

2017 NASHVILLE PRESBYTERY

#blessed

JUNIOR HIGH CAMP



**“My children, we should love people not only with words and talk, but by our actions and true caring.”
1 John 3:18 New Century Version (NCV)**

**July 9 - 14, 2017
Crystal Springs Camp**

**All Youth currently in 6th, 7th and 8th Grades
Cost: \$160**

**\$50 Deposit and Presbyterian Camp Registration Form sent to the address below **
by June 19, or follow your church's guidelines.**

This does not include canteen, camper will need \$15-\$20 for the week of camp.

Meet at: Brenthaven C.P. Church, Sunday, July 9, 2:00 P.M.

Return to: Brenthaven C.P. Church, Friday, July 14, 1:30 P.M.

What to Bring: Please see back of this Flyer

For more information about Junior High Camp, please contact:

****Mark Rolman
102 Charles Ct.
Dickson, TN 37055
615-979-4313**

**Karen Williams
9509 Inavale Dr.
Brentwood, TN 37027
615-781-9649**

**Melissa “Mills” Wilson
615-761-4668**

Sponsored by Nashville Presbytery Board of Christian Education

Crystal Springs Camp

Packing Check List

THINGS TO BRING:

- BIBLE (ESSENTIAL ITEM FOR CHURCH CAMP)
- PLENTY OF CLOTHES IN GOOD TASTE
- EXTRA SHOES/SANDALS (FOOTWEAR IS REQUIRED WHEN OUTSIDE OF CABINS)
- SHEETS AND/OR SLEEPING BAG
- PILLOW
- BATH TOWEL
- TOILET ARTICLES (SOAP, SHAMPOO, TOOTHBRUSH, TOOTHPASTE, ETC.)
- SWIMSUIT (ALL FEMALES MUST WEAR ONE PIECE BATHING SUITS) AND BEACH TOWEL
- JACKET OR WIND BREAKER (BELIEVE IT OR NOT IT CAN GET CHILLY AT CAMP)
- FAN (IT HAS ALSO BEEN KNOWN TO GET HOT AT CAMP, SOMETIMES VERY HOT)
- SUNSCREEN AND BUG SPRAY
- PENCIL/PEN
- NOTEPAD
- CAMERA (FOR THOSE KODAK MOMENTS)
- ENVELOPES AND STAMPS (IF YOU WANT TO WRITE HOME)
- FISHING EQUIPMENT (ONLY IF YOU LIKE TO FISH)
- BALL GLOVE, BALL, FOOTBALL, FRISBEE, ETC.
- MUSICAL INSTRUMENT (IF YOU WANT TO PERFORM ON TALENT NIGHT)
- GOOD ATTITUDE

THINGS NOT TO BRING:

CELL PHONES, INAPPROPRIATE CLOTHING, INAPPROPRIATE MUSIC (NO MUSIC WITH FOUL LANGUAGE OR SUGGESTIVE LYRICS), FIREWORKS, LIGHTERS, WEAPONS OF ANY KIND (MAY HAVE SMALL POCKET KNIFE WITH FISHING TACKLE)

ELECTRONIC DEVICES (KINDLES, NOOKS, IPODS, ETC) ARE NOT SUGGESTED TO BE BROUGHT. THESE ARE EASILY DAMAGED AND IF BROUGHT MUST BE LEFT IN CABINS. THE CAMP CANNOT BE HELD LIABLE FOR BROKEN OR DAMAGED CELL PHONES AND OTHER ELECTRONIC DEVICES.

For Brenthaven Parents

*Make checks to: **Brenthaven Church***

*Cost for youth: **\$96 (church covers the remaining amount)***

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

Dear Junior High Friends and Family,

Summer 2017 is fast approaching and we all know what that means... it's time to prepare for CAMP! Nashville Presbytery Junior High Camp will take place **July 9-14, 2017 at Crystal Springs Camp**. We are so excited and have so many awesome things planned for our campers!

Our theme this year is **#blessed**. We see people use this hashtag frequently on social media, but what does it truly mean to be blessed? We will explore that this summer. **Our theme scripture is 1 John 3:18 (NCV) "My children, we should love people not only with words and talk, but by our actions and true caring."** Our study groups will be based upon The Beatitudes from the Sermon on the Mount (Matthew 5:1-12). We can't wait to share what we've prepared for y'all! As always, our lessons are rooted in the Cumberland Presbyterian doctrine and most importantly, come directly from God's own words in the Bible. Our goal is to assist our campers in forming a closer and deeper relationship with our Creator, while they form friendships and relationships that will last them throughout their lives.

The cost of camp is \$160 for the week, which includes food and lodging, but does not include canteen. **Campers will need to bring \$15-20** with them for additional snacks available through the canteen, which will be made available to them 3 times each day. Make checks payable to **Nashville Presbyterial Camps**. **Registration begins at 2:00 pm at Brenthaven Church**, 516 Franklin Road, Brentwood, TN 37027. **Departure will occur at 3:00 pm from Brenthaven**. Enclosed is a list of things to bring (or not bring!) to camp, along with guidelines for appropriate clothing for boys and girls. There are two registration forms enclosed (one for presbytery and a medical form for the camp), along with a permission form for over-the-counter medications. It is very important that all forms are read and signed in the designated areas by the campers' parents/guardians. We want to make sure our campers have a wonderful camp experience, and that means making sure we have all the information needed to ensure this happens. **Send forms to Mark Rolman, 102 Charles Court, Dickson, TN 37055**. Check with your church before sending in your forms, as some churches prefer to send their forms in together and some prefer the camper to send in the forms. **We will accept forms via mail until June 19**. After that date, please bring the forms with you to registration. **We will return to Brenthaven on Friday, July 14 at approximately 1:30 pm**.

Also, please note that we discourage our campers from bringing electronic devices, such as cell phones, iPods, MP3 players, laptops, tablets, etc. to camp. We want them to have a week free from distractions; however, we know that kids today are attached to their devices. We cannot ensure these items will not get lost or broken if they bring them to camp and there is no WiFi available at camp.

If you have any questions, please feel free to contact our camp directors, Mark Rolman at (615)979-4313 or Karen Williams at (615)482-2892, or counselor Melissa "Mills" Wilson at (615)761-4668.

We can't wait to see y'all July 9!

Blessings,

Mark, Karen, and Mills

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? | 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): _____