

ALL SAINTS CAMP PAN-ORTHODOX SUMMER CAMP
June 7, 2009 - June 12, 2009
CAMPER APPLICATION/ MEDICAL HISTORY AND WAIVER FORM

RETURN TO: ALL SAINTS Camp, c/o Holy Trinity Cathedral, 1973 E. Maryland Ave, Phoenix, AZ 85016

Application must be returned to Holy Trinity's office by May 22nd, 2009, with full payment to be accepted on a first come, first served basis.

Camp Costs

\$250 per Family Member

Camper Scholarships are available from your local Parish or contact office@gomona.org

Sponsor additional scholarships? ___ \$50, ___ \$250, ___ \$500

PLEASE MAKE CHECKS PAYABLE TO "ALL SAINTS CAMP"

This form must be completed and signed by the participant's parent or guardian, and returned to Holy Trinity's office by May 22nd, 2009. Under no circumstances can your child participate in the Camp unless a **notarized WAIVER form is on file.**

CAMPER

Last Name	First Name	M.I.	Age as of June 1, 2009	Birth Date
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Address	City	State	Zip
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email

School	City	State	Grade (Next School Year)
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Parish Attending	City	State	Priest's Name
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Is the Camper a Baptized Orthodox Christian?	Yes	No	Sex:	Male	Female
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PARENT/GUARDIAN

Father's Name	Address (If Different From Above)	Home Phone	Cell Phone	Work Phone
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Mother's Name	Address (If Different From Above)	Home Phone	Cell Phone	Work Phone
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Emergency Contact Person	Relationship	Home Phone	Cell Phone	Work Phone
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Transportation from either Holy Trinity Cathedral or St. Katherine's Church is included in camp cost.

Camp Tee Shirt (included in camp cost) Sm Med Lg XLg

Camper's Name: _____

MEDICAL INFORMATION

Please fill in the following regarding your child's health history. If your child has any health issues, please secure a physician's examination, and have him attach all pertinent instructions. If prescription medication is to be administered, please secure a note from your physician indicating the drug dose to be administered, and any other instructions pertinent to the administration of your child's medication. **YOUR CHILD WILL NOT BE GIVEN ANY PRESCRIPTION MEDICATION WITHOUT A DOCTOR'S NOTE.**

IMMUNIZATION DATES

D.P.T. Booster _____ Original D.P.T. Series _____ Red Measles _____
D.T. Booster _____ Polio Booster _____ Tetanus Booster _____
German Measles _____ Polio: Sabin Oral _____ Other _____

KNOWN AILMENTS

Asthma	German Measles	Sinusitis	Bed Wetting
Hay Fever	Sleep Walking	Behavioral Disorder	Headache
Speech Impediment	Bronchitis	Hearing Problems	Stomach Ailments
Chicken Pox	Heart Trouble	Tuberculosis	Convulsions
Insect Bite Reactions	Diabetes	Kidney Trouble	Earaches/Ear Infections
Epilepsy	Migraines	Fainting	Measles
Frequent Colds	Rheumatic Fever	Mumps	
Serious Ivy/Oak/Sumac Poisoning		Frequent Sore Throats	

Allergies _____ Operations/Injuries _____ Drug Reactions _____
Special Diet _____ Medication _____ Other _____

MEDICAL INSTRUCTIONS

List any medication your child is currently taking

List any allergies or reactions

List any medical restrictions or special instructions- list *specific* activities to be restricted

Physician's name Address City State Zip Phone

FAMILY MEDICAL INSURANCE INFORMATION

Company Name of Child's Medical Insurance Coverage Policy #

Address City State Zip Phone

Name of Policy Holder Employer City State

ALL SAINTS CAMP PAN-ORTHODOX SUMMER CAMP
June 7, 2009 -June 12, 2009

Camper:

Last Name	First Name	MI	Age (As Of June 1, 2009)	Birth Date	Grade in Fall
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I, the undersigned, do hereby grant my full permission and authorization for my above named child to attend the ALL SAINTS CAMP, Pan-Orthodox Summer Camp, during the above printed dates.

I also give my permission for my child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities of the Camp.

I further authorize the responsible party of the Camp to administer aspirin, stomach coating medication, antiseptic lotions or other non-prescription medication according to recommended dosages, if needed.

In case of emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I fully authorize an adult, in whose care my child has been entrusted, to consent to any X-ray, anesthetic, medical surgical or dental diagnosis or treatment and hospital care, to be rendered to my child under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

I agree to assume all liability, risks and hazards incidental to my child participation, including transportation to and from camp, and do hereby waive, release, absolve, and agree to hold harmless the camp, supporting Churches, camp grounds, directors and participants for any claims arising out of any accident, loss, injury or illness my child incurs.

Further, should it be necessary for my child to return home prematurely due to medical reasons, disciplinary actions or otherwise, I hereby assume all transportation costs.

The information provided in this ALL SAINTS Camp Application is true to the best of my knowledge.

Signature of Parent or Guardian for Camper	Date
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Print Name

REQUIRED:

Recent policy changes at many medical institutions require that advanced letters of permission from parents be **notarized**, and kept on file at the location of the activity in the event the doctor determines that hospitalization of your child is required in an emergency.

On this _____ day of the month _____, in the year two thousand and nine (2009), before me personally appeared _____, to me known to be the person that executed the signature for the Waiver associated with the attached ALL SAINTS Camp Application.

Notary Public Signature

My commission expires: