

Nashville Presbytery Junior Camp 2021

Theme:

“Life’s a Trip!”

Scripture:

Hebrews 13:14 “For this world is not our home; we are looking forward to our city in heaven, which is yet to come.”

July 11th-16th

Camp Crystal Springs

Ages: Campers going into the 3rd, 4th, 5th, & 6th grade this Fall

Fees:

Register by June 25th: \$180 (Canteen Included)

Option to purchase a memory book for \$10.00

Register after June 25th: \$200 (Canteen Included)

Option to purchase a memory book for \$20.00

Directors:

Jimmy Sharpe: 615.417.5505; Kathryn Gabell: 931.980.7940;

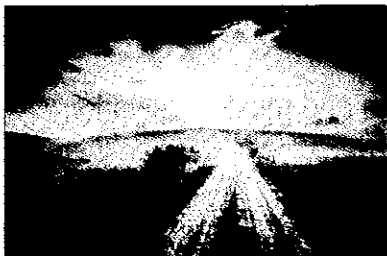
Paula Winn: 423.539.4780; Gabe Sharpe: 615.509.1952

Departure:

Sunday, July 11th, meet at 2:00P.M./Departure at 3:00P.M./Brenthaven C.P.

Return:

Friday, July 16th, pick-up at 1:00P.M./Brenthaven C.P.



*Brenthaven Cumberland Presbyterian Church
516 Franklin Rd., Brentwood, TN 37027
615.373.4826/ brenthaven.org*

Camp Crystal Spring Packing Checklist

- Your Bible!!!!!!**
- Plenty of Clothes (including clean underwear!)
- Extra Shoes/Sandals (good idea to designate some flip-flops to wear in the showers)
- Bed Sheets, Blankets and/or Sleeping Bag
- Pillow
- 2 Bath Towels/ Wash Cloths (ideal to have thin, cheap towels- they dry faster in the humidity)
- Toiletries (Soap, Shampoo, Toothbrush, Toothpaste, etc.)
- Swimsuit (All females must wear one piece bathing suits)
- Beach Towel
- Jacket or Wind Breaker
- Fan
- Fishing Equipment (Only if you like to fish)
- Pencil/Pen
- Notepad
- Camera (Optional)
- Envelopes and stamps (If you want to write home)
- Ball Glove, Ball, Football, Frisbee, etc.
- Musical Instrument (Optional, for Talent Night)
- Sunscreen and Bug Spray
- A good attitude!

THINGS NOT TO BRING:

Cell phones or any other electronic devices, inappropriate clothing and music, fireworks, lighters, weapons of any kind (may have small pocket knife with fishing tackle), excessive shaving cream, a bad attitude

To All Youth and Parents,

The date for Jr. Camp this year is **Sunday, July 11th through Friday, July 16th, 2020**. The price of Junior Camp this year is **\$200 (including canteen)**. If you pre-register by **June 18th**, you will receive a **\$20.00 discount making camp only \$180.00 (including canteen)**. Also, if your registration form is received **no later than June 18th, 2021**, you will receive a memory book for just **\$10.00**, if you choose to purchase one. If your registration form is received after this date or you register on the day of camp, you will have an opportunity to purchase a memory book for **\$20.00** on Sunday. If you purchase a memory book, please do so separately from the payment of registration. Checks for memory books need to be made out to **Nashville Presbyterian Camps**. Please allow 6-8 weeks for processing.

Check-in for Junior Camp will be at **Brenthaven Cumberland Presbyterian Church 516 Franklin Rd., Brentwood, TN 37027 615.373.4826/ brenthaven.org** starting at 2:00 P.M. on Sunday, July 11th. We will aim to depart at 3:00 P.M. Pick-up will be at the same place at 1:00 P.M. on Friday, July 16th. Please try to get the youth there on Sunday as close to 2:00 P.M. as possible, but please no sooner than 2:00 P.M. Also, be sure someone is there to pick up the youth on Friday at the proper time.

Junior Camp will be directed by Mr. Jimmy Sharpe, Mrs. Kathryn Gabell, Miss Paula Winn, and Mr. Gabe Sharpe. If your child has completed the **2nd, 3rd, 4th, and 5th grades**, he/she is eligible for Junior Camp. The goal of the Bible study is for campers to understand the Biblical path of joy, self-control and ultimate peace! The theme for the week is **"Life's A Trip!"** The main Scripture for the week is *Hebrews 13:14*, *"For this world is not our home; we are looking forward to our city in heaven, which is yet to come."* Come join us for a week full of laughter, love, friendship, and the Truth.

We hope that Nashville Presbytery Junior Camp will become the foundational brick of your child's camping experience. Living in God's great outdoors for a week away from the pressure of everyday living, our children create a tight-knit community with one another. At our camp, we hope children form lifetime friendships and a closer relationship with our Father, God Almighty. All staff are members of Cumberland Presbyterian churches.

Enclosed with this letter is a camp flyer, a suggested packing list, permission to administer over-the-counter medications form, COVID Waiver form, the Presbyterian registration form, and the camp medical form (3 pages). Please circle the appropriate camp at the top of the Presbyterian registration form. The Presbyterian registration form and camp medical form have some duplicate information, but you must have **both** forms turned in for your child to attend camp. It is very important that you make sure the forms are filled out completely and correctly. *There are multiple places to sign, please double check and make sure all these places are signed.* Checks for camp need to be made out to **Nashville Presbyterian Camps** and sent to the address listed on the Presbyterian form. *One very important note: some churches prefer and all are encouraged to send in all the money and forms together, so check with your church office or youth director before sending in registrations.* We will take pre-registration up until June 18th. Please do not send in any forms after this date, hold them and bring them on the day we leave for camp. Make sure you get your **Presbyterian registration form** to Mark Rolman no later than June 18th in order to receive 50% off discount for a memory book.

Note: We want to once again reiterate our important policies of Junior Camp. *All female campers and counselors must wear one piece bathing suits during the week of camp. It is also important that all campers and counselors bring appropriate clothing for a Christian youth camp.* We also encourage parents not to allow their youth to bring electronic devices to camp, especially cell phones, tablets, etc. If youth have these devices at camp we cannot guarantee that these devices will not get broken and the use of these devices also take away from the experience of camp.

If you have any specific questions concerning Junior Camp, you can contact Jimmy Sharpe at 615-417-5505, Kathryn Gabell at 931-980-7940, Paula Winn at 423-539-4780 or Gabe Sharpe at 615-509-1952. If you have any registration or money questions, please call Mark Rolman at 615-375-7080.

Dancing in His Grace,
Paula K. Winn, Co-Director, 2021 Nashville Presbytery Junior Camp

NASHVILLE PRESBYTERY JUNIOR / JUNIOR HIGH CAMP
REGISTRATION FORM

Please Print Plainly, Use Blue Or Black Ink, And Be Sure To Fill In The Whole Form

CAMPER INFORMATION:

NAME (Last Name, First Name): _____, _____ AGE: _____ GENDER: _____

ADDRESS: _____ DATE OF BIRTH: _____ GRADE THIS FALL: _____

CITY: _____ STATE: _____ ZIP: _____ HOME PHONE NUMBER: (____) _____

YOUTH'S E-MAIL ADDRESS (this e-mail address will be included on camp address list): _____

PARENT(S) NAME: _____ PHONE: Work or Cell: (____) _____

PARENT(S) ADDRESS (if not the same): _____

PARENT(S) E-MAIL ADDRESS (this address will not be included on camp address list): _____

NAME OF CHURCH (Or Church your youth is attending with): _____

PASTOR'S NAME: _____ PHONE NUMBER: (____) _____

ALL CAMPERS MUST SIGN THE FOLLOWING COVENANT (read camp rules sheet before signing):

I, _____, agree to abide by all camp rules and requirements, **to actively participate in all camp activities:** Bible studies, Vespers, Quiet Time, recreation/crafts, meals, lights out, etc. I understand that breaking this covenant could result in discipline action by the directors or in my being sent home.

ALL PARENTS MUST SIGN FOR THE FOLLOWING ITEMS:

BUS/VAN TRANSPORTATION: I hereby grant permission for (youth's name) _____ to ride a church bus/van to Crystal Springs Camp in Kelso, TN and return to the Brenthaven. If the youth is injured on bus due to his or her own negligence, Nashville Presbytery and the churches that own the buses/vans and their drivers are not responsible.

YOUTH PICK-UP: I agree that if my youth breaks the above covenant and is by the decision of the directors to be sent home, that I will come to Crystal Springs Camp and pick up my youth, **immediately.**

PARENT OR GUARDIAN'S SIGNATURE: _____

Make sure the Presbyterian Registration form (1 page), Health/Medical form (3 pages), Administer Over-the-Medications form (1 page), and COVID-19 Liability Waiver (1 page) are completely filled out and signed. All forms are required for youth to attend camp. ALSO, MUST PROVIDE A COPY OF THE FRONT AND BACK OF INSURANCE CARD.

If your youth has any other special medical conditions or needs, please call the director, Mark Rolman, (615) 979-4313.

MAIL REGISTRATION FORMS and PAYMENTS TO:

NASHVILLE PRESBYTERIAL CAMP
MARK ROLMAN
102 CHARLES CT.
DICKSON, TN 37055

ANY QUESTIONS CALL:

Junior Camp	Junior High Camp
Jimmy Sharpe (615) 834-2367	Mark Rolman (615) 979-4313
Paula Winn (423) 539-4780	Melissa Wilson (615) 761-4668
Kathryn Gabell (931) 980-7940	Brittany Stevens (615) 719-3362
Gabe Sharpe (615) 509-1952	

MAKE CHECKS PAYABLE TO: NASHVILLE PRESBYTERIAL CAMPS

***** **FOR THOSE CAMPERS ATTENDING JUNIOR CAMP ONLY** *****

If your camper has pre-registered (mailed forms by June 25th) he/she may receive a Junior Camp Photo Memory book for only \$10.00. After the deadline or on the day of the price will be \$20.00. Money may be paid now or on the day of camp. Payments need to be on a separate check from Camp fee, but still payable to Nashville Presbyterial Camps.

Does your Junior Camper wish to receive a photo memory book of their week at camp? _____ Yes or _____ No

RULES OF CAMP

NASHVILLE PRESBYTERY JUNIOR AND JUNIOR HIGH CHURCH CAMP

1. When the bell rings go to your appointed places, do not wander around camp or stay in cabins. Activity schedules will be placed around camp if you do not remember what the next activity is.
2. Participation in all camp activities is highly encouraged. Participation and behavior will determine length of the nightly and other activities.
3. No camper is to walk around the lake after dark, without a counselor.
4. No camper is to leave the main camp area after vespers, this means spring, chapel, and ballfield, without a counselor.
5. Campers will stay at evening activities, unless their cabin counselor or evening activities director gives permission.
6. Everyone is to attend all meals and stay in the dining hall until released by director; announcements will be made after meals.
7. **NO sneaking out of cabins will be tolerated**; campers caught will be discipline by directors. Sneaking out is dangerous; this could result in your being sent home. Campers are to stay in their cabins after lights out, except to notify counselor(s) or director(s) that someone is sick or hurt. This also applies to being out before daybreak, if a camper wants to go fishing early they must let their counselor know and wait until first light.
8. No campers will be in cabin of the opposite gender during camp.
9. Campers are not to be in cabins that they are not sleeping in without permission from a counselor of the cabin and accompanied by a camper that is staying in the cabin.
10. Cabins will be cleaned and inspected after breakfast, intentionally trashing a cabin or not cleaning up cabin will call for cleaning details during free time or swim time.
11. When a counselor gives peace sign, group should become quiet. Whenever a counselor or fellow camper is speaking to group, show respect by staying quiet and listening, you may learn something. This is extremely important during vespers and quiet time; this is a time for worship and reflection. Be courteous to others. During quiet time stay in vespers' area, areas around the pavilion, or in front and side areas of the lake, do not go to cabins, around the lake, or out of immediate area.
12. Anyone hurt or not feeling good should report it to the camp medical counselor, another counselor and/or director as soon as possible.
13. Take frequent rest and water breaks; you will dehydrate quickly in the July heat. Eat candies in moderation before recreation time, sugar mixed with heat can cause cramps, sick at your stomach feeling or even make you pass out.
14. Fighting or verbal abuse of another camper or counselor **will not** be tolerated.
15. Campers are to respect and obey counselors and directors, without them this camp would not be possible.
16. Swimsuits are to be worn only during swim time. Also, swimsuits should be appropriate for the co-ed Christian camp. All female campers and counselors must wear one piece bathing suits.
17. Shoes or sandals are to be worn at all times, even when going to pool or bathhouse.
18. Clothing should be appropriate for Christian Youth Camp, use your good judgement. You be asked to change if you wear something inappropriate.
19. Please leave the camp grounds in better shape then you found them; throw all trash away in trash barrels. If camp becomes extremely messy, free time will be used to clean campgrounds.
20. If you have any complaints about camp bring it to the attention of a counselor and it will be discussed at a staff meeting.
21. No camper or counselor will use any form of tobacco during the week.
22. Fireworks are strictly forbidden.
23. Campers are not to be in the main part of the mess hall except during meal times or other group activities.
24. A certified lifeguard must be on the banks of the lake at all times when campers are out in paddleboats. All persons anytime they are out on the lake will wear life jackets.
25. This is a closed camp, all uninvited visitors that could disturb the mood of camp, interfere with jobs of counselor(s) or directors, or keep the youth from wanting to participate in camp activities, will be asked to leave by the directors. Campers are not to ask friends and family to come and visit during the week. If you would like to visit the camp during the week, please contact directors before camp for appropriate times to visit.
26. Church camp is a place to have fun, revive friendships, and make new friends, but it also has a serious side. To bring us all closer to God and to examine your relationship with Jesus.
27. Following these rules will make yours and follow camper's camping experience a better one. Becoming involved and participating in all you can, will give you memories and friendships that will last a life time. **Let's go out and have one great week and great Christian camping experience!!!!**

Crystal Springs Camp

Registration and Health Form

21 Crystal Springs Camp Road
 Kelso, TN 37348
 931-937-8621
 www.crystalspringscamp.org

Rec Group # _____

Camp or Group Name _____

Date of Form _____

Study Group # _____

Camper Name _____ Date of Birth _____ Age _____ Gender _____

Home Address _____ city state zip

Phone _____ Social Security # _____ EMAIL _____

Church Name _____

Pastor _____ Phone _____

Cabin # _____

Parent/Guardian Name _____

Address (if not same) _____ city state zip

Work Address _____ city state zip

Phone#: Home _____ Work _____ Other _____

Alternate Emergency Contact _____ Phone _____

Address _____ city state zip

Insurance Information

Is the Camper covered by a health insurance policy? _____ Health Insurance Company _____

Policy # _____ Group # _____

Please Attach a copy of the front and back of health card to this Form.

THE CAMPER COVENANT- Must be signed to attend camp

As a camper at this camp, I agree to abide by all camp rules and requirements, and to actively participate in all camp activities. I realize that I am financially responsible for any camp property that is destroyed or defaced. I understand that breaking this covenant could result in discipline action by the directors or in my being sent home.

Camper Signature _____ Date _____

PARENTS OR GUARDIANS AUTHORIZATION- Must be signed in order for camper to attend.

I give permission for the camper to participate in all camp activities. I do acknowledge that the health history on this form is complete and correct to my knowledge. I give permission for the camp to provide the necessary medical treatment needed for the camper including: routine health care, administering medications, seeking emergency treatment, including ordering x-rays or routine tests.

I give permission for the camper to ride on transportation provided by the sponsors of this camp (Group renting camp facilities). I agree that I will not hold the Camp, Group, owners of vehicles or drivers responsible for any injury suffered by the camper due to his or her own negligence.

In case of medical emergency, I understand that every possible effort will be made to contact parents or guardian. In the event I cannot be reached, I give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for the above named camper.

Parent or Guardian Signature _____ Date _____

PICTURE AUTHORIZATION

I give permission for my youth's picture to be taken, and it may also be used on the Crystal Springs Camp Web site and to possibly be used in future camp promotional material

Parent or Guardian Signature _____ Date _____

Name _____

HEALTH HISTORY

MEDICATIONS BEING TAKEN

Please list all medications taken on a routine basis including over the counter and non prescription drugs.

IMPORTANT: Bring enough medication to last the duration of camp. Please keep it in the original packaging or bottle that identifies the Physician prescribing the drug, the name of medication, the dosage, and frequency of administration.

Check one of the boxes

This camper is currently taking no medications on a routine basis.

This camper currently takes the following medication

Name of drug _____ Dosage _____ # times taken each day _____

Medical reason for taking the drug _____

Name of drug _____ Dosage _____ # times taken each day _____

Medical reason for taking the drug _____

Name of drug _____ Dosage _____ # times taken each day _____

Medical reason for taking the drug _____

ALLERGIES(please list all that are known)

Describe reaction and treatment normally taken.

Medication

Food

Other

RESTRICTIONS

Please list any dietary restrictions this camper has: _____

Please list any Physical restrictions (things the camper cannot do) _____

Rate the camper's ability to Swim: ___Excellent ___ Fair ___ Poor ___ Cannot swim

GENERAL QUESTIONS

Which of the following has the camper had:

___ Measles ___ Chicken Pox ___ German Measles ___ Mumps ___ Hepatitis A ___ Hepatitis B ___ Hepatitis C

Give the most recent dates of the following immunizations:

DTP _____ Tetanus _____ Polio _____
Mumps/Measles/Rubella _____ Hepatitis _____ TD-Tetanus/Diphtheria _____
Chicken Pox _____

PLEASE ANSWER THE FOLLOWING QUESTIONS YES OR NO,

DOES OR HAS THE CAMPER:		YES	NO			YES	NO
1	Had a recent injury illness or infectious disease?	ف	ف	15	Had frequent headaches?	ف	ف
2	Have a chronic or recurring illness or condition?	ف	ف	16	Had surgery?	ف	ف
3	Been hospitalized	ف	ف	17	Had problems with body joints?	ف	ف
4	Been diagnosed with heart murmur?	ف	ف	18	Have an orthodontic appliance that will be brought to camp?	ف	ف
5	Had back problems?	ف	ف	19	Had a eating disorder?	ف	ف
6	Had high blood pressure?	ف	ف	20	Have a history of bed-wetting?	ف	ف
7	Had chest pain during or after exercise?	ف	ف	21	If female, have an abnormal menstrual history?	ف	ف
8	Had seizures?	ف	ف	22	Have problems sleepwalking?	ف	ف
9	Been dizzy during or after exercise?	ف	ف	23	Had problems with diarrhea or constipation	ف	ف
10	Passed out during or after exercise?	ف	ف	24	Had mononucleosis in last 12 months	ف	ف
11	Had frequent Ear infections	ف	ف	25	Have asthma?	ف	ف
12	Wears glasses, contacts or protective eye wear?	ف	ف	26	Have diabetes?	ف	ف
13	Been knocked unconscious?	ف	ف	27	Have any Skin problems?	ف	ف
14	Had a head injury?	ف	ف	28	Had emotional difficulties that required professional help?	ف	ف

Please explain the yes answers to the above questions noting the question number: _____

Name of Family Physician: _____

Address: _____

Phone : _____

Any other information the directors of the camp should know about the physical, emotional, or mental health about the camper: _____

PHYSICAL NEEDED ONLY IF REQUIRED BY INDIVIDUAL CAMP GROUP

PHYSICAL APPROVAL BY A PHYSICIAN OR LICENSED MEDICAL PERSONNEL

Date of Examination _____ (MUST NOT BE MORE THAN 24 MONTHS PRIOR TO CAMP DATE)

In My opinion, _____, IS _____ or IS NOT _____ able to participate in an active camp program.

Name of Physician or Licensed Medical Personnel (Print) _____

Address _____

Title _____ Phone _____ Date _____

Signature _____

Permission to Administer Over-the-Counter Medications

I give permission for my child, _____,
to receive over-the-counter (OTC) medications, if needed. (i.e., Tylenol,
Ibuprofen, Benadryl, antacids, etc.)

My child may receive OTC meds **EXCEPT** for the following
medication(s): _____.

Parent's Signature: _____

Date: _____

Additional Information:

Tetanus vaccination received on _____.

My child, in the last 2 weeks, has been or is now being treated for:

___ N/A ___ head lice ___ body lice ___ a contagious condition

Name of condition (if applicable): _____

COVID-19 LIABILITY WAIVER

READ CAREFULLY - THIS AFFECTS YOUR LEGAL RIGHTS

In exchange for use of the property, facilities, and services of Crystal Springs Camp, Inc, of 21 Crystal Springs Camp Road, Kelso, Tennessee, 37348, I, _____, residing at _____, agree for myself and (if applicable) for the members of my family, to the following:

1. AGREEMENT TO FOLLOW DIRECTIONS. I agree to observe and obey all posted rules and warnings regarding COVID-19, and further agree to follow any oral instructions or directions given by Crystal Springs Camp, Inc, or the employees, representatives or agents of Crystal Springs Camp, Inc.

2. ASSUMPTION OF THE RISKS AND RELEASE. I recognize that there are certain inherent risks associated with the above described activity regarding COVID-19, acknowledge the contagious nature of COVID-19 and understand that CDC and public health authorities recommend the practice of social distancing, and I assume full responsibility for personal injury to myself and (if applicable) my family members, and further release and discharge Crystal Springs Camp, Inc for injury, loss or damage arising out of my or my family's use of or presence upon the facilities of Crystal Springs Camp, Inc, whether caused by the fault of myself, my family, Crystal Springs Camp, Inc or other third parties.

I acknowledge that Crystal Springs Camp, Inc has followed all local and state requirements regarding the coronavirus pandemic to reduce the spread of COVID-19. I acknowledge that Crystal Springs Camp, Inc cannot guarantee that I will not become infected with COVID-19.

3. INDEMNIFICATION. I agree to indemnify and defend Crystal Springs Camp, Inc against all claims, causes of action, damages, judgments, costs or expenses, including attorney fees and other litigation costs, which may in any way arise from my or my family's use of or presence upon the facilities of Crystal Springs Camp, Inc.

4. APPLICABLE LAW. Any legal or equitable claim that may arise from participation in the above shall be resolved under Tennessee law.

5. NO DURESS. I agree and acknowledge that I am under no pressure or duress to sign this Agreement and that I have been given a reasonable opportunity to review it before signing. I further agree and acknowledge that I am free to have my own legal counsel review this Agreement if I so desire. I further agree and acknowledge that Crystal Springs Camp, Inc has offered to refund any fees I have paid to use its facilities if I choose not to sign this Agreement.

6. ARM'S LENGTH AGREEMENT. This Agreement and each of its terms are the product of

an arm's length negotiation between the Parties. In the event any ambiguity is found to exist in the interpretation of this Agreement, or any of its provisions, the Parties, and each of them, explicitly reject the application of any legal or equitable rule of interpretation which would lead to a construction either "for" or "against" a particular party based upon their status as the drafter of a specific term, language, or provision giving rise to such ambiguity.

7. ENFORCEABILITY. The invalidity or unenforceability of any provision of this Agreement, whether standing alone or as applied to a particular occurrence or circumstance, shall not affect the validity or enforceability of any other provision of this Agreement or of any other applications of such provision, as the case may be, and such invalid or unenforceable provision shall be deemed not to be a part of this Agreement.

I HAVE READ THIS DOCUMENT AND UNDERSTAND IT. I FURTHER UNDERSTAND THAT BY SIGNING THIS RELEASE, I VOLUNTARILY SURRENDER CERTAIN LEGAL RIGHTS.

By: _____

Date: _____