

St. Peter the Aleut Orthodox Summer Camp 2009

Registration Form

Name: _____ M F

Birth date: _____ Grade (as of June 1, 2009): _____

Age (as of June 1, 2009): _____

Address: _____ City: _____ Prov.: _____ PC: _____

Parent(s)/Guardian(s): _____

Phone Numbers: (Home) _____ (Work) _____

Baptized/Chrismated Orthodox: Y N Home Parish: _____

T-shirt Size: (circle one) Youth: 6/8 10/12 14/16 Adult: S M L

Red Cross Swim Level: _____

Family Physician: _____ Phone Number: _____

Alberta Health Care Number: _____

Additional Insurance – type and number: _____

EMERGENCY CONTACT

Name: _____ Relationship to child: _____

Phone Numbers: (Home) _____ (Work) _____

***Please turn over and complete the back of this form**

“MONEY MATTERS” SUMMARY

CAMP 2009 has moved to a NEW Location at Hanmore Lake, Alberta (near Smoky Lake, Alberta). For this reason, and your convenience, to reduce the number of parents driving to the campsite and to reduce both the time and cost of travel the board has arranged a bus to transport all campers, to and from camp for only \$20.00.

CAMP FEE OF \$180.00 (if 1st or 2nd child in family) + TRANSPORTATION FEE OF \$20.00

CAMP FEE OF \$155.00 (if 3rd + child in family) + TRANSPORTATION FEE OF \$20.00

* Please note: Camper fees have increased by \$20.00 to off set the increase costs of running camp.

PAID IN FULL

\$

or

\$30.00 *deposit* paid now,
and **Aug 17th** post-dated cheque
for *balance* is enclosed

\$

\$

TOTAL FORWARDED WITH REGISTRATION:

\$

* Please note: Canteen money is included in registration fee

Please make cheques payable to: St. Peter the Aleut Orthodox Summer Camp

Elementary Camper Signature: (**currently** in Grades 2-6 as of June 1st, 09)

I hereby agree to abide by the rules and expectations of the camp _____

Elementary Camper Parent Signature:

I hereby agree to come pick up my child if he/she is unable to abide by camp expectations and, after due warning, does not change his/her behaviour _____

*Jr. High Campers and Parents please sign separate attached agreement.

** Jr. High Campers must be **coming from** Grade 7, 8 or 9.

All parents:

I hereby give permission for my child to be photographed/videotaped for use in future marketing materials:

Y N (please circle)

How many additional friends or family members will be joining us for **Sunday Brunch?** _____

St. Peter the Aleut Orthodox Summer Camp 2009

Medical Information Form

Camper's Name: _____

Address: _____ Phone Number: _____

Emergency Contact: _____ Phone Number: _____

Are all immunizations up to date?	Yes	No
Last Tetanus shot:	Date:	
Does your child use an inhaler?	Yes	No
Do you want your child to keep the inhaler with them?	Yes	No
Does your child use an EpiPen?	Yes	No
Do you want your child to keep the EpiPen with them?	Yes	No

Is your child presently on any medication? If so, please specify type and any instructions for camp Nurse:

Does your child have any allergies?

Food: _____

Drug: _____

Environmental: _____

Camper's are not to keep medication of any type in their cabins. All medications will be turned over to Camp Personnel at the time of camp arrival and will be dispensed by Camp Nurse (only epipen and inhaler are exempt from this). Please notify Camp Nurse, upon arrival, of any new medications not listed above.

The following non-prescription medication may be administered if deemed advisable by Camp Nurse: Tylenol, Benadryl, Gravol, Ibuprofen, Antihistamines, Pepto Bismol, Throat Lozenges, Robitussin, Caladryl/Calamine Lotion, other preparations for minor conditions, etc. If you have any objections, please note them:

Any circumstances or behaviour you would like Camp Personnel to be aware of (bedwetting, contact lens wearer, recent death or divorce in the family, tantrums, sleep/eating disorders, etc):

***Please turn over and fill out the back of this form**

EMERGENCY AUTHORIZATION

I/We the parent(s) or legal guardian(s) hereby authorize and consent to any X-ray examination, anesthetic, medical or surgical treatment given under the general or special supervision of any licensed personnel on the staff of a licensed hospital. This authorization is given in advance of any specific diagnosis, treatment, or hospital care required but is given to provide authority and power to give care that is deemed advisable in the best judgment of the physician. It is understood that an effort will be made to contact the undersigned prior to giving treatment, but that any treatment will not be withheld if the undersigned cannot be reached.

The members, directors or volunteers shall not be liable for any personal injury that may occur while the camper is at St. Peter the Aleut Camp nor for any personal injury during the transportation to or from camp.

I/We have read and understood the above information.

Signature of Parent/Guardian

Print name: _____ Date: _____

Additional Information for the Camp Nurse

Please return completed registration/medical forms and cheque by July 19th, 2009 to:

Ashley Clark

1764 49A Street

Edmonton AB, T6L 3K6

Phone: (780) 887-8346 Email: Ashley_aj_clark@hotmail.com

St. Peter the Aleut Camp 2009

Junior High Camper Agreement (currently in Grade 7, 8 or 9 as of June 1st, 09)

All campers are expected to actively participate in camp program and abide by the rules set out by the Camp Director at the beginning of camp. Campers are advised that the following are **not** permitted:

- 1. Being under the influence of, or in possession of any restricted substances: illegal drugs, cigarettes and/or alcohol.**
- 2. Leaving the site boundaries without the permission of the Camp Director.**
- 3. Mixed visiting in the cabins of other campers.**
- 4. Personal displays of affection of a romantic nature.**
- 5. An inappropriate attitude towards staff.**
- 6. Inappropriate behaviour that disrupts the effectiveness of camp.**

In the event that the camper fails to comply with the expectations in this agreement, one or more of the following actions will take place:

- **Camper will lose camp privileges.**
- **His/her parent/guardian will be contacted.**
- **He/she will return home at his/her expense.**

The Camp Priest will be advised of the above action(s) taken and the reason for taking these actions.

This agreement is in **full force from the time the camper arrives at camp and will remain in effect until the completion of camp** when the camper leaves the site.

I, _____ have read and understood the above expectations and by signing this agreement, I agree to abide by the rules of St. Peter the Aleut Camp.

Signature of Camper

Date

Signature of Parent/Guardian

Date

This agreement was reviewed with the camper listed above by _____ on _____.
Camp Director Date

**Signature of the St. Peter of the Aleut
Camp Director**

Date