



CAMP ST. CHRISTOPHER

PO Box 950209 Lake Mary, FL 32795

Phone: (407)388-4241

Email: frdaniel@ststephenoca.com

OFFICIAL SUMMER CAMP REGISTRATION APPLICATION

Dear Camper Parent,

Glory Be To Jesus Christ! Glory to Him forever!

We are looking forward to a wonderful camping season in the year 2018. It is our goal at Camp St. Christopher to glorify and give thanks to God through a program which allows our children to experience Him in the safe, protected, and beautiful environment of the camp. To help us accomplish this goal, this packet contains important information for you regarding the enrollment and registration process of your children. Please read all of the information carefully before filling out the Registration Form and the Health History and Examination Form. We want your child to have the best experience possible, and your cooperation is vital.

Your entire application should include the two page Application Form, the four page Health History Form, and the Dress Code Policy. Please read this pamphlet carefully as all of our campers will be responsible for the information contained within it. All forms, including the Health History, and payments must be completed and received by May 1. All these steps are necessary to ensure the health of your child and others during your child's stay at Camp St. Christopher. If you are missing any forms or would like additional copies, you can request these forms via email at frdaniel@ststephenoca.com.

We pray that you have a safe, healthy, and blessed upcoming summer, and look forward to seeing all of our campers at Camp St. Christopher!

Yours in Christ,

Fr. Daniel Hickman

Camp Administrator

REGISTRATION: In order for a camper to be registered before check-in, the Administrator must receive a fully completed and signed Camper Registration Application, Health History Form, Dress Code and payment in full by May 1, 2018. Payments made by check, money order, or credit card, are acceptable. A convenient checklist is located on the bottom of this sheet, which outlines all of the required materials needed to check-in on the date of their arrival. Campers should arrive for final check-in between 10am-12pm on Monday July 9.

INSURANCE: All campers should be covered by their family policy. If they are not, parents/guardians will be responsible for covering their children's medical expenses. While Camp St. Christopher will act as guarantor, any costs or co-pays incurred by the Camp in providing required treatment for an ER visit, doctor's appointment, prescriptions, etc., will be billed to the parents/guardians and the camp must be reimbursed in full.

MEDICAL INFORMATION: Along with your Application Form you have a Health History and Examination Form in your Camper/Parent Packet. This medical form must be filled out in its entirety by you and your camper's doctor, and mailed to our office no later than May 1, 2018, or your camper's spot may be forfeited.

CABIN ASSIGNMENTS: Campers will stay in cabins with up to nine campers and a counselor. Campers are grouped according to age and gender and will be assigned to cabins according to these groupings. Only medical necessity will guarantee changes to the cabin assignments. Moving just one camper to another cabin often involves moving others, which is inconvenient, not to mention unfair to others. You may write a letter to the camp administrator detailing the necessity of these requests. Requests may be granted only at the discretion of the administrator.

CAMP ACTIVITIES: Life at Camp St. Christopher takes full advantage of our outdoor setting. Activities include field sports, obstacle course, softball, swimming, hiking, arts and crafts, and many other activities geared towards your child's learning, enjoyment, and fun. Rainy days, however, are a frequent occurrence, so always be prepared with rain gear.

CONDUCT: By allowing your child to come to Camp St. Christopher, it is understood that you believe your child is reasonably able to act in ways appropriate to an Orthodox Christian. While all disciplinary action will be taken to attempt resolution on site, the Camp Administrator reserves the legal right to dismiss campers for gross violations of camp rules and conduct, which will be clearly outlined and enforced during the camping session for the camper's safety and security. Parents will be responsible for arranging and covering the costs for their child's early departure.

BILLING INFORMATION: The balances of all payments are due when your camper checks in, no exceptions. Please do not send your children to the camp if a final payment has not already been received or without final payment. In these cases the camper's spot may be forfeited and the camper will need to be sent home.

FEES AND DISCOUNT INFORMATION: The fee for one week session at camp is \$350 per child.

CANCELLATION POLICY

If an applicant wishes to cancel, they must do so no later than 1 week prior to the beginning of their Camping week in order to avoid being charged Camp fees for food and supplies. Once final registration is complete, and a camper has not shown up for their week, no refunds will be given.

FINAL CHECKLIST TO ENSURE A COMPLETED APPLICATION: By May 1.

- Completed and signed Registration Application Form
- Completed, signed and dated Health History and Examination Form (signed by BOTH the parent/guardian and the appropriate licensed medical professional)
- Completed and signed Dress Code Policy signed by the parent/guardian and the camper
- Payment "In-Full," by check, money order, or credit card as indicated on the front page of the official registration application. Checks and Money Orders are to be made payable to Orthodox Church of St. Stephen and earmarked for Camp St. Christopher at PO Box 950209 Lake Mary, FL 32795.



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OFFICIAL CAMP ST. CHRISTOPHER REGISTRATION APPLICATION

<p>Please indicate your payment method below: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit Card If using Credit Card, fill in information below: Type of card (<i>circle</i>): VISA MCARD DISCOVER CC #: _____-_____-_____-_____ Expiration Date: ____/____ 3 Digit V-Code (<i>back of card</i>): _____ Name on C.C.: _____ Signature: _____</p>	<p>For office use only, please disregard: <i>Payment received:</i> _____ <i>Date received:</i> _____ <i>Initial:</i> ____ <input type="checkbox"/> Check #: _____ <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card <i>Amount owed (if any):</i> _____ <i>Notes:</i> _____ <i>Videos & Pictures Permitted:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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CAMPER INFORMATION

NAME: _____

BIRTH DATE: ____/____/____ AGE: _____ GRADE IN SCHOOL (This past school year): _____

SEX: M F T-SHIRT SIZE: Youth: S, M, L, XL Adult: S, M, L, XL

HOME ADDRESS: _____

PARISH: _____ Other _____

CUSTODIAL PARENT/GUARDIAN: _____

EMAIL: _____ CELL PHONE: _____

SECONDARY PARENT/GUARDIAN/EMERGENCY CONTACT: _____

EMAIL: _____ CELL PHONE: _____

IF NEITHER ARE AVAILABLE, PLEASE CONTACT: _____

CELL PHONE: _____

ADDITIONAL CAMPER INFORMATION:

We want your camper to have the very best experience possible while at Camp St. Christopher. All information is regarded as **STRICTLY CONFIDENTIAL** and will only be shared with the staff that will be working with your camper and other necessary personnel (Camp Director, Nurse, Food Service Director, etc.) as appropriate.

- What activity is your child looking forward to at Camp? _____
- Are there any fears, worries, or concerns that your child has about the Camp (shyness, afraid of the dark, thunder, etc.?) _____

- Are there any circumstances in your child's life that would be helpful for us to be aware of (i.e. death of friend or family, divorce, family trauma, etc.)? Please provide any relevant details. _____

My camper is under the legal custodial care of: Both Parents Mother Only Father Only Other _____

Please give all relevant details: _____

Please note that if any restrictions regarding parental access are to be observed by the Camp, we must be notified via court order, addressed specifically to Camp St. Christopher.

Other Concerns:

- Sleep Habits: Sleep Walks Wets Bed Other: _____
- Has the Camper ever been away to an overnight camp before? Yes No
- Has s/he ever been away from home for more than 2 consecutive days? Yes No
- Swimming ability: Camper **CANNOT** Swim Beginner Intermediate Expert

I give permission for the camp to administer swim lessons, if this type of activity becomes available in the future

Use this space to provide any additional information about the participant's behavior and physical, emotional, or mental health about which the Camp should be made aware:

When picking up your child please be prepared with photo I.D.

Who will be dropping your child off to the camp on the arrival date? _____

Who will be picking up your child on the departure date? _____

PARENT/GUARDIAN AUTHORIZATIONS, PERMISSIONS, AND AGREEMENT

This application is correct and complete as far as I know. Both I and the child under my care agree to comply with the high standards as well as all of the rules and guidelines of Camp St. Christopher in regards to order, safety, and good health. The person herein described has permission to engage in all camp activities except as noted. I understand that the Camp St. Christopher Administrator reserves the right to inspect cabins and/or the personal belongings of a camper, in the presence of one of more staff, when it is reasonably believed a participant may be harboring forbidden, banned, or illegal materials. 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 for me/my child. 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 any expenses not covered by my insurance. I understand all reasonable safety precautions will be taken at all times by Camp St. Christopher 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 Orthodox Church in America, Camp St. Christopher, their leaders, employees, and/or volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form. I give permission for my child to participate in all camp activities other than any specifically mentioned on this form. 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 Orthodox Church in America, Camp St. Christopher, their leaders, employees, and/or volunteers from any expenses, loses, 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 emergency trips out of the Camp.

I give permission for my child to participate in all camp activities, with the exception of the following: (please list each activity and reason for denial):

Activity

Reason for Denial

_____	_____
_____	_____
_____	_____
_____	_____

Signature of Parent/Guardian: _____

Printed Name: _____ Date: _____



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DRESS CODE POLICY

While camping is by its nature informal, Christian modesty should be your guiding principle when helping pack for your child's stay at Camp St. Christopher. The Camp will encourage your child to learn what Christian modesty is and what it means to be godly in their attire. We ask that you as parents partner with us in this endeavor.

Please review the policy below with your child and send it back to the Camp with you and your child's signature on it.

Inappropriate clothing at Camp includes, but is not limited to: excessively revealing open back tops (including racer-razor backs), tube tops, halter tops, low-cut fronts, skin tight clothing (ex. Spandex, stretch pants, etc.), half shirts, tank tops with less than two finger-width straps, tank-top undershirts, two-piece bathing suits (or one piece suits with cut outs), shorts cut revealingly (shorter than mid-thigh), shorts or pants with writing or imagery on the seat, sports bras without shirts, spaghetti-strap blouses or dresses, and low-cut waistlines. No more than two pairs of earrings are permitted for girls, none for guys. Excess earrings and other body piercings (including belly, nose and tongue piercings) must be removed prior to admittance to camp. Tattoos must be covered at all times while at camp. Sagging pants and exposed underwear are a no-no as well. We ask that all attire be a sign of respect for one's self and everyone else in the community of Camp.

Rain is a frequent occurrence so proper rain gear is strongly suggested.

Dress for daily church services is casual but appropriate attire is necessary. For Divine Liturgy, celebrated once each session, boys are expected to wear collared shirts (tie preferred) with dress pants, and girls should wear dresses or skirts of appropriate length, with a blouse. Pantsuits are also acceptable for young women.

The Camp Staff reserves the right to ask you to change your clothing if it feels that what you are wearing is inappropriate.

Signatures

_____/_____/_____
Print Name of camper Signature of camper Date

_____/_____/_____
Print Name of parent/guardian Signature of parent/guardian Date



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HEALTH HISTORY AND EXAMINATION FORM

NAME: _____

BIRTH DATE: ____/____/____ AGE: _____ SOCIAL SECURITY #: ____-____-____

GENDER: M F

HOME ADDRESS: _____

CUSTODIAL PARENT/GUARDIAN: _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

SECONDARY PARENT/GUARDIAN/EMERGENCY CONTACT: _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

IF NEITHER ARE AVAILABLE, PLEASE CONTACT: _____

RELATIONSHIP: _____ HOME PHONE: _____

CELL PHONE: _____

INSURANCE INFORMATION: Is the participant covered by family medical/hospital insurance?

Yes No

If so, indicate carrier or plan name: _____ Policy #: _____

Group #: _____

Who holds the policy the camper is covered by (father, mother, or indicate other): _____

THE FOLLOWING MUST BE COMPLETE FOR ATTENDANCE:

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 for me/my child. I understand that the Camp St. Christopher Administrator reserves the right to inspect cabins and/or the personal belongings of a camper, when it is reasonably believed a participant may be harboring forbidden, banned, or illegal materials. 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 any expenses not covered by my insurance. I understand all reasonable safety precautions will be taken at all times by Camp St. Christopher 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 American Carpatho-Russian Orthodox Diocese, Camp St. Christopher, their leaders, employees, and/or volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form. I agree that my child will abide by all of the rules and guidelines set forth by Camp St. Christopher for the order, safety, and good health of the campers at camp. I give permission for my child to participate in all camp activities. 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 American Carpatho-Russian Orthodox Diocese, Camp St. Christopher, 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 emergency trips out of camp.

Signature of parent or guardian or adult camper/staffer: _____

Print Name: _____ Date: _____

I, the camper signed below, also understand and agree to abide by any restrictions placed on my participation in camp activities and/or will comply with all of the reasonable requests made by the Camp St. Christopher Staff in regards to my participation, safety, and good health. (Camper must sign below so as to acknowledge that they understand the above)

Signature of **minor camper**: _____ Date: _____

Health History

The parent, guardian, adult camper or staff member **must** fill in the following information. The intent of this information is to provide the Camp health care personnel the necessary background information to provide appropriate care. Keep a copy of the completed form for your records if you wish. Any changes to this form should be provided to the Camp health care personnel upon the participant's arrival at the Camp. Provide complete information so that the Camp can be made aware of your needs.

ALLERGIES Describe reaction and management of reaction _____

FOOD ALLERGIES _____

OTHER ALLERGIES _____

MEDICATIONS CURRENTLY BEING TAKEN

Please list **ALL** medications (including over-the-counter or non-prescription drugs) taken routinely. Bring enough medication to last the entire time at camp. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration. ALL medications must be turned over to the Camp medical personnel upon arrival, no exceptions. If your child must have any medications (prescription and non-prescription included) on his/her person, this **must** be acknowledged by the medical personnel, in writing, on the final page.

Please check here to indicate if the person being represented by this form takes no medications whatsoever:

Med #1: _____ Dosage : _____ Specific Times taken
each day: _____ Reason for taking _____

Med #2: _____ Dosage : _____ Specific Times taken
each day: _____ Reason for taking _____

Med #3: _____ Dosage : _____ Specific Times taken
each day: _____ Reason for taking _____

Attach Additional Page if Necessary.

Identify any medications taken normally or during the school year that the participant does/may not take during summer and why:

RESTRICTIONS

Please list here any restrictions to activities that are medically necessary (i.e. what cannot be done, what adaptations or limitations necessary):

OVER-THE-COUNTER MEDICINES:

Please circle Yes or No to each over-the-counter medication that your child is permitted to take while at Camp St. Christopher:

Aspirin - Yes No
Tylenol - Yes No
Advil - Yes No

Benadryl - Yes No
Pepto Bismol - Yes No
Cough Syrup - Yes No

Cough Lozenges - Yes No
External Ointments Sprays,
or Lotions- Yes No

Antacids - Yes No Sterile Eye Irrigate - Yes No
Antiseptic Throat Spray - Yes No Sudafed - Yes No

Please list any other over-the-counter medicines that you specifically do not want administered, if any exist:

GENERAL QUESTIONS: (Explain "Yes" answers below)

Has/Does the participant have?

- | | |
|---|--|
| 1. Had any recent injury, illness, or disease? Yes No | 14. Ever had high blood pressure? Yes No |
| 2. Have a chronic or recurring illness/condition? Yes No | 15. Ever been diagnosed with a heart murmur? Yes No |
| 3. Ever been hospitalized? Yes No | 16. Ever had back problems? Yes No |
| 4. Ever had surgery? Yes No being brought to camp? Yes No | 17. Ever had joint problems(i.e. knees, ankles, etc.)? Yes No |
| 5. Have frequent headaches? Yes No | 18. Have an Orthodontic appliance |
| 6. Ever had a head injury? Yes No (itching, rash, acne, etc.)? Yes No | 19. Have any skin problems? |
| 7. Ever been knocked unconscious? Yes No | 20. Have Diabetes? Yes No |
| 8. Wear glasses, contacts, or protective eyewear? Yes No | 21. Have Asthma? Yes No |
| 9. Ever had frequent ear infections? Yes No | 22. Had mononucleosis in the past year? Yes No |
| 10. Ever passed out during or after exercise? Yes No | 23. Had problems w/diarrhea/constipation? Yes No |
| 11. Ever been dizzy during or after exercise? Yes No | 24. Ever had an eating disorder? Yes No |
| 12. Ever had seizures? Yes No | 25. If female, have an abnormal menstrual history? Yes No |
| 13. Ever had chest pain during or after exercise? Yes No | 26. Ever had emotional difficulties for which professional help was sought? Yes No |

Please explain any "Yes" answers, noting the number of the question. (Use additional pages if necessary)

Which of the following has the participant had?

- Measles
- Chicken Pox
- German Measles
- Mumps
- Hepatitis A
- Hepatitis B
- Hepatitis C

TD (Tetanus/Diphtheria) _____
Tetanus _____
Polio _____
MMR _____
or Measles _____
or Mumps _____
or Rubella _____
Haemophilus Influenza B _____
Hepatitis B _____
Varicella _____

TB Mantoux Test

Date of last test _____

Result: Positive Negative

PLEASE GIVE ALL DATES OF IMMUNIZATION FOR:

DTP

Use this space to provide any additional information about the participant's behavior and physical, emotional, or mental health about which the camp should be aware.

Name of family physician: _____ Phone: _____

Address: _____

Name of family Dentist/Orthodontist: _____ Phone: _____

Address: _____

HEALTH HISTORY RECOMMENDATIONS

To be filled out and signed by a **Licensed Medical Professional**

I examined _____ this individual on the date of _____
Name of Potential Camper/Applicant Date of Examination

(Camp St. Christopher requires an **ANNUAL EXAMINATION**. This exam is **required** for camp attendance. If the camper or staffer has received a physical exam within the last year, another exam is not required, however, this form **must still be filled out and signed by the Medical professional who had performed that physical.**)

Blood Pressure: _____ Height: _____ Weight: _____

In my opinion, the above applicant is or is not able to participate in this summer's active camp program.

The applicant is under the care of a physician for the following conditions:

Recommendations and Restrictions at Camp

Treatment to be continued at camp: _____

Medications to be administered at camp (name, dosage, frequency): _____

Any medically prescribed meal plan or dietary restrictions: _____

Known Allergies: _____

Description of any limitation or restriction on camp activities: _____

Additional information for health care staff at the camp: _____

Signature of Licensed Medical Professional: _____
Printed Name: _____ Title: _____
Address: _____
Phone: _____ Date: _____

The section below is for Camp Personnel uses only, please disregard:

Screening Record at Check-In
Date Screened: _____ Time: _____ am/pm
Medications received (Prescription and non-prescription): _____

Updates/additions to health history? Yes No If yes, _____

Current health needs identified? _____

Observational notes: _____

Screened by: _____