

Pine Springs Camp

2026 MIDDLE SCHOOL Day Camp

Registration Form

Mail to:
Pine Springs Camp
PO Box 186
Jennerstown, PA 15547

Tel: (814) 629-9834
Fax: (814) 629-6520
maddy@pinesprings.org
www.pinesprings.org

Important Information: Please complete BOTH pages of the form, sign on page 2, and include at least a \$25 deposit

Camper Information

Camper's Name: (First) _____ (Last) _____
Father/Guardian Name: _____ Mother/Guardian Name: _____
Primary Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone Number: () _____ Cell Phone Number: () _____
 Boy Girl Age: _____ Date of Birth: ____/____/____ Grade completed (25-26 School Year): _____
Primary Contact E-mail: _____
How did you hear about Pine Springs Camp: _____
Is this your first Day Camp experience at Pine Springs Camp? Yes No
Church attending (if applicable): _____

Crew Mate Selection

Crew: Campers will be divided into different crews based on **their grade and gender.**

Please write the name(s) of the camper(s) your child would like to be in a crew with during his/her week at Day Camp.

Crew Mate Preferences: 1. _____ 2. _____ 3. _____

Camp Session

Please check the week of PSC Day Camp your camper wishes to attend. We are not offering elective options for this camp. There will be time for crafts, sports, and nature activities during the week.

Middle School Day Camp
August 10-13, 2026 (Monday-Thursday)

(completed 6th - 8th grade)

**limited to 50 campers*

Food Allergies or Intolerances

Day campers will NOT NEED to pack their own lunch - we are providing lunch and snacks every day. **If your camper has any food restrictions and/or allergies, please note them here** (you will also need to include this information on the Medical Release Form once your child is registered). We will make sure your child is kept away from these foods and will provide alternative food options. You may pack your child a lunch and snacks if you would prefer. Please use the lines below to list any food allergies or intolerances:

Photo Release

By checking this box I grant permission to Pine Springs Camp, its agents, and its employees the irrevocable and unrestricted right to produce photographs and video taken of my child, myself, and members of my family while at Pine Springs Camp for any lawful purpose, including publication, promotion, illustration, advertising, trade, or historical archive in any manner or in any medium by Pine Springs Camp or the American Camp Association. I hereby release Pine Springs Camp and the American Camp Association and its legal representatives from liability for any violation or claims relating to said images or videos

No, please do not use photos and videos of my camper

Scholarship Information

Yes, I would like more information about receiving financial assistance to attend camp.

*****It is preferred that you send in the deposit necessary to reserve your camper(s) spot(s), then we will send scholarship information. Please check your email in the coming weeks.***

Confirmation Packet

Once we receive your completed registration form with the \$25 deposit (per week of camp attending) a Confirmation Packet will be sent to you. This packet will provide you with information related to preparing for camp and all the forms you will need to fill out and submit to us before your child's week of camp. (Please note: If your child is attending multiple weeks of Day Camp you will only need to fill out one set of forms.)

I am fine receiving an **email** Confirmation Packet.

I would like a **paper copy** of the Confirmation Packet sent to my home.

Payment Information

The cost for camp is \$115 for the week (4-day camp). **A \$25 non-refundable deposit must be received to reserve a space at camp.** You can include a check or your credit card information to cover this deposit. Please be aware that space is limited and offered on a first-come basis. Pre-registration is required. If you are considering registering within one week of the session, please contact the office to check availability. Remaining balances are due by the first day of your camper's session and can be paid at registration on the first day.

Total Cost of 1 Week of Day Camp: \$115

Deposit: \$25

Balance Due After Deposit: \$90

Amount you are including with this registration form (at least \$25 deposit): _____

Amount still owed: _____

Credit Card Information

Credit: MC VISA DISC

Amount of Payment: _____

Name on Credit Card: _____ CVC: _____

Credit Card Number: _____ Exp. Date: ____ / ____

Signature: _____

**By signing this form I am authorizing Pine Springs Camp to charge my credit card for the Amount of Payment written above.*

Parent/Guardian Signature (Required)

I agree that all my information, including financial information, is correct and I authorize my child to come to the week(s) of Day Camp that we selected.

Signature of Parent or Guardian: _____ Date: ____ / ____ / ____