



Kids Camp 2026

June 15th - 18th

Cost: \$185

At Pine Springs
3386 FM 1798 W
Laneville, Tx 75667

We are excited that you chose to come spend the week with us at Kids Camp 2025

Please review the information in this packet so you can come prepared for a life changing week of camp for both you and your kids!

Contents:

- Checklist
- Packing List
- Registration Information and Forms
- Camp Schedule
- Small Group Information
- Small Group Lessons
- Child Protection
- Medical Forms/Medication Forms

Director: Josh McNamara (903) 806-3096

Assistant Director: Susan Magouirk (903) 705-2499

Registrar: Angela Cole (936) 645-6165



Camp Checklist

Before coming to Camp:

Run Criminal Background/Sex offender registry checks on all attendees over 18

<https://publicsite.dps.texas.gov/DpsWebsite/>

Complete Child Protection Training and Exam for all adults attending and adults visiting the camp over 18

<https://www.pinespringsbaptistcamp.com/forms-cpt>

Bring to Camp:

Copies of Criminal and Sex Offender Background Checks

Adult Camper Checklist

Medication Forms for all campers taking medication

Medications in original bottles and labeled w/church name

Camp Packing List

Packing List:

- Bible
- Clothes for daytime
- Clothes for sleeping (Kids will get dirty during the day)
- Sleeping Bag or Sheets and Blanket
- Pillow(s)
- Swim clothes (There is a pool and a lake)
- Towels
- Tennis Shoes
- Flip flops
- Toothbrush/Toothpaste
- Shampoo
- Soap
- Bag for dirty clothes

Optional:

- Money for snacks and gift shop
- Snacks
- Drinks

Kids Camp is a week of fun and fellowship for kids. The campground has many amenities such as mini-golf, a lake with a blob, fishing, snack bars, basketball, ga-ga ball, tether ball, and others! Kids will grow closer to God, or in many cases begin a walk with God when they accept Christ.



Registration

- Please direct your parents to this URL <https://www.pinespringsbaptistcamp.com/registration> to register for camp. We are labeled as *'Kids Camp June 16-19'*
- Confirmation emails will be sent to the camp registrar, and to the contact person at your church
- Please also fill out the following page. It will help our Leadership Team have an even better breakdown of who is attending camp



Church Registration

To register your church, head to <https://www.pinespringsbaptistcamp.com/kid-s-kamp>



Kids Camp 2026 Schedule

Monday Schedule:

1:00 pm Registration (No arrivals before 12:45)
2:00 pm - 4:00 pm - Zip Line is open
4:15 pm New Sponsor Meeting (Tabernacle)
4:30 pm All Sponsors Meeting (Tabernacle)
5:00 pm Supper
6:30 pm Worship
9:00 pm Late Night
10:00 pm Cabins (Teen Servants meet in the Cafeteria)
11:00 pm Lights Out

Swim Times for Monday:

Girls: 2:00 pm - 3:00 pm
Boys: 3:15 pm - 4:15 pm

Tuesday - Wednesday Schedule:

8:15 am Breakfast

Bible Study/Group Games

Group A -
9:30 - Evangelist Bible Study (Tabernacle)
10:15 - Group Games (Basketball Court)

Group B -
9:30 - Group Games (Basketball Court)
10:15 - Evangelist Bible Study (Tabernacle)

Swim Times for Tue/Wed:

Girls: 2:00 pm - 3:00 pm
Boys: 3:15 pm - 4:15 pm

11:00 am Free Time
12:00 pm Lunch
1:00 pm Special Speaker (Tabernacle)
2:00 pm Free Time
5:00 pm Supper
6:30 pm Worship
7:30 pm Church Time
8:00 pm Free Time (Wednesday Night meeting in the Tabernacle regarding the Bell Service)
9:00 pm Late Night
10:00 pm Cabins (Teen Servants meet in the Cafeteria)
11:00 pm Lights Out

Late Night Schedule

Monday:

Red- Pool Time
Blue- Tabernacle Fun
Green- Tabernacle Fun

Tuesday:

Red- Tabernacle Fun
Blue- Pool Time
Green- Tabernacle Fun

Thursday:

8:15 am Breakfast
9:30 am Worship/Bell Service
11:00 am Clean Up/Pack Up
11:30 am Lunch and Goodbye!

Wednesday:

Red- Tabernacle Fun
Blue- Tabernacle Fun
Green- Pool Time

Small Group Information

This is a time for you to spend with the kids from your church. A lesson will be provided by the camp, and it will pertain to the lesson from morning Bible Study.

- Small Groups will take place after morning Bible Study on Tuesday and Wednesday
- Every Church is responsible for their own kids during this time
- A lesson and materials will be provided by the camp and will be given at the camp
- Small Groups can meet in any open area close to the Tabernacle—avoid being too close to places that may distract your students and the students from other churches.
- Consider having a Teen Servant teach during this time if they are mature and capable.
- **Download your Small Group Material from <https://www.kidskamppsbc.com/>**

The Small Group material will be ready the week before camp.



Child Protection Information

State law requires that all adults and sponsors over the age of 18 **attending** and/or **visiting** the campground to complete and Child Protection Training course, must pass a criminal background check, and pass a sex offender check before coming to camp. All the information you need to fulfill these requirements is found on the Pine Springs website - www.pinespringsbaptistcamp.com. Sponsors must bring copies of the CPT Completion Certificate and background checks.

That means if you have a parent or church member who would like to **visit** the camp, they must complete the training and get background checked.



MEDICAL INFORMATION / CONSENT / AGREEMENT TO PARTICIPATE

Pine Springs Baptist Camp

3386 FM 1798 W, Laneville, TX 75667, Phone: 903-863-5524

Church/Group: _____

Dates Attending: _____

Sponsor's Name: _____

Last Name: _____ First Name: _____ DOB: _____ Age: _____

Address: _____ City: _____ State: _____ Zip: _____

Grade completed: ____ Camper's Gender: ____

Emergency Notification: Parent or Guardian: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Secondary Contact: _____ Relation: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Doctor's Name: _____ Phone: _____

Insurance Company : _____ Policy #: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Medical Information: (Please explain or list on a separate sheet of paper and attach to this form if necessary)

Allergies (List and Explain Reaction): _____

Check any conditions: Diabetes Epilepsy Asthma Heart Problems Chest Pain Thyroid

Dizziness Kidney Ailments Back Pain Broken Bones Bleeding Disorders Operations

High Blood Pressure Any Other Conditions: _____

Are all immunizations current: Yes ___ No ___ Date of Last Tetanus Shot: _____

CONSENT FOR MEDICAL TREATMENT: I/we hereby authorize the camp medical personnel to administer all medication brought by participant. If a medical emergency should arise while the above listed camper is in attendance at Pine Springs Baptist Camp, I/we hereby authorize the camp staff, camp director, or group leader to provide care to the camper and/or transport the camper to a medical facility. I/we further authorize the health care provider of the medical facility to administer necessary medical and/or surgical care upon arrival at the medical facility. I/we understand that camp officials will make a conscientious effort to locate the parent/guardian or the emergency contact listed on this document before any action will be taken. If it is not possible to locate the emergency contact listed, I/we will accept the expense of emergency medical and/or surgical treatment.

I/we give my authority and consent for Pine Springs Baptist Camp medical personnel to treat my child for minor injuries and illnesses with the appropriate non-prescription medication.

AGREEMENT TO PARTICIPATE: ASSUMPTION OF RISK AND RELEASE OF LIABILITY - WHEREAS, THE UNDERSIGNED ("the PARTICIPANT") wishes to be accepted for participation in all activities conducted by Pine Springs Baptist Camp. In consideration of, and for the right to participate in such an activity by Pine Springs Baptist Camp, its Directors, Trustees, Employees, Agents, and/or Associates, I/we have and do hereby assume all of the risks and any other ordinary risk incidental to the nature of the activity. Further, I/we will hold them harmless from any and all liability, actions, causes of action, debts, claims, and demands of every kind and nature whatsoever, whether for bodily injury, property damage or loss, medical bills, hospital bills, and doctor bills, or otherwise, which the participant now has or which may arise from or in connection with participation in any other activities arranged for me by Pine Springs Baptist Camp, its Directors, Trustees, Employees, Agents, and/or Associates and their heirs, executors, and administrators, successors and assigns and for all members of my family, including any minors accompanying me. I/we fully understand that my physical activity involves risk of injury. I/we also understand that my participation in any activity is entirely VOLUNTARY. I/we enter into this activity and take full responsibility for the decision to participate or not to participate and agree to follow all safety instructions.

AGREEMENT TO HAVE PHOTOGRAPH TAKEN OR VIDEOED: I/we are aware of the fact that photos/video of my child or of myself may be taken during the week by camp staff, which may appear in future camp publicity. By signing this, I/we give permission to use these photos, aware of the fact that my child or myself WILL NOT be identified by name in such photo/video. I/we hereby give permission to have my photograph taken/to be videoed. If this is unacceptable, I/we will state that fact here by writing "NO" in the space provided. _____

Signature of Parent or Guardian: _____ Date: _____

Signature of Participant: _____ Date: _____

MEDICATION RELEASE / ADMINISTRATION

Pine Springs Baptist Camp

3386 FM 1798 W, Laneville, TX 75667, Phone: 903-863-5524

Church/Group: _____

Dates Attending: _____

Sponsor's Name: _____

1. Complete the consent below, signed by parent or legal guardian for administration of medication while the student attends camp at Pine Springs.
2. Bring the medication **IN THE ORIGINAL BOTTLE** (prescription or over-the-counter), properly labeled as prescribed by law.
3. Present this form and the medication indicated on this form to the nurse upon arrival on campus and abide by his/her instructions for administration.
4. If more than one medication is to be administered, a separate form is to be completed and signed for each medication.

Medication Information For:

Last Name: _____ First Name: _____ DOB: _____ Gender: _____

Name of Medication: _____

Purpose for Medication Use (e.g. allergies, asthma, antibiotic): _____

Form of Medication: Tablet ___ Pill ___ Capsule ___ Liquid ___ Inhaler ___
 Other _____

Dosage (amount to be given): _____ How Often or at What Time: _____

Remarks or Special Instructions: _____

As the parent or legal guardian of the above child, I hereby give permission for the camp nurse or administration to administer this medication to my child.

Signature: _____ Date: _____

Printed: _____ Phone: _____

----- FOR NURSE USE ONLY -----

Day	Date	Time Given / Person Administering			
		Dose 1	Dose 2	Dose 3	Dose 4
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					

Please indicate at the left, time and your initials each time medication is administered. Each person administering medication should indicate full name and title in space below.

Initial _____ = Name _____

Initial _____ = Name _____

Initial _____ = Name _____

Initial _____ = Name _____

Notes or comments: _____