

# Shadeland Camp 2022

Dear Camper Parents,

The St. Sava Camp Committee is very excited about the upcoming Camp Season!

This page contains vital information regarding the registration process. Please read all instructions carefully before proceeding with application— even if your child has attended camp in previous years, as some of our policies have changed.

This year's camp season will begin on Sunday, July 12<sup>th</sup> and run for 4 consecutive weeks:

**WEEK 1 (Ages 7-17): Sunday, July 10 – Saturday, July 16**

**WEEK 2 (Ages 7-17): Sunday, July 17 – Saturday, July 23**

**WEEK 3 (Ages 7-17): Sunday, July 24 – Saturday, July 30**

**WEEK 4 (Ages 10-17): Sunday, July 31 – Saturday, August 6\* (Tambura Week)**

*\*This week is for tambura players and folklore dancers only. Due to the aggressive rehearsal schedule during Tambura Week, it is not recommended for children under age 10.*

The **Camper Fee** is **\$425** per child. This fee must be in US Funds; no personal checks from Canada will be accepted. An additional fee of **\$50** is required for all children who are not members of the Eastern American Diocese.

Registration for all weeks begins on Sundays at 2:00 PM. Camper Pick-up is Saturday morning between 9:00-10:00 AM for Weeks 1 through 3. Please note that any pick-up falling after 11:00 AM an extended supervision fee will be charged at a rate of \$25.00 per camper, per hour.

\$100.00 deposit with the application and balance due on arrival.

**Parents please note:** All sections of the Camper Registration Form must be completed. The consent and responsibility waiver must be signed for us to operate the camp program.

**\*\*New in 2022. You can fill out your form online or print and mail your application to Dee Dee Baskot 1704 Vermont Avenue, West Mifflin, PA 15122**

Updated health and safety requirements for Shadeland operations:

**\*SHADELAND CAMP STRICTLY PROHIBITS: Alcoholic Beverages, Illegal Drugs, Tobacco (Smoking, Chewing, E-Cigarettes and Vaping), Fireworks or Weapons of any kind. Violation of the substance abuse policy will require immediate dismissal from camp.**

Make checks payable to St. Sava Camp. Mail to: DeeDee Baskot, 1704 Vermont Ave. West Mifflin, Pa. 15122. For more information, please call DeeDee Baskot at 412-469-2955 or email [GiftsGalore499@aol.com](mailto:GiftsGalore499@aol.com).

### **\*\*\*Information Regarding Physical Exams for All Children Attending Camp\*\*\***

All children attending camp must submit, completed health forms **signed by a physician**. Pennsylvania State licensing requirements mandate that we have a completed physical for your child. Your child cannot be admitted without a physical signed by a medical professional. We do NOT accept physicals that are filled out by parents alone. All campers should be covered by their family's insurance policy. While St. Sava Camp Shadeland will act as a guarantor, any cost incurred by the Camp in providing required medical treatment (i.e., doctor visits, prescriptions etc.), will be billed to the parent or guardian.

**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.

**Payment of Fees:** If all or part of your camp fee is being paid by your Church, an auxiliary organization, or a third- party, that amount must be paid when your child arrives at Camp. Regretfully, we cannot afford to wait for payment. *Canadian campers - all cash, checks and money orders must be submitted in US funds only.*

**Cancellation Policy:** We appreciate prompt notice if a camper must cancel. Cancellations before June 1 will receive a refund of your deposit.

**Parent Volunteers:** Please complete the Volunteer Application and submit it with your campers' applications. Space is limited. We may not be able to accommodate every parent who wishes to attend. **NOTE: Due to insurance regulations, children who are not campers are not permitted to attend.**

### **Visitor Sign In: All visitors must:**

- **Upon arrival sign in and receive visitors pass at the A-building.**
- **Follow all camp rules (including but not limited to, no smoking, no alcohol) •**
- Leave by 8:00 PM**

While we want every child to experience summer camp at Shadeland, our space is limited to 76 campers per week. The demand for Camp is great. We encourage you to fill out the application completely and send it in without delay. **No phone or email reservations will be accepted.** Once your application is received, we will send an email confirmation.

We look forward to having your children at Camp this year!!

In Christ, Fr. Vedran Grabic, Camp Director Fr. Bojan Banovic, Camp Co-Director



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# Shadeland

## St. Sava Camp

Mail Applications To: St. Sava Camp, c/o Dee Dee Baskot, 1704 Vermont Ave, West Mifflin, PA 15122

## Camper Information

**Please Print Clearly**

How many years has your child attended camp? Please include this year. \_\_\_\_\_

Camper's Name: \_\_\_\_\_  
Last First Middle Initial

Address: \_\_\_\_\_  
Number/Street

\_\_\_\_\_

City State Zip

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

Email address for confirmation only: \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mom Work Phone: \_\_\_\_\_ Dad Work Phone: \_\_\_\_\_

Cell Phones: (Mom) \_\_\_\_\_ (Dad) \_\_\_\_\_

Emergency contact: \_\_\_\_\_  
(Other than parent)

Relationship to camper: \_\_\_\_\_ Phone: \_\_\_\_\_

Parish Name and Location: \_\_\_\_\_ Is camper baptized Orthodox? \_\_\_\_\_

Parents Marital Status: \_\_\_\_\_ Custody of Child (if applicable): \_\_\_\_\_

Who is the primary contact? Dad \_\_\_\_\_ Mom \_\_\_\_\_

If your child has/had special medical or physical needs or is under a physician's care for an ongoing physical or behavioral condition or if your child has an individual education plan at school, please check this box and explain on a separate sheet of paper.

**2019 CAMP SEASON**

**For Office Use Only**

Swimmer: Yes No \_\_\_\_ Beginner  
 Intermediate Advanced \_\_\_\_

Is your child permitted to use the pool: Yes \_\_\_\_ No \_\_\_\_; Permitted to use the lake: Yes \_\_\_\_ No \_\_\_\_

*For those who are not able to swim, there is a shallow water section. A certified lifeguard supervises all aquatic sessions.*

If your child is attending Tambura Week and plans to bring an instrument, please indicate instrument: \_\_\_\_\_

*We are not responsible for lost or broken instruments while at Camp, nor are we responsible to return instruments or costumes left at Camp. Please make sure your child has his/her instrument(s) and costume(s) when departing Camp.*

Please indicate week(s) desired Nonrefundable Deposit of \$100 is	Date: Deposit: Ck #: Paid:
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<p>required 2PM Registration</p> <p>_____ July 12-18</p> <p>_____ July 19-25</p> <p>_____ July 26-August 1</p> <p>_____ August 2-8*</p> <p>*This week is for tambura players and folklore dancers only. Due to the aggressive rehearsal schedule during Tambura Week, it is not recommended for children under age 10.</p> <p>Please note that applications received after June 20<sup>th</sup> will be assessed a late processing fee of \$25 per application.</p>	Date: Balance: CK # Paid:
	Payment by Church/organization:
	Name: Date: CK # Paid:
	Camper Cash: CK/CA _____ Paid:
	Photo: CK/CA _____ _____ _____ _____ _____  Paid:

**Health Forms**

The health form is provided along with this application. It does NOT need to be submitted with your deposit. However, it must be completed in full, signed by your physician, and brought to Camp. It must be presented at registration. **Remember: No form, No camp attendance!**

When you have completed all information on this application, please read the paragraphs below and sign the consent and/or responsibility waiver. These are necessary not only for your child to attend Shadeland Camp this season, but also for us to operate the camp program.

PARENT/GUARDIAN AUTHORIZATIONS, PERMISSIONS, AND AGREEMENT

This health history is correct and complete as far as I know. 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 always at St. Sava Camp Shadeland and its agents during camp season. 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 injury incurred by the subject of this form.

I hereby give my permission to take field trips while attending camp at St. Sava Camp Shadeland (Springboro) PA.

I give permission to St. Sava Camp Shadeland to print, photograph and record my child for use in audio, video, film or any other electronic, digital, and printed media.

I agree that my child will abide by all the rules and guidelines set forth by St. Sava Camp Shadeland. I also agree that if my child must 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, 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 suites brought by me, my child, or on my behalf of my child's behalf or by anyone else as a result of any accident or 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/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_ **I agree I will abide by all rules and guidelines set forth by St. Sava Camp. I understand and agree that any disciplinary violations will result in my dismissal.**

Signature of Camper: Date:

**Signature and Seal of Parish Priest:** I hereby affix my signature in approving this child's Camp Application, signifying his/her good standing in our parish.

Signature of Parish Priest