

# CAMP PINEHILL 2010 REGISTRATION INFORMATION

## STUDENTS' CAMP FEES

S.C. Pee Dee Baptist Association .....\$120  
Non-Pee Dee Baptist Association .....\$135  
Churches with 10 or more students.....\$125  
A \$60 deposit is required with the registration forms. The balance is due on arrival.

*A \$5.00 late fee will be applied for all students who are not pre-registered. They will also be assigned to a cabin after pre-registered students have checked in.*

## CANCELLATION / REFUND POLICY

Refunds of deposits will be granted up to 10 days prior to arrival date. You must call the Retreat prior to this time to receive a refund. No refunds will be granted after the ten-day limit, but another student may be registered in substitution.

## CANTEEN

We have 8 canteens each week. All items are \$.65 (drinks, candy, slush, popcorn, etc.). The canteen also has Pinehill water bottles for \$2.00. DVD's for the week are available on Friday for \$7.00 each, you may also pre-pay at registration.

## TELEPHONE CALLS

It is requested that no phone calls be made to the students without the permission of the Director, unless there is an emergency. No social calls are permitted.

## WHAT TO BRING

1. Good attitude and an open heart
2. Bible and journaling notebook
3. Clothes and underclothes for the week
4. Toothbrush, toothpaste, soap, shampoo, hairbrush, washcloth and towels
5. Pillow, twin sheets, blanket
6. Bathing suit (no 2-piece or speedos)
7. Trash bag or laundry bag for dirty clothes
8. Tennis shoes for recreation time and the challenge course
9. Baseball glove, fishing gear, tennis racket, etc., for free time
10. Items needed for talent show. (Check talent show items at registration)

**\*Please put child's name on all items if possible.\***

## CHECK-IN AND CHECK-OUT TIMES

Check in between 12:00 noon and 2:00 pm on Monday. **All students that arrive before 12:00 noon will have to be approved by the Director.** You are invited to our closing ceremonies on Friday at 11:15 am. Students are free to leave at 12:00 noon.

## DAY CAMP OPTION

**\*\*Weeks 1 - 3 Only\*\***

	<u>DROP OFF</u>	<u>PICK UP</u>
<b>Mon.</b>	12:00n-2:00 pm	6:00-7:30 pm
<b>Tues.</b>	7:30-8:30 am	6:00-7:30 pm
<b>Wed.</b>	7:30-8:30 am	6:00-7:30 pm
<b>Thurs.</b>	7:30-8:30 am	9:00 pm
	After Talent Show. (Please encourage them to stay overnight)	
<b>Fri.</b>	7:30-8:30 am	12:00n-1:00 pm

**LUNCH IS NOT SERVED ON MONDAY OR FRIDAY.**

## STUDENT MAIL

Mail for the students is encouraged. Please address mail as follows:

*Student's Name c/o Camp Pinehill  
2096 Baptist Road • Bennettsville, SC 29512  
or You may send an email letter to:  
[pinehillcamper@aol.com](mailto:pinehillcamper@aol.com)*

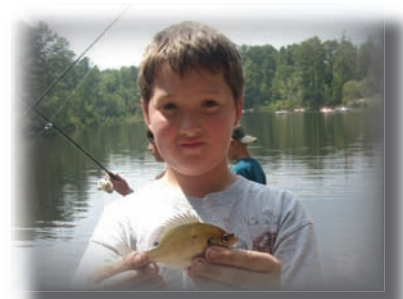
Please include first and last name of the camper and cabin number (if known) on the subject line. Emails will be printed at 1 pm Tuesdays, Wednesdays and Thursdays.  
**NO FORWARDS AND NO ATTACHMENTS.**

## SHARING WITH YOUR CHILD

When your child returns home from Camp and gets some rest, it is important to ask if any Spiritual decisions were made. Please feel free to share with the Director any comments (good or bad) pertaining to the Camp. You may send these comments to the Retreat address or call the Retreat. Questions or concerns? Call Donald Foreman at 843-479-9681.

## NOT ALLOWED IN CAMP

1. I-Pods, CD players, MP3's, etc.
2. Cell phones or beepers
3. Electronic games (PSP, DS, etc.)
4. Tobacco products
5. Alcohol
6. Guns, knives, or any weapons, (real or play)
7. Profanity
8. Inappropriate clothing (as deemed by director)



**CAMP PINEHILL  
2010 SUMMER PROGRAM REGISTRATION AND RELEASE FORM**

Week Desired (see schedule) 1<sup>st</sup> choice \_\_\_\_\_ 2<sup>nd</sup> choice \_\_\_\_\_

Please check if for Day Camp Only

Name \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_ Shirt Size \_\_\_\_\_

Address \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_

Church \_\_\_\_\_ Pastor \_\_\_\_\_

Church Address \_\_\_\_\_

Parent or Guardians Name \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_

Additional Contact Person \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_

Pre-existing medical condition or present medical condition \_\_\_\_\_

**Does the camp staff have permission to administer Tylenol, Motrin, Pepto Bismol, or Benedryl to your child while he / she is at Camp?**  Yes  No \_\_\_\_\_

Name and dosage of any additional medication to be administered at Camp \_\_\_\_\_

Any allergies? \_\_\_\_\_ Medications Allergies? \_\_\_\_\_

Any swimming restrictions? \_\_\_\_\_ What? \_\_\_\_\_

Any activity restrictions? \_\_\_\_\_ What? \_\_\_\_\_

**PARENT OR GUARDIAN RELEASE STATEMENT**

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I cannot be reached in an emergency during the dates shown on this form, I hereby give permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or to order and injection, anesthesia, or surgery for my child if deemed necessary.

I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed. Coverage by Pinehill Baptist Retreat through its accident policy will be used as a backup for what my family's insurance does not cover.

I understand all reasonable safety precautions will be taken at all times by Pinehill Baptist Retreat and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Pinehill Baptist Retreat, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries occurred by the subject of this form.

I consent to the use of video images, photographs, audio recording, or any other visual or audio reproduction that may be taken of the subject of this release during the activity/event to be used, distributed, or shown as Pinehill Baptist Retreat sees fit.

I have reviewed the information about the summer program of Pinehill Baptist Retreat and give my permission for the subject of this release to be involved in the overall activities.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>FOR RETREAT USE ONLY:</b>	Amount Due _____		
S.C. Pee Dee Associational Member \$120.00	Amount Paid _____	Check# _____	Cash _____
Non-Pee Dee Associational Member \$135.00	<b>Balance Due</b> _____	<b>Check#</b> _____	<b>Cash</b> _____
Church Group Rate (10 or more) \$125.00	Canteen Paid _____	<b>DVD (\$7.00 pre-pay)</b> _____	

**Please mail the completed Registration form with deposit to:**

**Camp Pinehill**

**2096 Baptist Road • Bennettsville, SC 29512.**

**For additional registration forms go to: [www.camppinehill.org](http://www.camppinehill.org)**