

Pine Springs Camp

"providing vital encounters with Jesus Christ since 1948"

SUMMER 2023



DAY CAMP CONFIRMATION PACKET 2023





Welcome from the Executive Director

Welcome to Camp!!!!

We are so delighted that you have chosen to send your child to our Pine Springs Camp Day Camp Program. We believe a week at camp can be life changing. It will be a week filled with adventure, challenge, self-discovery, fun and friendship. Most importantly each camper will be assured that they are a precious, beloved child of God.

We believe that kids need camp now more than ever, and are so glad we were able to bring back our Day Camp last summer! A constant for Pine Springs Camp is that when your child comes to Pine Springs Camp, you can be assured that they will be surrounded by people who will care for them and reflect the love of Christ to them. Our counselors and staff are a diverse group of enthusiastic Christians who will do everything they can to ensure that this week is an awesome experience for your camper.

Your camper will be surrounded by the beauty of God's creation and will experience the many benefits of being outdoors, playing games and facing new challenges. Through every activity, challenge and conversation our desire is that Pine Springs Camp is a place that encourages a vital encounter with Jesus Christ.

As always, the safety of campers is our number one priority. We will continually and prayerfully evaluate how to run camp safely.

Welcome to Camp-and thank you for being a part of the Pine Springs Camp Family. We are here to help you and want to make this one of the best, most joy-filled weeks of the summer. PSC is a place where campers will PLAY, GROW SPIRITUALLY AND BE CONNECTED TO A GREAT COMMUNITY! Feel free to call us if you have any questions. We look forward to seeing you this summer!

Sincerely in Christ,

Greg Davis

Executive Director



From the Day Camp Director

Dear Parents,

We are so excited your camper will be joining us for a week (or several weeks!) of Day Camp! We had a great summer last year (the first year we had Day Camp since 2019) and we are looking forward to another amazing summer in 2023. Your camper will do many new and exciting things at camp, as well as learn more about God and His love for them. Alongside me are incredible counselors, who love Jesus and are equipped to care for your camper. If you have any questions, please do not hesitate to reach out to me at **dan@pine-springs.org** or call our office at **814-629-9834**.

In Christ,
Dan Duffield
Day Camp Director

From our Day Camp Registrar

Getting ready for camp can be a bit daunting but this packet will hopefully give you all the information you need! Please read over everything found here and be sure to fill out all the necessary forms. If you have any questions please email **maddy@pinesprings.org** or call our office at **814-629-9834**.

Maddy Duffield

GET SET

- ❑ **Send in all Forms:** We prefer to receive forms prior to your camper's first day of camp, however we do accept them the first day. If you are signed up for more than one week, you only need to fill out one set of forms!
- ❑ **Alert camp office of any special food requirements:** Campers will need to pack their own lunches, we will provide two 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.
- ❑ **Label ALL gear:** Make sure that your child's items are labeled. Also make sure that 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.
- ❑ **Talk with your child about what to expect at camp:** Children like predictability and routine. The tentative PSC Day Camp schedule is included for your 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, and take a couple minutes to familiarize yourself and your child with our ministry.

GO

- ❑ 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.
- ❑ **Pray!** - Make sure you sit down as a family and pray with your child as he/she get 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



List of Forms Needed

- Medical Release signed by Physician and Parent
- Camper Release Form
- Counselor Communication Form
- Camper Covenant Form
- Release of Liability Form
- Swim Test Permission Form (Grades K-2)

ADVENTURE at PINE SPRINGS 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.

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 our Adventure Director Justin Shaffer by e-mail at justin@pinesprings.org

MEDICAL/NURSE INFORMATION

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.

An RN or medical doctor will be on camp property during the week providing care should your child need care.

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;
- 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.

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, 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 contact us with any questions.

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

8:30am Campers Arrive
8:50am Large Group Time
9:35am Activity Block #1
10:40am Snack
11:00am Electives
12:05pm Lunch Round-up
12:15pm Lunch
12:45pm Activity Block #2
1:45pm Crew Time
2:45pm Snack Time
3:05pm Activity Block #3
4:00pm Pick-up

Activities Your Child Might Do!

Bible Interactions
Swimming
Camp Games
Target Sports
Confidence Course
Climbing Walls
Adventure Fort
Crafts
Nature
Parachute Games
Funny Skits
Silly Songs
Slip-n-slide
Adventure Activities
and much more!



Sample Day Camp Schedule

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
- * An extra change of clothes
- * Raincoat/poncho (if needed)- We will play in the rain if there is NO thunder and lightning.
- * Extra socks and underwear
- * One piece/full coverage tankini swimsuit
- * Sweatshirt and/or jacket
- * Water shoes

Toiletries

- * Pool Towel
- * Hairbrush/Comb

Special/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
- * Goggles (optional)
- * Bible

Items NOT Allowed

- * Cell phones/Video Games
- * MP3, Ipod, etc.
- * Knives, hatchets or anything considered a weapon
- * Alcohol, illegal drugs, etc.
- * Provocative clothing (bikinis and loose tank tops)

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.

Drop Off (Everyday at 8:30 a.m.)

Drop off will take place at the Refuge (our Dining Hall) on the left as you come up Pine Springs Camp Rd. 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 4:00 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 front of the Aframe. 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. **Friday pick up will be at the program pavilion after our closing program (3:30 p.m.-4:00 p.m.). You will still need to sign your child out after the program. The camp store will be open after the closing program.**

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.

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.

ARTS AND DRAMA: In the Art Elective, campers will create different projects during their week of camp.

NATURE EXPLORATION: Pine Springs Camp has over 230 acres of diverse environment in which kids can explore and learn about nature in fun and unique ways. Campers will be in the woods and creek.

Information Concerning Our Response to COVID

Looking ahead to summer 2023, we know that kids need camp now more than ever. We also know that because of the ongoing impact of Covid, camp may look different again this year. Through the upcoming months we will be monitoring the ever changing climate of Covid and assessing its potential impact on summer camp 2023.

We believe that we will be able to provide our campers with a safe and meaningful camp experience. Last summer we implemented safety protocols at camp and were still able to have an awesome, joyful, successful camp season. We are prepared to do the same this year if needed. Because the situation changes from week to week we will be providing our safety protocol plans closer to the start of camp. We will be monitoring the situation and providing families with updated information as it becomes available.

The physical, emotional and spiritual health of all of our campers is our top priority at Pine Springs Camp. Therefore, these are OUR CURRENT COMMITMENTS TO CAMPER FAMILIES concerning COVID and Summer Camp 2023.

1. A COMMITMENT TO ASSESS THE COVID SITUATION PRAYERFULLY AND THOUGHTFULLY AS CAMP APPROACHES.

- We will be in conversation with medical and camp professionals to assess how to safely run camp and will be communicating with camper families consistently and in a timely fashion.

2. A COMMITMENT TO TIMELY COMMUNICATION WITH CAMP FAMILIES

- Circumstances and case counts change rapidly and we have no way to know what the situation will be until closer to the start of camp. We will send updates and detailed explanations regarding our safety protocols in a timely manner. Information will be sent through a variety of channels, including the Parent Confirmation Packets, emails and through social media.

3. A COMMITMENT TO BEING OUTDOORS AS MUCH AS POSSIBLE!

- It has been proven that being outside is the best way to avoid any spread of the virus-and that's where we spend most of our time!

4. A COMMITMENT TO QUALITY HEALTH CARE, SCREENING AND DAILY MONITORING OF CAMPERS HEALTH.

- Our competent volunteer NURSES will be present each week of camp to monitor camper health and well-being.

5. A COMMITMENT TO INCREASED SANITIZATION, CLEANING AND VENTILLATION

- All of our buildings and equipment will be cleaned and sanitized in accordance with ACA and CDC guidelines.
- Our dining services comply with the rigorous food safety and sanitation guidelines of the ACA, CDC and the State of Pennsylvania.
- Building ventilation is a priority. Our cabins are spacious and have plenty of windows and fans that provide fresh air and positive air circulation. In addition we have large open air pavilions that are great program spaces.

6. A COMMITMENT TO A 100% REFUND POLICY

- We understand that as circumstances change, parents and/or guardians may feel uncomfortable having their child attend camp. Therefore, families can receive a full refund if they decide against sending their child to camp due to COVID concerns.

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 his/her day 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 days 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 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. _____

2. _____

Please do not release my child to: _____

Signature: _____ Date: _____ Phone: _____
(parent or guardian)

SECTION 2

This section will be completed daily 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 camper, we will contact the parent/guardian for permission prior to the camper being released into the custody. Identification will be required.



Medical Release

Last Name: _____
First Name: _____
Camp Name: _____
Camp Week: _____
For office use only

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

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

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 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) ☐ Other _____

☐ Drugs (describe) _____ ☐ Foods (describe) _____

Please describe allergic reactions _____

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? _____

THIS SECTION MUST INCLUDE THE SIGNATURE OF A LICENSED PHYSICIAN OR CERTIFIED PHYSICIAN OR 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 per the American Camping Association Accreditation recommendation.

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: _____



WAIVER, RELEASE AND INDEMNIFICATION AGREEMENT (MINOR)

THIS RELEASE, WAIVER AND INDEMNIFICATION AGREEMENT, effective as of the date(s) set forth below, is made by and between _____ (“Participant”), _____ and _____ as the Parents or Guardians of Participant (“Parents/Guardians”) and Pine Springs Camp, Inc. 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 three (4) pages, single spaced and word processed, as of the dates set forth below for each of the respective parties.

Dated: _____

Participate Signature

Participant Name (Printed Clearly)

Dated: _____

Parent/Guardian Signature

Parent/Guardian Name (Print Clearly)

Dated: _____

Parent/Guardian Signature

Parent/Guardian Name (Printed Clearly)

Dated: _____

Pine Springs Camp, Inc., Provider

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: _____

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. I am required to stay from the time my parents/guardians drop me off at camp until the time I am 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 with my crew and counselor and listen to all camp staff.
- ✚ 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 crew 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: _____

(Signature of Parent(s)/Guardian) Date: _____

Our History...

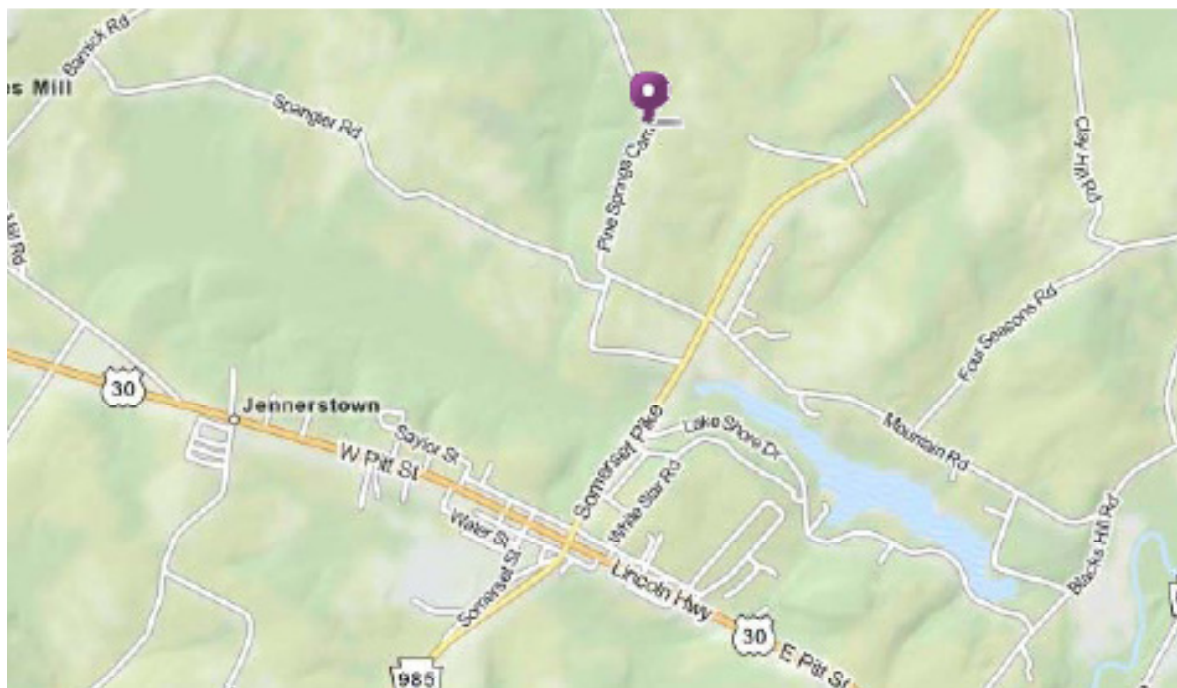
The generous gift of Isabelle Coffin – PINE SPRINGS FARM – to the Presbyterian Church in 1929, is the true beginning of what was to become a Redstone Presbytery youth camp nearly twenty years later. After years of planning and fund raising, construction of the camp began in February of 1948. That summer, 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 75-year legacy of Isabelle 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 the Pine Springs Camp sign on left. The street address is 371 Pine Springs Camp Road.

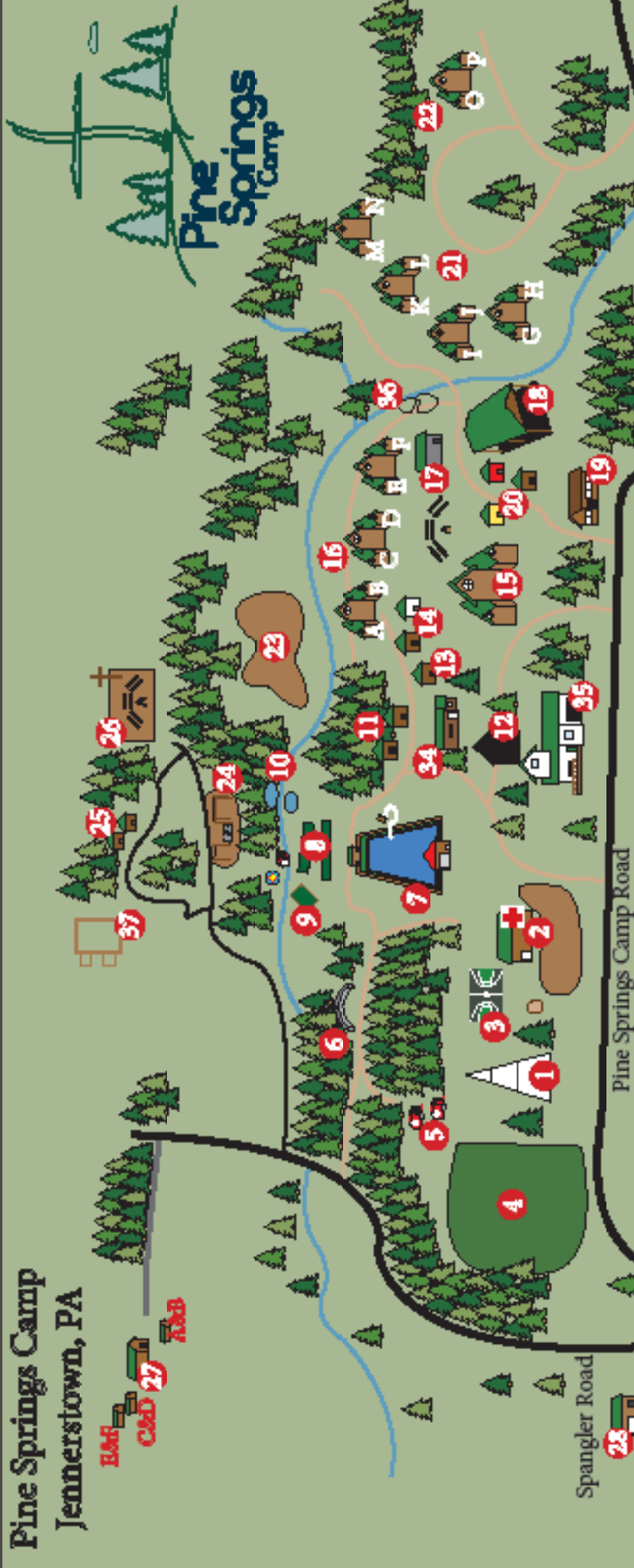


Pine Springs Camp is a ministry of Redstone and Washington Presbyteries



Visit us on the Web
www.pinesprings.org

Pine Springs Camp Jennerstown, PA



1. A-Frame- Dining and Registration
2. Camp Office & Nurses Station
3. The Bowl, Basketball Court, & Gaga Ball
4. Sports Field & Parking
5. RV Campsite
6. Stuart Chapel
7. Aquatic Center
8. Mini Sports Fields, Covered Bridge, & Archery
9. Walled Soccer Field
10. Frog Ponds
11. Timothy Team Cabins
12. The Chrysalis (Arts & Crafts)
13. Camp Store
14. Nature Nook & Mission Cabin
15. Elijah House/ Staff House- Wesmont Presbyterian Church
16. Creekside Village

- A- Muskrat- Westminster Presbyterian Church, Greensburg
- B- King Fisher- Newlonsburg Presbyterian Church, Murrysville
- C- Blue Heron- Mr. & Mrs. Ivan Guesman
- D- Redtail Hawk- Hewitt Presbyterian Church
- E- Tiger Salamander- Trinity Presbyterian Church, Uniontown
- F- Mallard- St. Paul's Presbyterian Church, Somerset & Covenant Presbyterian Church, Boswell
17. Bikes, Adventure, & Trips Cave
18. The Sports Pavilion
19. The Program Pavilion
20. Book Nook & Train Cabin
21. Woodland Village
- G- Ring-Neck Snake- Latrobe

- H- Whitetail Deer- Latrobe Presbyterian Church
- I- Red Fox- 1st. Presbyterian Church, Irwin
- J- Bobcat- 1st. Presbyterian Church, Irwin
- K- Black Bear- Puckety, Grace Community & New Kensington Presbyterian Churches
- L- Ruffed Grouse- Puckety, Grace Community & New Kensington Presbyterian Churches
- M- Walking Stick- Church of the Covenant Presbyterian Church, Washington
- N- Cyote- Canonsburg Presbyterian Church
22. Polaris Village
- O- Squirrel- 1st. Presbyterian Church, Jeanette & John & Jesse

- P- Screech Owl- Mr. & Mrs. Robert Tidball
23. Low Ropes Course
24. Confidence Course
25. Koinonia Village
26. TP Firecircle
27. Graham Village
- A & B, C & D, E & F
28. Maintenance Building
29. Athletic Field
30. High Ropes Course & Climbing Tower
31. Log Chapel
32. Theater of the Word (Barn)
33. The Manse (Staff Residence)
34. Staff Residence
35. Staff Residence
36. RC Crawler track
37. Fort Legacy