Winter Camper 2015

7th Annual Retreat

ST.SAVA CAMP SHADELAND
EASTERN AMERICAN DIOCESE
SERBIAN ORTHODOX CHURCH

THEME: LISTENING TO OUR YOUTH - DISCUSSING THE FUTURE

SUNDAY DECEMBER 27-WEDNESDAY DECEMBER 30, 2015

REGISTRATION BEGINS SUNDAY AT 4:00 pm.

PICK UP-WEDNESDAY MORNING.at 11:00 am.

APPLICATION and Deposit Deadline-December 20, 2015

Please confirm with your parish priest by December 20, 2015 that the applicant youth will attend.

Email the application to DeeDee Baskot at giftsgalore499@aol.com
The total cost of the retreat is $75 with $25 payment required when filing the application and the remaining $50 due at the time of arrival at Shadeland. Make checks payable to the Department of Christian Education.

The $25 is to be mailed to:

Dee Dee Baskot, 1704 Vermont Avenue, West Mifflin, PA 15122

CAMPER APPLICATION INFORMATION - **Please Print Clearly**

Camper's Name:_____

Last, First, Middle Initial

Address:_____

Number/Street

_____

City, State Zip

Email address for confirmation:_____

Male _____ Female _____ Camper's Date of Birth (M/D/Y): _____

Parents' Names: _____ Home Phone: _____

Mom Work Phone: _____ Dad Work Phone: _____

Cell Phone: (Mom) _____ (Dad) _____

Parents' Marital Status: _____ Custody of Child (if applicable) _____

Who is the primary contact? (Circle One) Dad Mom Other: _____

Emergency Contact:

_____

(Other than parent)

Relationship to Camper: _____ Phone: _____

Parish Name and Location:

_____

Is camper a baptized Orthodox Christian? _____

Please list any special needs here in this space_____

Winter Camp Health Form

When you have filled all the information on this application, please read the paragraphs below and sign the consent and/or responsibility waiver. A copy of the insurance card, front and back, should be included with the application. These are necessary not only for your child to attend Shadeland Camp Winter Retreat, but also for us to operate the camp program.

PARENT/GUARDIAN AUTHORIZATIONS, PERMISSIONS AND AGREEMENT

The person herein described has permission to engage in all camp activities except as noted. I hereby give permission to the camp to provide routine health care, administer over-the-counter medications, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests.

I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to the camp to arrange necessary related transportation for me/my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed. I further understand that I will be responsible for expenses not covered by my insurance.

I understand all reasonable safety precautions will be taken at all times by St. Sava Camp/Shadeland and its agents during camp. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold the Serbian Orthodox Diocese of Eastern America, their clergy, the St. Sava Camp/Shadeland, its leaders, employees, and/or volunteers liable for damages, losses, disease, or injuries incurred by the subject of this form.

I agree that my child will abide by all the rules and guidelines set forth by St. Sava Camp/Shadeland for the safety and good health of the campers at camp. I also agree that if my child has to return home due to discipline violations, it will be at my own expense.

I agree to indemnify and hold harmless, the Serbian Orthodox Diocese of Eastern America, their clergy, the St. Sava Camp/ Shadeland, their leaders, employees, and/or volunteers from any expenses, losses, claims, or damages incurred as a result of the acts or omissions of the subject of this form. This completed form may be photocopied for trips out of camp.

I hereby agree to indemnify and hold harmless the Serbian Orthodox Diocese of Eastern America, the St. Sava Camp/Shadeland, their clergy, officers, directors, employees, staff and volunteers from any and all expenses, claims, costs or attorney fees incurred as a result of claims, actions and/or suits brought by me, my child or on my behalf or on my child's behalf or by anyone else as a result of any accident of injury occurring to me or my child.

I give permission for my child to participate in all camp activities, except the following (please list reason for each activity denied):

Activity and Reason for Denial of Permission _____

_____

_____

_____

_____

Signature of Parent or Guardian: _____

Printed Name: _____ Date: _____

Please list any special needs or concerns

For Office Use Only :

Date: _____ Deposit: Ck# _____ Paid: $ _____ Balance Due: $ _____

Financial Assistance: We do not wish for camp to be out-of-reach for any child and family. We encourage anyone who faces a hardship to please notify us through your parish priest or by contacting us directly. We have and will continue to offer assistance to those families in need. Please contact DeeDee Baskot for more information on financial assistance: giftsgalore499@aol.com

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Parent volunteers are always needed and welcomed. Please consider spending a few days at Shadeland with your child.

___ Yes, I will attend. ___ No, I will not be able to attend.

Printed Name and Parental Signature_____