

ALL SAINTS CAMP PAN-ORTHODOX SUMMER CAMP

June 7, 2009 - June 12, 2009

STAFF APPLICATION / 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**. Staffers who are assigned full-time duties may have their camp costs covered by their church, All Saints Camp or the Arizona Council of Eastern Orthodox Churches. All applicants will be notified, within two weeks of receipt of application, whether they have been accepted as a Staff Team member. A staff position will then be assigned to the applicant. If the applicant is not accepted, any enclosed payment will be returned. Staff Team members must be at least 21 years of age by June 1, 2009.

Camp Costs

\$250 per Family Member

Counselor scholarships are available from your local Parish or contact office@gomona.org

Sponsor a scholarship? ___ \$50, ___ \$250, ___ \$500

PLEASE MAKE CHECKS PAYABLE TO "ALL SAINTS CAMP"

This form must be completed and signed by the applicant and returned to Holy Trinity's office by May 22nd, 2009.

Under no circumstances can an applicant participate in the Summer Camp without a **signed Waiver form on file** (see below.)

APPLICANT

Last Name	First Name	Middle Initial	Age	
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Address	City	State	ZIP	Phone/Cell
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email address

Parish Attending	City	State	Priest's Name	
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Are you a baptized Orthodox Christian?	Yes	No	Sex:	Male	Female
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Camp Tee Shirt (included in camp cost) (Olympics) (adult sizes) Sm Med Lg XLg 2Xlg

Staff "Neutral" Shirt (included in camp cost) (non-Olympic Team colors) (adult sizes) Sm Med Lg XLg 2Xlg

STAFF TEAM POSITION APPLYING FOR

Please identify the Staff Team position that you are applying for by placing a "1" next to your first choice, a "2" next to your second choice, and so on. If your application is accepted, we will accommodate your requests on a first come, first served basis.

_____ Cabin Counselor _____ Activities (ex. Arts & Crafts, Sports, Olympics, Campfire) _____ Medical

Explain experience relative to requested position:

MEDICAL INFORMATION

Please identify any medical condition that the camp First Aide Team should be aware of if you were to become incapacitated.

MEDICAL INSURANCE INFORMATION

Company Name of Medical Insurance Coverage	Policy #
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Address	City	State	Zip	Phone
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Name of Policy Holder	Employer	City	State
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WAIVER

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

Staff Team Applicant:

Last Name	First Name	Middle Initial
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In case of an emergency involving myself, in which I am incapacitated, I fully authorize an adult staff member of the ALL SAINTS CAMP to consent to any X-ray, anesthetic, medical surgical or dental diagnosis or treatment and hospital care, to be rendered under the general or special supervision and on the advice of any physician 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 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 I incur.

Further, should it be necessary for me 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 STAFF TEAM Application is true to the best of my knowledge.

Signature	Date
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Print Name

