

ST. EUGENE'S SUMMER CAMP 2016

CAMPER REGISTRATION FORM SUNDAY JULY 3RD thru JULY 9TH

APPLICATIONS MUST BE POSTMARKED BY JUNE 8TH OR A LATE FEE WILL APPLY

PLEASE NOTE: NO APPLICATION WILL BE ACCEPTED AFTER JUNE 15TH - NO WALK-INS ACCEPTED

PLEASE FILL OUT ONE FORM FOR EACH CHILD

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CAMPER'S DATE OF BIRTH: ____/____/____ CAMPER GENDER: MALE ____ FEMALE ____

WHAT AGE WILL YOUR CAMPER BE ON JULY 9TH: _____

PARISH: _____ PRIEST: _____

PRIEST'S PHONE: _____

WHO WILL PICK YOUR CHILD UP FROM CAMP? _____

RELATION TO CHILD: _____

PARENT'S NAMES: FATHER: _____ MOTHER: _____

PHONE (MOTHER): HOME: _____ CELL: _____

WORK: _____ EMAIL: _____

PHONE (FATHER): HOME: _____ CELL: _____

WORK: _____ EMAIL: _____

EMERGENCY CONTACT: _____ RELATION: _____

HOME: _____ WORK: _____ CELL: _____

PLEASE SEND ALL COMPLETED APPLICATION FORMS TO:

KATHY PIERACCI, Camp Treasurer

9535 Sun Poppy Way

El Dorado Hills, CA 95762

HOME (916) 790-8256 - FAX (Same as Home)- CELL (650) 279-1590 - EMAIL: klpieracci@yahoo.com

PLEASE MAKE CHECKS PAYABLE TO ST. EUGENE'S CAMP

REGISTRATION FEES

St. Nicholas Ranch Conference and Retreat Center
38536 Dunlap Road, Dunlap, CA 93621-0400 (559) 338-2103 **EMERGENCY ONLY**

The cost of the 2016 Summer Camp is **\$385.00** per camper
Please add all that apply:

- \$50.00** Non-refundable deposit (per camper - EXAMPLE \$50+335 = \$385)
- \$335.00** registration fee per child (if postmarked before **June 8th**)
(for siblings: 2nd camper \$310.00 + \$50 registration; 3rd camper \$305.00 + \$50 registration)
- \$50.00** late fee (if postmarked after **June 8th**)
- \$25.00** late pick-up fee (per hour, per child) after **12:00PM** on the date of departure
- \$25.00** per day per person wanting to spend the night when dropping off or picking up

PAYMENT PLAN:

 Yes, I would like to sign up for a payment plan. Please indicate your payment schedule below (use as many payments as you wish). Payment must be in full by the beginning of camp.

Deposit Check Enclosed (minimum of \$50.00): _____ CHECK NO. ENCLOSED: _____

Number of Payments: _____ Amount of Payments: _____

Balance to be paid at Camp Amount (if needed) _____

PLEASE MAKE CHECKS PAYABLE TO ST. EUGENE'S CAMP

SUMMER CAMP 2016 WILL BEGIN WITH REGISTRATION AT **4PM** ON SUNDAY, JULY 3RD
AND WILL END AT NOON ON SATURDAY, JULY 9TH. Parents are responsible for campers until they are registered.
Campers will not be released to parents until their cabin has finished cleaning up & has been okayed by senior staff to go.

 I UNDERSTAND THAT A \$25 LATE FEE (PER HOUR, PER CHILD) WILL APPLY IF PICK-UP IS AFTER 12:00PM

Initials

PERMISSION INFORMATION

The undersigned acknowledge that during participation at St. Eugene's Summer Camp program, at the camp site and at other facilities used for supervised camp-related activities, certain risks and dangers may occur. These include, but are not limited to, loss or damage to personal property, physical or psychological damages and/or injury, not excluding fatality due to accidents, which may occur. I also acknowledge that participants may be transported off the camp for supervised camp-related activities.

In consideration, and as a part of the right to participate in this orthodox Christian Camp Program, I have and do hereby assume all of the above risks and any other ordinary risk incidental to the nature of these activities which are not specifically foreseeable, and will hold The Diocese of the West of The Orthodox Church in America, Pacific Central Deanery of the Orthodox Church in American, The Orthodox Church in America, St. Eugene's Camp Program and others producing service at the camp, 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, which may arise in connection with the participant's participation in this Orthodox Church Program.

PARENT/GUARDIAN SIGNATURE: _____ DATED: _____

ST. EUGENE'S CAMPER POLICY AGREEMENT

As applicant to this Orthodox Summer Camp, I _____ agree to the following policies concerning participation at the camp or at any other location visited as part of the camp program:

1. I agree to bring only those items approved by the camp directors (see camper's packing list) and to leave home those things which are neither appropriate nor allowed by the camp. This includes inappropriate clothing, radios, CD players, cell phones, IPOD's/MP3 players, computer games and other luxuries.
2. I agree to refrain from smoking, drinking alcohol, taking drugs other than those approved or specified by the camp nurse or director or partaking of any other prohibited substance.
3. I agree to respect the authority of the camp staff. Following their direction and accepting their decisions. This includes instruction for "lights out" as well as to cease any other activities for whatever reasons that they might have.
4. I agree to attend all camp church services as designated by the camp directors, to arrive on time and to remain there until dismissed.
5. I agree to respect the needs and feelings of others, to show kindness to all with whom I come in contact, and to help out whenever I can.
6. I agree to refrain from any and all violence, including physically or verbally abusing my fellow campers, bullying, fighting, yelling and in general losing my temper. I also agree to leave at home any items which are weapons or weapon-like.
7. I agree to respond to all hard words, threats, taunts, insults, and attacks without returning like, "eye for eye", but to seek a peaceful resolution to the problem including but not limited to seeking help of the camp staff or simply by walking away.
8. I agree to respect the views, opinions, beliefs, religious or otherwise, of my fellow campers, even if I do not agree with them.
9. I agree to follow St. Eugene's Camp Dress Code which is included on our "Packing List".
10. I agree to pursue the fun and enjoyment of this camp experience whole-heartedly and in the spirit of Christian Fellowship.

Having read and understood the above Camper's Agreement and having agreed to follow these policies during my participation at this Orthodox Summer Camp, I also understand that should I fail to comply with these policies, the consequences may include, being prohibited from participating in some or all activities, being sent home, being prohibited from returning to this camp program, or having less of a good time as I and everyone else should.

PARENT/GUARDIAN SIGNATURE _____

DATED: _____

CAMPER'S SIGNATURE _____

DATED: _____

ST. EUGENE'S CONFIDENTIAL HEALTH HISTORY

LAST NAME: _____ FIRST NAME: _____

DATE OF BIRTH: _____/_____/_____ CAMPER'S CURRENT WEIGHT _____

PLEASE CHECK ALL THAT ARE APPLICABLE AND GIVE AN APPROXIMATE DATE OF ILLNESS:

Eye Infection: _____ German Measles: _____

Heart Disease: _____ Measles: _____

Seizures: _____ Mumps: _____

Diabetes: _____ Allergies: _____

Bleeding Disorder: _____ Hay Fever: _____

Insect Bite: _____ Hypertension: _____

Bee Sting Allergies: _____ Chicken Pox: _____

Poison Ivy/Oak/Sumac Allergies: _____ Fainting? Yes _____ No _____

Any drug allergies? _____

Operations or serious injuries (Please include dates) _____

Chronic or recurring illness or allergies _____ Recent exposure to contagious disease _____

Date of last tetanus: _____ is tetanus UTD? _____ Wears contacts? Yes _____ No _____

Present under the care of a physician? Yes _____ No _____ (if yes, explain) _____

ACTIVITIES

Does your child know how to swim? Yes _____ No _____ (Circle one) Beginner Intermediate Advance

Life Guard Certification? Yes _____ No _____ Black Water Certification? Yes _____ No _____

Is your child limited to any activity? (if yes, please explain) _____

I give my permission for the following non-prescription medication to be used for my child if deemed advisable by the camp physician or nurse.

Please check all the apply:

Ibuprofen _____ Tylenol _____ Neosporin _____ Robitussin _____ Sudafed _____ Pep to Bismol _____

Throat Lozenges _____ Cortisone Cream _____ Calamine Lotion _____ Bug Spray w/DEET _____ without DEET _____

Sunscreen _____ Claritin _____ Milk of Magnesium _____ Natures Calm(magnesium) _____ Mylanta _____ Rescue remedy _____

Other over-the-counter items for minor conditions: _____

PARENT/GUARDIAN SIGNATURE: _____ **DATED:** _____

Please list all medications you will be sending with your child for administration during camp (use extra sheet if necessary)

Name of medication:

When Administered:

ST. EUGENE'S MEDICAL EMERGENCY FORM

NAME OF CHILD: _____

ADDRESS _____ CITY/STATE/ZIP _____

PHONE: _____ DATE OF BIRTH _____ / _____ / _____

MEDICAL INSURANCE: _____ POLICY NUMBER: _____

PRIMARY CARE PHYSICIAN: _____ PHONE NUMBER: _____

MOTHER'S NAME: _____ PHONE NUMBER: _____

CELL PHONE: _____ WORK NUMBER: _____

FATHER'S NAME: _____ PHONE NUMBER: _____

CELL PHONE: _____ WORK NUMBER: _____

EMERGENCY CONTACT (1): _____ PHONE NUMBER: _____

RELATIONSHIP: _____ CELL NUMBER: _____

EMERGENCY CONTACT (2): _____ PHONE NUMBER: _____

RELATIONSHIP: _____ CELL NUMBER: _____

CONSENT FOR MEDICAL TREATMENT

I, the legal guardian of the above-named camper, authorize the St. Eugene's Camp staff to seek medical treatment for the camper as they see necessary to a nearby facility. I consent to any x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care subsequently deemed necessary by a licensed health care provider during the camper's session. I understand that this authorization is given in advance of any specific diagnosis, treatment or hospital care, and that it is given to provide the Camp Staff authority to seek medical treatment, and to provide a licensed health care provider the authority to administer this treatment as she/he judges necessary to the above-named camper. I accept responsibility for payment of all services rendered. I authorize any medical facility which renders services to release medical information necessary for the processing of insurance claims; and I authorize the payment of insurance claims directly to the medical facility. I understand that whenever possible, the Camp Staff will make a good faith effort to contact me or the above-named person(s) before seeking treatment. If this is not possible, I understand that the Camp Staff will notify me or my designated emergency contact as soon as possible of any and all diagnoses and treatments.

SIGNATURE OF PARENT/GUARDIAN _____ DATED: _____

PRINT NAME: _____

