Hartsville Pike Church of Christ

Bible Camp Application

Whispering Pines

Christian Camp

1545 Harsh Lane, Castalian Springs, TN

This year's Theme: ***Connect Through Prayer***

Camp fee: **$125.00**

T-Shirts are **$10.00** each

Applications must be turned into the church office by June 28, 2026!

We will be leaving for the campgrounds Sunday July 12th no later than 2:15 pm and we will be returning on Thursday the 16th between 1 and 2 pm

See Camp Rules on page 8, Letter H of this form.

For more information, contact:

Gerald Craig Cell: 615-522-7783 Office: 615-452-2530

Email: gcraig@thepike.org

Our camp is for children 3rd grade and up.

Children younger, must be accompanied by a parent or guardian.

HARTSVILLE PIKE CHURCH OF CHRIST
BIBLE CAMP APPLICATION

Camper's Full Name: _____ Grade in the Fall: ____

Birthday: _____ ☐ Male ☐ Female Age: ____

A. GENERAL CAMP INFORMATION

4TH Grade & Older

Whispering Pines Castalian Springs TN

Check T-Shirt Size ☐ Adult Small ☐ Adult Large ☐ Other: _____

☐ Adult Medium ☐ Adult X-Large

COST: _____ Cost covers the T-Shirt, 12 Meals, Lodging and Transportation

APPLICATION AND PAYMENT **DUE DATE:** _____

MAIL to:
HARTSVILLE PIKE CHURCH OF CHRIST
ATTENTION: Gerald Craig
P.O. BOX 36 GALLATIN, TN 37066

OR

BRING APPLICATIONS to:
HARTSVILLE PIKE CHURCH OF CHRIST
ATTENTION: Gerald Craig
PHONE: 615-452-2530, 615-522-7783

B. GENERAL CAMPER INFORMATION

FIRST NAME: _____ LAST NAME: _____

HOME CONGREGATION: _____

NAME OF CHAPERONE FROM HOME CHURCH ATTENDING CAMP: _____

ARE YOU A GUEST OF SOMEONE? ☐ YES ☐ NO

IF YES, PLEASE PROVIDE THE NAME OF THE PERSON WHO INVITED YOU: _____

HOME ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

Hartsville Pike Church of Christ

744 Hartsville Pike, Gallatin, TN 37066

Schedule of Services
Sunday Bible Study 9:30 am. Sunday Worship Service 10:30 am
Sunday Night Worship Service 5:00 pm
Wednesday Bible Study 6:30 pm

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C. CAMPER MEDICAL INFORMATION

DIRECTIONS: Due to legal restrictions, it is necessary that all campers, parents/guardians and other church members attending camp complete this form.

PLEASE TYPE OR PRINT NEATLY, this information will be needed in the event of an emergency or illness. In order to ensure a seamless transfer of information from the camp nurse to the healthcare facility, legible writing is required.

C-1 INSURANCE **IF NO, GO TO SECTION C-2**

IS CAMPER COVERED BY MEDICAL INSURANCE? ☐ YES ☐ NO

IF YES, NAME OF INSURED: _____ INSURED PHONE #: _____

INSURANCE COMPANY: _____ EFFECTIVE DATE: ____/____/____

GROUP NUMBER: _____ ID/POLICY NUMBER: _____

PLAN TYPE
(PPO, HMO, Etc.) _____

PRIMARY CARE
PROVIDER'S (PCP) NAME: PCP'S PHONE #:

C-2 ALLERGIES **IF NO, GO TO SECTION C-3**

DOES THE CAMPER HAVE ANY ALLERGIES? ☐ YES ☐ NO

	ALLERGEN	REACTION	USUAL TREATMENT
1.			
2.			
3.			

C-3 MEDICAL PROBLEMS **IF NO, GO TO SECTION C-4**

DOES THE CAMPER HAVE ANY MEDICAL PROBLEMS? ☐ YES ☐ NO

	MEDICAL CONDITION		IF YES, PLEASE PROVIDE DETAILS NECESSARY TO CARE FOR YOUR CHILD.
1.	CONVULSIONS/SEIZURES	☐ YES ☐ NO	
2.	BLACKOUTS/FAINTING	☐ YES ☐ NO	
3.	HEART OR LUNG PROBLEMS	☐ YES ☐ NO	
4.	DEVELOPMENTAL DISORDER	☐ YES ☐ NO	
5.	COGNITIVE DISORDER	☐ YES ☐ NO	
6.	EMOTIONAL DISORDER	☐ YES ☐ NO	
7.	DIETARY RESTRICTIONS	☐ YES ☐ NO	
8.	OTHER:	☐ YES ☐ NO	
9.	OTHER:	☐ YES ☐ NO	

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C-4*MEDICATIONS **IF NO, GO TO SECTION D**

DOES THE CAMPER TAKE ANY MEDICATIONS? ☐ YES ☐ NO

*"MEDICATION" IS DEFINED HERE AS: PRESCRIPTION OR OVER-THE-COUNTER INCLUDING MEDICINE, VITAMIN, NUTRITIONAL SUPPLEMENT OR INHALER

*If the camper is under the age of 18, please provide height and weight information in the event the nurse needs to calculate medication dosages for over the counter medications.

*HEIGHT: _____ Inches *WEIGHT: _____ Pounds

	Medication (Brand Name)	(Generic Name)	Dosage	Frequency	Purpose	Special Notes
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

D. EMERGENCY CONTACT INFORMATION		First and Last Name	Relationship to Camper
1.	First **Legally Authorized** Contact Person to provide consent for medical treatment in the event of an emergency:		
2.	Second **Legally Authorized** Contact Person to provide consent for medical treatment in the event of an emergency:		
3.	Additional Contact:		
4.	Additional Contact:		

1.	First Person to Call	2.	Second Person to Call
Cell #	( ) -	Cell #	( ) -
Work #	( ) -	Work #	( ) -
Other #	( ) -	Other #	( ) -

3.	Third Person to Call	4.	Fourth Person to Call
Cell #	( ) -	Cell #	( ) -
Work #	( ) -	Work #	( ) -
Other #	( ) -	Other #	( ) -

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E. CONSENT FOR TREATMENT(S)

E-1 AUTHORIZATION TO ADMINISTER MEDICATION

Complete if your child will be bringing medications to camp **or** if you consent to your child having over the counter medications.

It is understood that medication is administered solely at the request of and as an accommodation to the undersigned parent or guardian. **I UNDERSTAND THAT ALL PRESCRIPTIONS MUST BE TURNED IN TO THE CAMP NURSE TO BE DISPENSED AS PRESCRIBED!** In consideration of the request to perform this service by any person designated as the camp nurse for Hartsville Pike Church of Christ (HPCC), the undersigned parent or guardian hereby agrees to release HPCC and its camp volunteers from any legal claim which they now have or may thereafter have arising out of the administration of or failure to administer the medication to the camper. I hereby give my permission for my child to take the above medication(s). I understand that it is my responsibility to furnish this medication. I further understand that my signature gives HPCC Nurses or their designate permission to disclose and receive medical information regarding this camper on a need-to-know basis. Over the counter medicines include Tylenol, Ibuprofen, Calamine Lotion, Benadryl etc. If there is an over the counter medicine that your child can not take, or you do not want him to take, please list that in the allergies section (C-2) of this application.

PARENT/GUARDIAN: Please initial the following medication administration statements that you agree to and sign your name.

	a. I give permission to the camp nurse or her designate to administer the medication(s) as listed.
	b. I give permission to the camp nurse or her designate to administer non-prescription medication(s) for minor injuries and illnesses.
	c. Notify me at the contact number listed of any medication that I did not send to camp with my child prior to administering any medication.

X _____

Parent/Guardian
Authorization for Medication Use

E-2 AUTHORIZATION FOR MEDICAL CARE

I give permission for the camp directors or their designate to allow licensed medical providers and healthcare facilities to perform emergency treatment or administer drugs for such. The camp staff will provide first aid care for minor injuries and sickness while camp is in session. In case of accident or serious illness licensed medical providers and healthcare facilities are authorized to begin treatment for the above named camper pending notification of a parent or legal guardian.

PARENT/GUARDIAN: Please initial one of the following and sign your name.

	a. I give permission for immediate medical treatment as required in the judgment of the attending physician. Notify me and/or any persons listed above as soon as possible.
	b. I do not give permission for emergency medical treatment until I have been notified.

X _____

Parent or Guardian
Authorization for Medical Care

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F. LIABILITY RELEASE

F-1 HARTSVILLE PIKE CHURCH CAMP RELEASE

I CERTIFY THAT THE INFORMATION DESCRIBED ABOVE IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT EACH INDIVIDUAL IS RESPONSIBLE FOR HIS/HER OWN INSURANCE COVERAGE AND MEDICAL EXPENSES INCURRED DURING CAMP.

IN CONSIDERATION OF THE HARTSVILLE PIKE CHURCH OF CHRIST ACCEPTING THIS APPLICATION, I HEREBY, FOR MYSELF, MY HEIRS, EXECUTORS AND ASSIGNS, DO WAIVE AND RELEASE ANY AND ALL CLAIMS AND RIGHTS FOR CLAIMS FOR DAMAGES I MAY HAVE AGAINST THE HARTSVILLE PIKE CHURCH OF CHRIST, IT'S AGENTS, EMPLOYEES OR OFFICERS FOR ANY AND ALL INJURIES OR PROPERTY DAMAGE SUFFERED BY ME WHILE PARTICIPATING IN A HARTSVILLE PIKE CHURCH OF CHRIST SUPPORTED ACTIVITY.

SIGNED THIS _____ DAY OF _____ 20 ____

X _____

Parent/Guardian Signature

F-2 RULES AND DRESS CODE ACKNOWLEDGMENT

I have read and I understand all the rules and dress code (sections G and H) for Hartsville Pike Church Camp and agree to abide by them.

X _____

Parent/Guardian Signature

X _____

Camper's Signature

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G. WHAT TO BRING TO CAMP LIST

- ALL: BIBLE, SHEETS, BLANKETS (OR BEDROLL/SLEEPING BAG), PILLOW IF DESIRED, A JACKET AND / OR SWEATER (NIGHTS CAN BE COOLER), TOILET ARTICLES-TOOTHBRUSH, TOOTHPASTE, SHAMPOO, SOAP, BRUSH AND COMB, SHOWER SHOES, WASHCLOTHS AND TOWELS (MINIMUM OF TWO EACH), FLASHLIGHT, BALL GLOVE, RAIN GEAR. YOU MAY ALSO WANT TO TAKE ALONG INSECT REPELLENT (DEET) AND A CAMERA (BRING A DISPOSABLE CAMERA OR EXTRA BATTERIES OR A CHARGER).

- GIRLS: JEANS, SLACKS, KNEE-LENGTH SHORTS OR CAPRIS (SEVERAL PAIR, AS THEY WILL BE APPROPRIATE FOR MOST CAMP ACTIVITIES), SOCKS, UNDERWEAR, TENNIS SHOES (MAYBE A HEAVIER PAIR FOR HIKING), BLOUSES, SHIRTS, SKIRTS (IF YOU WISH), ONE PIECE BATHING SUIT AND COVER-UP TO THE KNEES, PAJAMAS, ROBE. KNEE LENGTH MEANS· WHEN YOU ARE STANDING UP THEY SHOULD TOUCH YOUR KNEE CAPS. ABSOLUTELY: NO TANK TOPS, BIKER SHORTS, SOCCER SHORTS, HALTERS, TIGHT OR SHORT SHORTS, BARE MIDRIFFS OR TIGHTS.

- BOYS: JEANS, SLACKS, OR KNEE LENGTH SHORTS (SEVERAL PAIR, AS THEY WILL BE APPROPRIATE FOR MOST CAMP ACTIVITIES), SHIRTS, TENNIS SHOES (MAY NEED A HEAVIER PAIR FOR HIKING), SOCKS, UNDERWEAR, SWIM TRUNKS, PAJAMAS, ROBE. KNEE LENGTH MEANS -WHEN YOU ARE STANDING UP THEY SHOULD TOUCH YOUR KNEECAPS. ABSOLUTELY: NO TANK TOPS, BIKER SHORTS, SOCCER SHORTS, BARE MIDRIFFS, TIGHT OR SHORT SHORTS.

- SUGGESTION: LABEL ALL GARMENTS AND PUT YOUR NAME ON ARTICLES!! MAKE A LIST OF EVERYTHING YOU ARE CARRYING TO CAMP, CHECK YOUR LIST BEFORE YOU LEAVE HOME AND AGAIN BEFORE YOU LEAVE CAMP.

- DO NOT BRING: DANGEROUS ITEMS, FIREWORKS, TOBACCO (ANY FORM), DRUGS, OR KNIVES. NO EXCESSIVE USE OF ELECTRONIC DEVICES WILL BE ALLOWED.

- SPECIAL NOTE: IF YOU HAVE MEDICATION THAT MUST BE TAKEN, THE NURSE WILL KEEP IT AND DISPENSE THE MEDICATION WHEN NEEDED, YOUR APPLICATION MUST SHOW MEDICINE NEEDED AND SCHEDULE TO BE TAKEN, FIRST AID SUPPLIES FOR MINOR INJURIES AND PROBLEMS WILL BE PROVIDED BY THE CAMP.

- LEAVING AND RETURNING INFORMATION: ALL STAFF MEMBERS AND CAMPERS SHOULD BE AT HARTSVILLE PIKE CHURCH BUILDING IN THE REAR PARKING LOT, READY TO LOAD LUGGAGE, NO LATER THAN 2:15PM ON Sunday, June 12

- CAMPERS WILL RETURN TO GALLATIN AND BE BACK AT THE CHURCH BUILDING between 1 and 2PM on Thursday the 16th.

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H. BIBLE CAMP RULES

In order to insure a quality camp experience, some rules and regulations are necessary. Strict adherence to these rules and an attitude of cooperation is expected of all campers. (The term "campers" refers to campers and staff.)

1. Dangerous items such as fireworks, tobacco (any form) drugs, alcoholic beverages, knives, etc., will not be permitted.
2. CAMPERS MUST DRESS MODESTLY AT ALL TIMES.
3. Campers will bring a Bible to all classes and chapel. A downloaded version for electronic devices is acceptable but not a Wi-Fi version. NO EXCESSIVE USE OF ELECTRONIC DEVICES WILL BE ALLOWED.
4. Campers will conduct themselves in a manner which demonstrates high moral standards. Public display of affection (embracing, kissing, sitting in laps, touching and caressing: other than hand holding), will not be tolerated in any place at any time. Campers will show respect for all counselors and campers.
5. Profanity, vulgarity, and crude behavior will not be tolerated.
6. Campers are to remain in their cabin/dorm area between lights out and wake-up hours. After dark ... remain in designated area only.
7. Meal times ~ Campers line up on the porch beside the dining hall.
8. Excessive horseplay activities will not be permitted.
9. Campers will behave on the van or bus. The adult on the van or bus is in charge. No snacks or drinks on the bus.
10. Campers and staff must sign in/out with security when leaving or upon return to camp.
11. Visitors must sign in with security upon arrival. $10.00 per meal.
12. Hiking will only be done with a director approved hike leader.

*** * * * Directors reserve the right to discipline all members of camp as needed.**
*** * * * * If necessary, a camper will be sent home. * * * ***

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I. INSURANCE CARD	
Please make a copy of the front and back of your insurance card in the event the camp nurse needs to take your child for more advanced care at a medical facility.	
Front of Insurance Card	Back of Insurance Card