

For Brenthaven Parents

Make checks to: Brenthaven Church

Cost for youth: \$108 (church covers the remaining amount)

Bring Forms and Check or pay online by: Wednesday, June 14

April 2017

To All Youth and Parents,

The date for Jr. Camp this year is **Sunday, July 16th through Friday, July 21st. If your registration form is received no later than June 19th, 2017, you will receive a free shirt!** If your registration is received after this date or you register on the day of camp, **you will have an opportunity to purchase a camp t-shirt for \$10.00 on Sunday.** If you purchase a t-shirt, please do so separately from the payment of registration. The price for Junior Camp this year is \$180 (including canteen).

Check-in for Junior Camp will be at **Tusculum C.P. Church at 477 McMurray Dr, Nashville, TN** (off of Nolensville Road) starting at 2:00 P.M. on Sunday, July 16th. We will aim to depart at 3:00 P.M. Pick-up will be at the same place at 1:30 P.M. on Friday, July 21st. 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 once again be directed by Mr. Jimmy Sharpe and Miss Paula Winn. We have expanded the age group for Junior Camp! If your child has completed the **2nd, 3rd, 4th, and 5th grades**, he/she is eligible for Junior Camp. Campers will dig into a Bible study based on the 10 Commandments. The theme for the week is **"The Big 10!"** The Scripture for the week is **Proverbs 3:1** (NCV) "My child, do not forget my teaching, but keep my commands in mind". 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, the Presbyterial registration form, and the camp medical form (3 pages). Please circle the appropriate camp at the top of the Presbyterial registration form. The Presbyterial 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 Presbyterial Camps** and sent to the address listed on the Presbyterial 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 19th. 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 **Presbyterial registration form** to Mark Rolman no later than June 19th in order to receive a free T-shirt.

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. 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 or Paula Winn at 423-539-4780. If you have any registration or money questions, please call Mark Rolman at 615-375-7080.

Also, there are **memory books** for sale!!!! They are **\$20.00** each. You can only pre-order them on the day of registration, July 16th. Memory books are filled with pictures from the week of camp. Please allow 6-8 weeks for processing. You can make out your check to "Nashville Presbyterial Camps" **PLEASE** write your memory book check SEPARATELY from your registration fee check!! You can pay for memory books and t-shirts together. Thank you.

Dancing in His Grace,
Paula K. Winn, Co-Director, 2017 Nashville Presbytery Junior Camp

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



Nashville Presbytery Junior Camp 2017

Theme:
“The Big Ten”

Scripture:
Proverbs 3:1 (NCV) “My child, do not forget my teaching, but keep my commands in mind.”

July 16th-21st
Camp Crystal Springs
Ages: Campers going into the 3rd, 4th, 5th, & 6th grade this Fall

Fees:
\$180 (Canteen Included)
Pre-register by June 19th and receive a FREE T-SHIRT
(Addition T-shirts will be for sale for \$10.00 during registration)
(Memory Books will be for sale for \$20.00 during registration)

Directors
Jimmy Sharpe: 615.417.5505 and Paula Winn: 423.539.4780

Departure:
Sunday, July 16th, meet at 2:00P.M./Departure at 3:00P.M./Tusculum C.P.

Return:
Friday, July 21st, pick-up at 1:30P.M./Tusculum C.P.
(Directions to the church located on back)

Directions from Google Maps:
 Tusculum C.P. Church
 477 McMurray Dr. Nashville, TN 37211
 (615) 833-0742

From I-65 (Madison):

Head south on I-65
 Keep left to continue on I-24 E, follow signs for Interstate 24/Interstate 40 E/Chattanooga/Knoxville
 Keep right to stay on I-24 E, follow signs for Chattanooga
 Take exit 57A for Haywood Ln W 0.3 mi
 Merge onto Haywood Ln 1.7 mi
 Turn left onto Nolensville Pike 0.5 mi
 Take the 2nd right onto McMurray Dr Destination will be on the left 0.4 mi

From I-65 (Brentwood):

Head north on I-65
 Take exit 74A to merge onto TN-254 E/Old Hickory Blvd 3.8 mi
 Turn left onto Amalie Dr 0.7 mi
 Turn right onto McMurray Dr Destination will be on the right 0.4 mi

From I-40 (Dickson):

Head east on I-40
 Take exit 206 to merge onto I-440 E toward Knoxville 4.4 mi
 Take exit 5 to merge onto I-65 S toward Huntsville 2.3 mi
 Take exit 78A-B for TN-255/Harding PI 0.3 mi
 Take exit 78A on the left for TN-255 E/Harding PI 0.4 mi
 Merge onto TN-255 N/Harding PI 1.8 mi
 Turn right onto Overcrest Dr 0.2 mi
 Turn left onto Blackman Rd 0.2 mi
 Continue onto Whispering Hills Dr 1.1 mi
 Turn right onto McMurray Dr Destination will be on the left 0.2 mi

From I-40 (Mt. Juliet):

Head west on I-40
 Take exit 213A on the left to merge onto I-24 E toward Chattanooga
 Take exit 57A for Haywood Ln W 0.3 mi
 Merge onto Haywood Ln 1.7 mi
 Turn left onto Nolensville Pike 0.5 mi
 Take the 2nd right onto McMurray Dr Destination will be on the left 0.4 mi

From I-24 (Clarksville):

Head east on I-24
 Take exit 57A for Haywood Ln W 0.3 mi
 Merge onto Haywood Ln 1.7 mi
 Turn left onto Nolensville Pike 0.5 mi
 Take the 2nd right onto McMurray Dr Destination will be on the left 0.4 mi

From I-24 (LaVergne):

Head west on I-24
 Take exit 57 for Haywood Ln 0.2 mi
 Turn left onto Haywood Ln 1.9 mi
 Turn left onto Nolensville Pike 0.5 mi
 Take the 2nd right onto McMurray Dr Destination will be on the left 0.4 mi

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 or Tusculum CP Church. 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 both the registration form (1 page) and health/medical form (3 pages) are completed. Both 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) 375-7080.

MAIL REGISTRATION FORMS TO:
NASHVILLE PRESBYTERIAL CAMPS
MARK ROLMAN
102 CHARLES CT.
DICKSON, TN 37055

ANY QUESTIONS CALL:
Mark Rolman (615) 979-4313
Karen Williams (615) 781-9649
Jimmy Sharpe (615) 834-2367
Paula Winn (423) 539-4780

MAKE CHECKS PAYABLE TO: NASHVILLE PRESBYTERIAL CAMPS

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

If your camper has pre-registered (mailed forms by June 19th), he/she will receive a free camp T-shirt. In order for us to get an earlier count on T-shirt sizes, please indicate below what size T-shirt he/she would like.

Youth Sm: ____ Youth Med: ____ Youth Lg: ____ Adult Sm: ____ Adult Med: ____ Adult Lg: ____ Adult XL: ____
(same as Youth XL)

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 thenightly 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 tobaccò 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. Soft drink machines in dining hall are to be used only during canteen time and free time. Machine is not to be used at meal times, group time, after night time canteen, or any other time not mentioned above. If cans are found scattered around camp grounds and not thrown away, machine will be offlimits to all campers.
25. 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.
26. 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.
27. 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.
28. 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

Camp or Group Name

Date of Form _____

Rec Group #

Camper Name _____ Date of Birth _____ Age _____ Gender _____

Home Address _____ city state zip

Phone _____ Social Security # _____ EMAIL _____

Church Name _____

Pastor _____ Phone _____

Study Group #

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

Cabin #

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.

Name

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 _____

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?	ن	ن	15	Had frequent headaches?	ن	ن
2	Have a chronic or recurring illness or condition?	ن	ن	16	Had surgery?	ن	ن
3	Been hospitalized	ن	ن	17	Had problems with body joints?	ن	ن
4	Been diagnosed with heart murmur?	ن	ن	18	Have an orthodontic appliance that will be brought to camp?	ن	ن
5	Had back problems?	ن	ن	19	Had a eating disorder?	ن	ن
6	Had high blood pressure?	ن	ن	20	Have a history of bed-wetting?	ن	ن
7	Had chest pain during or after exercise?	ن	ن	21	If female, have an abnormal menstrual history?	ن	ن
8	Had seizures?	ن	ن	22	Have problems sleepwalking?	ن	ن
9	Been dizzy during or after exercise?	ن	ن	23	Had problems with diarrhea or constipation	ن	ن
10	Passed out during or after exercise?	ن	ن	24	Had mononucleosis in last 12 months	ن	ن
11	Had frequent Ear infections	ن	ن	25	Have asthma?	ن	ن
12	Wears glasses, contacts or protective eye wear?	ن	ن	26	Have diabetes?	ن	ن
13	Been knocked unconscious?	ن	ن	27	Have any Skin problems?	ن	ن
14	Had a head injury?	ن	ن	28	Had emotional difficulties that required professional help?	ن	ن

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): _____