

CONFIRMATION PACKET 2024



PINE SPRINGS CAMP DAY CAMP 2024!



a place to.
**EXPLORE
GROW
LEARN
BELONG**



Vital encounters with Christ since 1948

Welcome from the Executive Director, Greg Davis



I never get tired of hearing the phrase - "Welcome to Camp!" - on the opening day of each week of summer camp. I bet our campers would say the same thing! It is a joy to hear campers describe the special feeling they get when they turn onto Pine Springs Camp Road in anticipation of the welcome they will receive when camp comes into view. We want Pine Springs Camp to be an extraordinary place where campers feel welcomed, safe and most importantly, secure in their relationship with God.

I never get tired of hearing it and I also never get tired of saying it - "Welcome to Camp!" It is a joy to welcome our camp families and a privilege to be entrusted with your children. We look forward to giving every camper an opportunity to encounter Christ in a vital, life-changing way.

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

So 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 3rd summer as 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 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 or phone 814-629-9834 at any time. See you this summer!



Maddy Duffield
Day Camp Registrar

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 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 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, 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 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



Forms Needed

- Medical Release
- Day Camper Release Form
- Counselor Communication Form
- Camper Covenant Form
- Release of Liability Form
- Swim Test Permission Form (Grades K-2)

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.

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. 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

- 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

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
- One piece/full coverage tankini swimsuit
- Water shoes

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

Toiletries

- Pool Towel
- Hairbrush/Comb

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!

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

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.

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.

Please note registration will not open until exactly 8:30 a.m.

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 A-Frame. 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.



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

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

Day Camp Camper Release Form



Pine
Springs
Camp

***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.

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.
 - o *Overnight Campers:* All campers receive 3 meals and a snack daily. Snacks and drinks may be purchased daily at the camp store each afternoon.
 - o *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

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.)

Please list any additional comments or concerns here:

Parent/Guardian Signature: _____ Date: _____

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 _____, _____,
and _____, _____,
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.

Camper Name (Printed)

Date

Camper Signature

Parent/Guardian Name (Printed)

Date

Parent/Guardian Signature

Parent/Guardian Name (Printed)

Date

Parent/Guardian Signature

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

Date

Food Allergies/ Intolerances Form

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



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 food allergies and 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 do our best to accommodate special dietary needs. 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 ellie@pinesprings.org 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: _____

Age Group Name: _____

Week of Camp: _____ Dates of Camp: _____

Parent/Guardian Name: _____

Contact Phone: _____

Relationship to Camper: _____

Please list allergies/intolerances and their severity:

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.

Swim Test Permission Release



Pine
Springs
Camp

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

To the Parents/Guardian of our ***Discovery Campers*** (completed grades K-2):

It is Pine Springs Camp Policy that campers who want to swim in the deep end of the pool must take a swim test which is administered by our certified lifeguards. We know that at this age especially swimming ability can vary greatly. We encourage any camper who does not feel comfortable in the water, no matter what age, to not take the swim test. We make sure there are plenty of games and fun in both ends of the pool. We make great efforts to ensure that we are sensitive to each camper's swimming abilities.

Many campers in the Discovery age group will choose not to take the swim test. However, we realize that there may be very proficient swimmers in this age group as well. We want each parent to be aware of our policy and to sign a form that gives permission for their son/daughter to take the swim test.

We are requesting that a parent or guardian sign the form below which gives permission for their son or daughter to take the swim test. If you do not give permission for your child to take the swim test, we would appreciate you letting them know before you leave camp.

Name of Camper: _____

Week of Camp: _____ Dates of Camp: _____

I would prefer my child ***not to take the swim test***. I understand that this means that they will be relegated to swimming in the shallow end only.

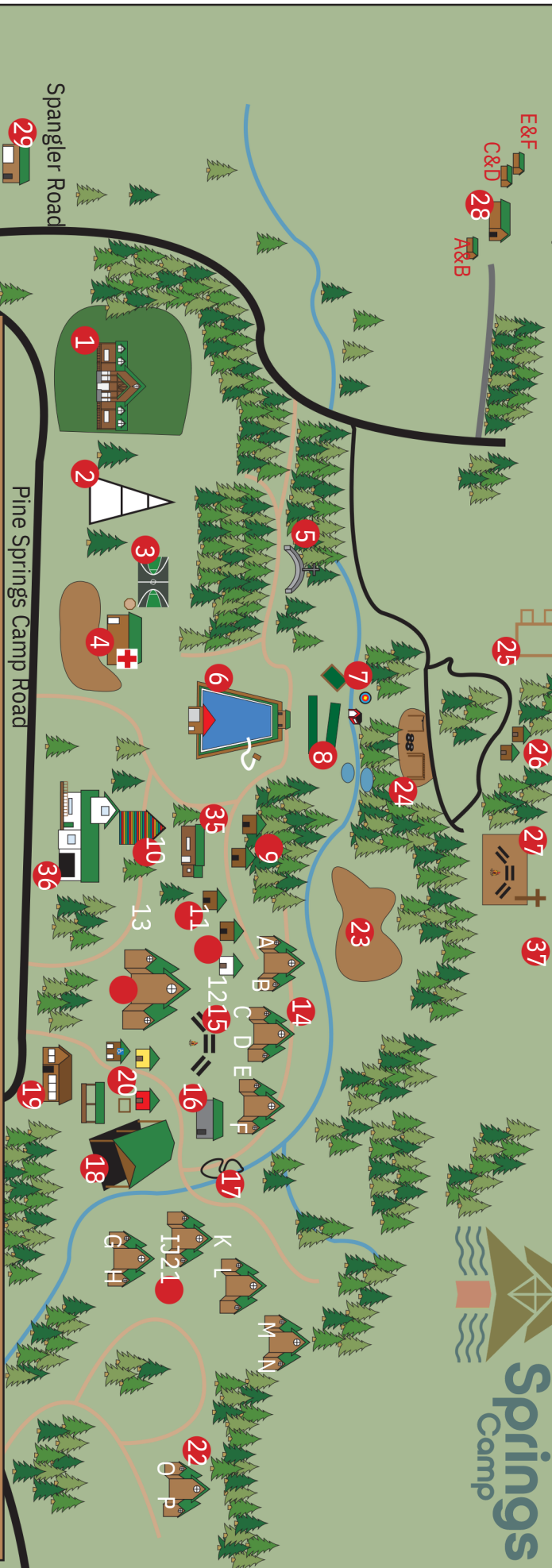
I give my permission for my child ***to take the swim test*** and I attest that they have swam in water without a floatation device that was over six feet deep before today.

(Please note: this does not mean that your child will automatically pass the swim test)

Parent/Guardian Signature: _____

Date: _____

Pine Springs Camp Jennerstown, PA



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

985 Somerset Pike