



## PINE SPRINGS TRAVELING DAY CAMP



*a place to..*

**EXPLORE  
GROW  
LEARN  
BELONG**



*Vital encounters with Christ since 1948*



## Welcome from the Executive Director, Greg Davis



After starting our Traveling Day Camp program three summers ago, we are excited to bring back all three of our Murrysville, Norwin/West Hempfield, and Latrobe locations for another year! All three of our Traveling Day Camps will have the rich tradition of great programming that is centered on each camper having a vital encounter with Christ. There will be tons of fun games combined with challenging activities, all focused on our summer theme!

Since 1948 Pine Springs Camp has offered creative outdoor programming to tens of thousands of campers. Our overnight camp is accredited by the American Camping Association and we will provide a safe and enriching program for all campers. We look forward to seeing you and we will strive for each camper to have one of the best weeks of their summer. Please feel free to contact the office at 814-629-9834.

Each summer every camper joins a faith community that is dedicated to offering a unique P.S.C experience, which will hopefully make a lasting impact in their lives.

P- Playful Experiences - The mainstay of our fun-filled program that encourages engaging God in a meaningful way in His beautiful creation

S - Spiritually Enriching Environment - Learning God's Word is foundational and a daily priority

C - Community of Faithful Believers - Every staff member is dedicated to reflecting Christ to each and every camper

Thank you for being a part of our Pine Springs Camp family. I can't wait for you to hear "Welcome to Camp!" this summer. Please feel free to contact us with questions or for more information- we would love to hear from you!

Blessings,  
Greg Davis  
Executive Director

## Welcome from the Day Camp Director, Dan Duffield

Dear Parents,

Since coming to camp as a counselor for the first time in 2016, camp has been a special place for me. Enjoying God's creation, spending time learning from His Word, forming a community with campers and counselors, and being challenged to try new things are just a few reasons I love camp! This will be my 5th summer as the Day Camp Director and I am excited to see new faces as well as campers who have been here for years. I will be working alongside an amazing group of veteran and new counselors who will look after the care and safety of your child. If you have any questions, please do not hesitate to reach out to me at [dan@pinesprings.org](mailto:dan@pinesprings.org) or call our office at 814-629-9834.



In Christ,  
Dan Duffield



# Welcome from the Day Camp Registrar, Maddy Duffield

We are so excited to welcome your child to camp this summer! I can help with any questions you might have concerning registration, forms, payments, extenuating circumstances, etc. Please read over all the information in this packet and fill out all the forms. Feel free to reach out to me by email [maddy@pinesprings.org](mailto:maddy@pinesprings.org) or phone 814-629-9834 at any time. See you this summer!



Maddy Duffield  
Day Camp Registrar

## GET SET

- Send in all Forms: It is preferred that you send or email all forms in ([maddy@pinesprings.org](mailto:maddy@pinesprings.org)) prior to camp, but we do allow you to drop them off at the beginning of your child's week at camp. All forms must be completed and signed for a camper to participate in any activity. Required forms to send in:
  - Medical Release Form (does NOT need a physician's signature this year)
  - Release of Liability Form
  - Camper Release Form
  - Counselor Communication Form
  - Camper Covenant Form
- Alert camp office of any special food requirements: Campers will need to pack their own lunches. We will provide snacks daily for campers. If your child has any food restrictions and/or allergies, please inform us on the Medical Form. We will make sure that your child is kept away from those foods, and we will make alternative snack options.
- Talk with your child about what to expect at camp: Children like predictability and routine. The tentative PSC Day Camp schedule is included for you to review with your child. If your child is anxious about camp, it can be reassuring to know what will happen during the day. This schedule will also allow you to ask specific questions about your child's day.
- 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.
- Pack gear using the checklist provided in this packet: Pine Springs Camp wants to make sure that your child is prepared for his/her week at camp.
- Label ALL gear: Make sure that your child's items are labeled. Also make sure your child knows exactly what they're bringing, so they can make sure to pack ALL of their items at the end of the day.
- Pray! Make sure you sit down as a family and pray with your child as he/she gets ready to go to camp each day.

"Be anxious for nothing, but in everything by prayer and supplication with thanksgiving let your requests be made known to God. And the peace of God, which surpasses all understanding, will guard our hearts and minds in Christ Jesus."--Philippians 4:6-7

PREPARING FOR CAMP



# Adventure at PSC

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.

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.

During our Traveling Day Camps, campers will get to experience a variety of "Adventure Activities" including team building exercises, target sports, and fun activities like our Monster RC Trucks.

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 our Adventure Director Justin Shaffer by email at [Justin@pinesprings.org](mailto:Justin@pinesprings.org).

## Medical/Nurse Information

Our desire is for each camper to experience a safe, fun and caring environment. We take very seriously the task of providing quality care for your child. Therefore, it is mandatory for you to complete the Medical Form. An RN or medical doctor will be on camp property during the week providing care for campers.

You will be notified immediately by the medical staff and/or a year round staff member in the following situations:

- Your camper's injury requires emergency treatment or it is determined 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

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 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, PSC Day Camp Director, 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 call us if there are any special medical concerns you may have regarding your child. We will do whatever we can to try to ensure your child has the best camp experience possible.



## Sample Schedule

- 9:00 Campers Arrive/Large Group Time
- 9:15 Activity Rotation 1
- 10:00 Activity Rotation 2
- 10:45 Snack time
- 11:00 Elective
- 11:50 Lunch Round-up
- Noon Lunch
- 12:40 Bible Interaction Time
- 1:15 Activity Rotation 3
- 2:00 All Camp Game
- 2:45 Daily Recap Time
- 3:00 Pick-up

## Activities Your Child Might Do:

- Bible Interactions
- Camp Games
- Target Sports
- Crafts
- Nature
- Parachute Games
- Funny Skits
- Silly Songs
- Slip-n-slide
- Adventure Activities and much more!

## PSC Day Camp Backpack Checklist

What follows is a suggested list of what your child should pack each day. Backpacks will not be carried all day. They will be kept in our secure, designated PSC Day Camp area.

### Clothing

- Modest at all times
- Clothes that can get dirty
- Extra change of clothes
- Raincoat/poncho (if needed, we will play in the rain if there isn't any thunder/lightning)
- Extra socks and underwear

### Other Items

- Lunch
- Water bottle
- Plastic bag for wet clothes and towel
- Bug spray (if needed)
- Medication (if needed- this will be turned in to the nurse with the exception of inhalers and Epi-Pens)
- Sunscreen
- Bible

### For Water Days Only:

- One piece/full coverage tankini swimsuit
- Water shoes
- Hairbrush/Comb
- Goggles (optional)

### Items NOT Allowed

- Cell phones/Videos Games/Music players
- Knives, hatchets or anything considered a weapon
- Alcohol, illegal drugs, etc.
- Immodest clothing (ex: bikinis, loose tank tops)

\*Smart watches can be worn, however they need to be set to "school mode," or disabled from service/internet



# Drop-off/Pick-up Information

## Drop Off (Everyday at 9:00 a.m.)

Please note: Check-in will open at exactly 9:00 am each day. Please expect registration the first day to take up to 15 minutes.

Drop off will take place:

Murrysville: Behind the First Presbyterian Church of Murrysville in their parking lot.

Norwin/West Hempfield: In front of the New Hope Presbyterian Church.

Latrobe: In front of the The Summit Campus of Latrobe Community Ministries

As you pull into the parking lot, there will be someone there to direct you. Please keep your campers with you as you exit your vehicle and approach the sign-in table. The parking lot is busy, and we want to ensure everyone's safety. All children MUST be accompanied by a guardian to the registration table and signed in to Day Camp. This is to make sure that your child is supervised and checked-in for the day. After sign-in, your child will be directed to the activity area.

## Pick Up (Everyday at 3:00 p.m.)

Please follow the same parking procedures for pick up as for drop off. You or a previously designated adult will need to pick up your child every day. Upon arrival, please proceed to the sign out table, which will be located in the same place as drop off. After you have signed your child out, you may get them from the designated activity area. These procedures are to ensure safety for you and your family. On Friday there will be a Closing Program for all campers and any family members that may want to attend. The closing Program will be from 3:00-3:30. You will still need to sign your child out after the program. The camp store tent will be open after the closing program.

## Every Day Will be a Different Theme

Each day will have a different theme which we will communicate on Opening Day. Daily themes like Wet-n-Wild Day, Adventure Day and A Celebration Day are the types of themes that may be a part of the week!

## Elective Information:

Each week campers will choose an elective. They will spend time each day exploring and learning specific skills related to their elective. Campers can choose a different elective each week they attend. Once a camper has started the week in a specific elective, he or she will need to complete the week in the SAME elective. Campers may not switch during the week as this disrupts the instruction and activities of each elective. Please note: There are many factors considered when creating elective groups. We do our best to honor your camper's first choice; however, please prepare your child in advance that they may be put in their second option.

SPORTS AND RECREATION: Campers will learn team sports skills and have mini competitions throughout the week. Campers will need to wear tennis shoes and clothing that they can move comfortably in.

MUSIC AND DRAMA: Campers will learn songs of praise with melody and motion as well as develop humorous skits based on the Bible verses themes for our week.

SCIENCE AND NATURE EXPLORATION: Campers will participate in experiments and activities that demonstrate the power of science and God. Campers will also have an opportunity to explore and learn about God's creation.

ARTS AND CRAFTS: Campers will have the chance to use their creative skills as they create and construct a variety of arts and crafts projects throughout the week.



# Medical Release

***This Form Must Be Sent in ASAP or no later than  
Two Weeks Before Your Child's Week at Camp***



*To be completed by parents/guardians of those under 18 years of age, or by adult campers and staff members themselves. Without this completed form your child will not be allowed to participate in any camping event.*

## Personal Information

Camper Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_

Home Phone: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Parent/Guardian Name: (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

### Immunization Records

***Please Note: A current immunization record from doctor must be provided before a camper will be allowed to participate in any camp activity. Please attach to this form.***

Date of last Tetanus shot: \_\_\_\_\_ Are immunizations current? ☐ YES ☐ NO

If No, which one(s) are not current? \_\_\_\_\_

### Medications

Able to take Tylenol? ☐ YES ☐ NO Able to take Advil? ☐ YES ☐ NO

Are you currently on any medication? Please specify: \_\_\_\_\_

Please list Medications that you are bringing to camp: ***(All campers with medications must be reviewed with and received by the Nurse during registration)***

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 (Highly Allergic)

☐ Drugs (describe) \_\_\_\_\_

☐ Foods (describe) \_\_\_\_\_

☐ Other \_\_\_\_\_

Please describe allergic reactions

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

Any special medical conditions the camper may have that would require extra care? \_\_\_\_\_

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? \_\_\_\_\_

**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.

\_\_\_\_\_  
*Parent/Guardian Name (Printed)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent/Guardian Signature*

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

\_\_\_\_\_  
*Camper Name (Printed)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Camper Signature*



# Waiver, Release, and Indemnification Agreement

***This Form Must Be Sent in ASAP or no later than Two Weeks Before Your Child's Week at Camp***



THIS RELEASE, WAIVER AND INDEMNIFICATION AGREEMENT, effective as of the date(s) set forth below, is made by and between \_\_\_\_\_, \_\_\_\_\_,  
Name of Camper Name of Parent/Guardian  
and \_\_\_\_\_ as the Parents or Guardians of Participant and Pine Springs Camp, Inc.  
Name of Parent/Guardian  
and any and all person associated with its programs, activities and operations, including by way of illustration and not limitation, its officers, directors, employees, volunteers, agents, landowners, representatives and insurers ("Provider").

IN CONSIDERATION of Participant's participation in Provider's programs and activities and Provider's provisions of such programs and activities, together with other good and valuable consideration, it is expressly understood and agreed by and between Participant, Parents/Guardians and Provider as follows:

1. Participant and Parents/Guardians agree and acknowledge that:

- (a) They have each fully and carefully read this Release, Waiver and Indemnification Agreement and understands its purpose, content and legal effect;
- (b) Participant and Parents/Guardians request that Participant be allowed to participate in Provider's programs and activities under and on the basis of their full and careful reading and understanding of this Release, Waiver and Indemnification; and
- (c) Parents/Guardians are of legal age, have legal capacity, and are authorized to make and execute this Waiver, Release and Indemnification Agreement on behalf of Participant by way of consent to Participant's participation in Provider's programs and activities under and on the basis of their full and careful reading and understanding of this Release, Waiver and Indemnification.

## ***WAIVER, RELEASE AND INDEMNIFICATION***

2. Participant and Parents/Guardians do hereby and forever assume full responsibility for and waive, release and discharge Provider from any and all liability for personal injury, death and/or property damage to Participant of any nature or from any cause whatsoever arising from or that is or may be occasioned by Participant's participation in Provider's programs and activities, such waiver, release and indemnification to be and remain effective as of any date and/or any circumstance, and irrespective of whether such programs and activities are supervised by Provider or are unsupervised by Provider; PROVIDED, HOWEVER, that notwithstanding such waiver, release and discharge, Parents/Guardians do consent to and authorize Provider to provide medical and healthcare treatment by qualified healthcare persons to Participant in the event of personal injury to Participant arising from or that is or may be occasioned by Participant's participation in Provider's programs and activities.

3. Participant and Parents/Guardians further understand, agree and acknowledge that Participant and Parents/Guardians shall save, hold harmless and indemnify Provider of and from any and all liability claimed or that could be claimed by Participant and/or Parents/Guardians for personal injury, death and/or property damage to Participant of any nature or from any cause whatsoever arising from or that is occasioned by Participant's participation in Provider's programs and activities, and irrespective of whether such programs and activities are supervised by Provider or are unsupervised by Provider.

4. Participant and Parents/Guardians further understand, agree and acknowledge that this Waiver, Release and Indemnification Agreement shall be and remain effective as to any and all claims, demands, causes of action and like matters, including by way of illustration and not limitation claims of negligence, and that, as of any date and/or circumstance, it is and shall remain legally binding, operative and effective as to Participant, Parents/Guardians and their respective heirs, beneficiaries, personal representatives and assigns.

#### ***ACKNOWLEDGMENT OF RISK***

5. Participant and Parents/Guardians further agree, understand and acknowledge that, by reason of the nature of Provider's programs and activities and the natural surroundings in which the programs and activities occur, and even with safety systems utilized by Provider, participation in such programs and activities involves inherent risks of personal injury, death and/or property damage, including by way of illustration and not limitation:

- (a) Natural terrain and/or flooring surfaces (e.g., slips, trips and falls);
- (b) Other natural conditions (e.g., falling trees or limbs, adverse weather conditions and steep, uneven or unstable terrain);
- (c) Water-related and aquatic activities (e.g., drowning, pool decks and sun exposure);
- (d) Athletic and other physical activities (e.g., harm due to physical limitations, physical over-exertion or other adverse health conditions and with particular reference to developmental age, unforeseeable harm arising from the use of activity equipment and/or equipment failure with particular reference to climbing apparatus, and harm arising from adverse natural conditions or events having reference to such things as terrain and weather;
- (e) Adverse environmental and food-related conditions (e.g., exposure and infection arising from unforeseen bacteria, viruses and other pathogens and toxins);
- (f) Transportation to offsite activities;
- (g) Failure of participants to wear appropriate clothing and footwear for programs and activities;
- (h) Failure of participants to heed safety standards and rules in programs and activities supervised by Provider;
- (i) Failure of participants to exercise safe and responsible decision-making despite safety standards and rules in programs and activities supervised by Provider;
- (j) Unforeseen and/or unsafe actions and/or behavior of participants in programs and activities despite safety standards and rules supervised by Provider; and
- (k) Unforeseen and/or unsafe actions and/or behavior by participants in programs and activities unsupervised by Provider.

6. Participant and Parents/Guardians further agree, understand and acknowledge that the foregoing illustrations are not, and cannot be, inclusive of all of the possible or potential inherent risks associated with participation in Provider's programs and activities, irrespective of whether supervised by Provider or unsupervised by Provider, such that any and all other possible or potential inherent risks that have not been so illustrated are, by implication, included in this Agreement and shall not in any way limit its purpose, operation and legal effect.

7. Participant and Parents/Guardians further agree, understand and acknowledge that Participant and Parents/Guardians have full knowledge and understanding of the risks of Participant's participation in Provider's programs and activities; that Participant and Parents/Guardians are knowingly and voluntarily accepting and assuming the risks of such participation by Participant; that Participant and Parents/Guardians shall be solely responsible for any personal injury, death or property damage that Participant sustains or may sustain by reason of such participation; and that, by reason of this Waiver, Release and Indemnification Agreement, Provider shall have no liability whatsoever of any nature regarding the same to Participant and/or Parents/Guardians.

8. If any term or provision, in part or in whole, of this Waiver, Release and Indemnification Agreement shall be determined or declared to be void or invalid in law or otherwise, then only that term or provision shall be stricken and, in all other respects, it shall be valid and continue in full force, effect and operation; PROVIDED, HOWEVER, that Participant's execution of this Waiver, Release and Indemnification Agreement shall, to the full extent permitted by law, be and remain valid and effective as to Participant's understanding, acknowledgement and assumption of the inherent risks of Participant's participation in Provider's programs and activities, notwithstanding any legal incapacity of Participant by reason of Participant's minority or otherwise to waive and release liability regarding the same; and FURTHER PROVIDED, HOWEVER, that this Waiver, Release and Indemnification Agreement shall, to the full extent permitted by law, be and remain valid and effective as to Parents/Guardians, notwithstanding Participant not executing the same and/or by reason of any legal incapacity of Participant by reason of Participant's minority or otherwise to waive and release liability.

9. This Waiver, Release and Indemnification Agreement shall be construed in accordance with the laws of the Commonwealth of Pennsylvania.

10. This Waiver, Release and Indemnification Agreement shall be effective as of the date that it has been executed by Participant, Parents/Guardians and Provider, and it shall thereupon be binding upon and shall inure to the benefit of the parties and their respective heirs, beneficiaries, representatives, successors and assigns.

#### ***CORONAVIRUS/COVID-19 AND VARIANTS WARNING AND DISCLAIMER***

Coronavirus, also known as COVID-19, and its more recent variants, is an extremely dangerous virus that spreads easily through person-to-person contact. It also tends to affect certain segments of the population, such as the elderly and those who are immunocompromised, much more seriously. Social distancing is one of the means recommended by health authorities at the state and federal level to control and prevent the spread of the virus. COVID-19 can lead to severe illness, personal injury, long-standing or even permanent disability and death. Participating in Pine Springs Camp Inc.'s programs and activities or accessing Pine Springs Camp Inc.'s facilities could increase the risk of contracting COVID-19. Therefore, Pine Springs Camp Inc. does not, and cannot, guarantee or warrant in any way that COVID-19 infection will not occur through participation in Pine Springs Camp Inc.'s programs and activities or in accessing Pine Springs Camp Inc.'s facilities.

IN WITNESS WHEREOF, and intending to be legally bound hereby, the parties have mutually made and executed this Waiver, Release, and Indemnification Agreement, comprising four (4) pages, single spaced and word processed, as of the dates set forth below for each of the respective parties.

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*Camper Name (Printed)*

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*Date*

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*Camper Signature*

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*Parent/Guardian Name (Printed)*

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*Date*

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*Parent/Guardian Signature*

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*Parent/Guardian Name (Printed)*

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*Date*

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*Parent/Guardian Signature*

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*Pine Springs Camp, Inc., Provider*  
*(to be completed by Pine Springs Camp employee)*

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*Date*



# Day Camp Camper Release Form

***This Form Must Be Sent in ASAP or no later than  
Two Weeks Before Coming to Camp***



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. Please identify **ALL** individuals authorized to pick up your camper along with your signature, date and phone number.

**IMPORTANT—DO NOT fill out Section 2. It is to be completed on the day of pick up.**

## SECTION 1

***To be completed by a Parent/Guardian***

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

Week of Day Camp: \_\_\_\_\_ Dates of Day Camp: \_\_\_\_\_

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

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

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

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

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

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

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

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

## SECTION 2

***This section will be completed at pick-up***

Signature of Person Picking-Up Camper:

Monday \_\_\_\_\_

Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_

Friday \_\_\_\_\_

*If the person signing above is not authorized to pick up the camper, we will contact the parent/guardian for permission prior to the camper being released into their custody. Identification will be required.*

# Counselor Communication Form

***This Form Must Be Sent in ASAP or no later than Two Weeks Before Your Child's Week at Camp***



In an effort to better serve and 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: \_\_\_\_\_  
Age Group Name: \_\_\_\_\_ Dates of Camp: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## Personality Traits:

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

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

Please describe camper's sleeping habits:

☐ Just Fine ☐ Has Nightmares ☐ Light Sleeper ☐ Heavy Sleeper ☐ Bed Wets ☐ Sleepwalks

**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 the camp nurse at registration and will only be administered by the camp nurse.***

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

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Please list any additional comments or concerns here:

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

# Camper Covenant Form

***This Form Must Be Sent in ASAP or no later than  
Two Weeks Before Your Child's Week at Camp***



***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 Full Time Staff or in 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, iPods, DVD players, text-enabled watches, or any other electronic device; alcohol, illegal drugs, tobacco products, or any other illegal or banned substance; fireworks, firearms, knives, 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).
- 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.
- To give all medications to the Camp Nurse, with dosage and prescribing doctor information, upon arrival.
- To respect my counselors, my fellow campers, and all others that are involved in camp.
- To take care of camp property by not littering, damaging, or hurting God's creation.
- *Overnight Campers:* To remain in my cabin and on my bunk during rest time and after lights out unless otherwise given permission.
- That food and candy attract bugs and critters so these will not be mailed or kept with me throughout the week.
  - *Overnight Campers:* All campers receive 3 meals and a snack daily. Snacks and drinks may be purchased daily at the camp store each afternoon.
  - *Day Campers:* All campers receive 2 snacks daily in addition to their packed lunch that will be collected at check-in.

\_\_\_\_\_  
*Camper Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*