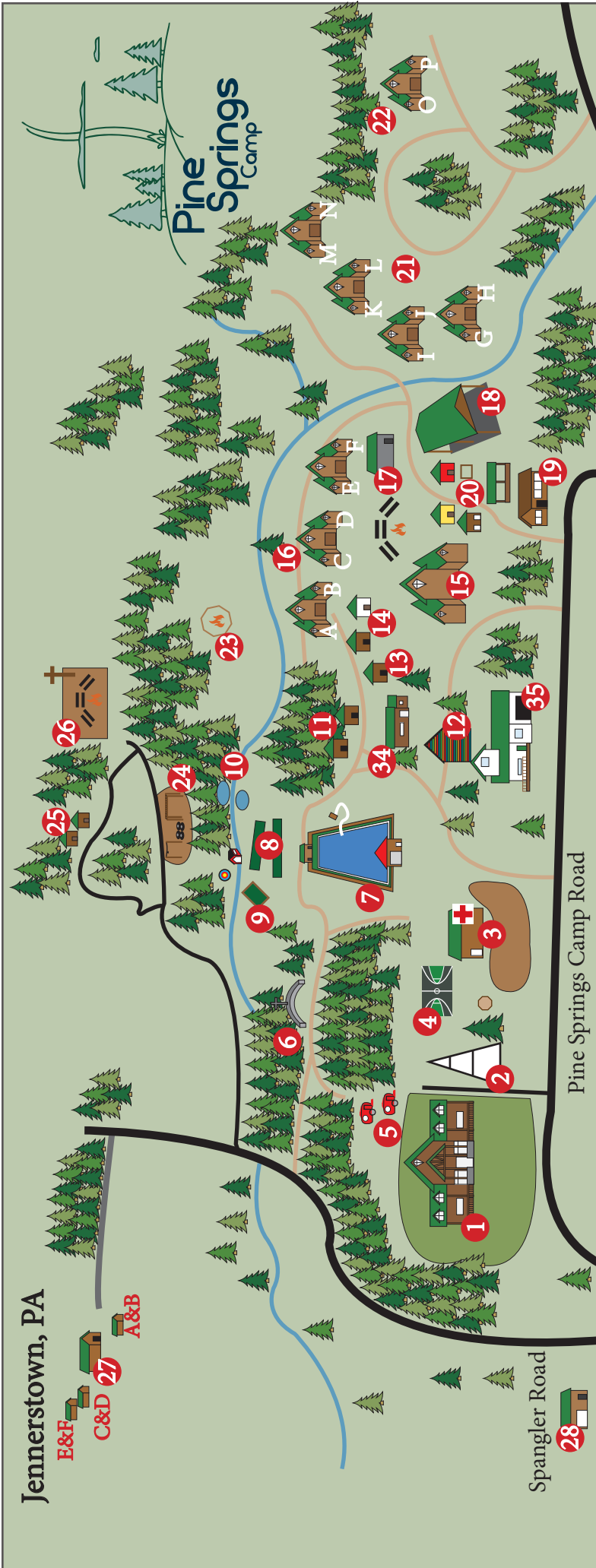
Pine Springs Camp sign on left. The street address is 371 Pine Springs Camp Road.



Pine Springs Camp is a ministry of Redstone and Washington Presbyteries



Visit us on the Web  
[www.pinesprings.org](http://www.pinesprings.org)



1. The Refuge- Dining, Office, Sports Field & Parking	A- Muskrat- Westminster Presbyterian Church, Greensburg	21. Woodland Village	Church, Jeanette & John & Jesse Mochnick
2. A-Frame	B- King Fisher- Newlonsburg Presbyterian Church	G- Ring-Neck Snake- Latrobe Presbyterian Church	P- Screech Owl- Mr. & Mrs. Robert Tidball
3. Nurses Station	Presbyterian Church, Murrysville	H- Whitetail Deer- Latrobe Presbyterian Church	23. Circle Swings
4. The Bowl- Basketball Court, & Gaga Ball	C- Blue Heron- Mr. & Mrs. Ivan Guesman	I- Red Fox- 1st. Presbyterian Church, Irwin	24. Confidence Course
5. RV Campsite	D- Redtail Hawk- Hewitt Presbyterian Church	J- Bobcat- 1st. Presbyterian Church, Irwin	25. Koinonia Village
6. Stuart Chapel	E- Tiger Salamander- Trinity Presbyterian Church, Uniontown	K- Black Bear- Puckety, Grace Community & New Kensington Presbyterian Churches	26. TP Firecircle
7. Aquatic Center- Pool, Bathroom	F- Mallard- St. Paul's Presbyterian Church, Somerset & Covenant Presbyterian Church, Boswell	L- Ruffed Grouse- Puckety, Grace Community & New Kensington Presbyterian Churches	27. Graham Village
8. Mini Sports Fields, Covered Bridge, & Archery	17. BAT Cave (Bikes, Adventure, & Trips)	M- Walking Stick- Church of the Covenant Presbyterian Church, Washington	Cabins A & B, C & D, E & F
9. Walled Soccer Field	18. The Sports Pavilion	N- Coyote- Canonsburg Presbyterian Church	28. Maintenance Building
10. Frog Ponds	19. The Program Pavilion	O- Squirrel- 1st. Presbyterian	29. Athletic Field
11. Timothy Team Cabins	20. Book Nook, Train Cabin, Wheel Chair Accessible Bathroom, Circle Swings, Rec. Pavilion		30. High Ropes Course, Giant Swing, & Climbing Tower
12. The Chrysalis (Arts & Crafts)			31. Log Chapel
13. Camp Store			32. Theater of the Word (Barn)
14. Nature Nook & Mission Cabin			33. The Manse (Staff Residence)
15. Elijah House/ Staff House- Wesmont Presbyterian Church			34. Directors Cabin
16. Creekside Village			35. White House (Staff Residence)