



УКРАЇНСЬКІ ПРАВОСЛАВНІ ДИТЯЧА ОСЕЛЯ
"Зелений Гай табір" (на озері Wakaw)
UKRAINIAN ORTHODOX YOUTH CAMP
"GREEN GROVE CAMP" (on Wakaw Lake)
P.O. Box 9657
Saskatoon, Saskatchewan, Canada, S7K 7G5
www.greengrovecamp.ca
E-mail: contact@greengrovecamp.ca

UKRAINIAN ORTHODOX TEEN CULTURAL PROGRAM
AUGUST 21ST TO AUGUST 27TH, 2017
APPLICATION FOR REGISTRATION
(COMPLETE ONE FOR EACH PARTICIPANT) *PAYMENT MUST BE INCLUDED!

SEND TO: **GREEN GROVE UKRAINIAN ORTHODOX YOUTH CAMP**
BOX 9657, SASKATOON, SK. S7K 7G5

Participants Full Name: _____

Home Address: _____

_____ Postal Code: _____

Participants Gender: Male ___ Female ___

Date of Birth: Day _____ Month _____ Year _____ Age (as of June 30th) _____

Entering Grade _____ in September 2016

Name of Parents/Guardians: _____

Address: (if different from participants) _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail Address of parents: _____ E-

Mail Address of participant: _____ Is

the participant baptized in the Ukrainian Orthodox Church of Canada? Yes ___ No _____

Are parent's members of the Ukrainian Orthodox Church of Canada? Yes ___ No _____

To which parish do you belong? _____

Rooming Buddy Preferences: *All efforts will be made to please you but it cannot be guaranteed.

1st Choice: _____ 2nd Choice: _____

T-shirt size: Adult S ___ M ___ L ___ XL ___ XXL _____

MEDICAL INFORMATION

Participants Personal Health Number (PHN) _____

Family Doctor: _____ Phone: _____

Alternate emergency contact (in case parents cannot be reached):

1. _____ Phone: _____ Cell Phone: _____

2. _____ Phone: _____ Cell Phone: _____

Does the participant have any allergies, reactions (i.e. insect bites), limitations and other health concerns that the staff should know about? If your child is on medication, please provide written instructions from your physician regarding its proper use (dosage, frequency, etc). Please attach a separate sheet explaining.

PERSONAL DATA

Allergies/Reactions: _____

*Note: This is a peanut-free camp.

TREATMENT: _____

Dietary Restrictions: _____

Are all immunizations up to date? Yes_ No___ If not, please list _____

In an effort to make the participants stay at Green Grove Camp enjoyable, we keep a small supply of over the counter medications on hand to treat minor health problems. Medication is given only after an assessment is made by the Director and consultation with the nurse on call, if necessary. Such medications may include: Tums, Tylenol, Midol, Gravol, Benylin DM-D-E (cough syrup), Benadryl, Calamine Lotion, Polysporin Ointment.

Please provide any other pertinent information.

As the parent or guardian of _____, I (we) do hereby authorize Green Grove Camp to obtain such medical advice and services as may be deemed necessary for the health and safety of my son/daughter, and will reimburse Green Grove Camp for any medical expenses incurred. I grant permission for the above-named son/daughter to participate in any occasional excursion that might take place away from camp premises. I hereby release the directors and staff of Green Grove Camp from liability for personal injury or other loss incurred by my son/daughter during the camp term.

Parent (Guardian) Signature: _____ Date: _____

RELEASE OF INFORMATION REQUEST

Under the Local Authority of Freedom of Information and Protection of Privacy Act (LA FOIP), we are required to gain your permission to take pictures of your son/daughter at the camp to use for public purposes. Please sign the form below allowing us to use his/her photo in camp CD's or for publicity purposes for the camp. We require your informed consent to share personal information about your son/daughter.

Participant's Name: (please print)

Yes, I, _____ (parent/guardian) **DO** give the Green Grove Ukrainian Orthodox Church Camp staff and Board Members permission to use his/her photograph in a camp CD or for publicity purposes or to display on site.

No, I, _____ (parent/guardian) **DO NOT** give the Green Grove Ukrainian Orthodox Church Camp staff and Board Members permission to use his/her photograph in a camp CD or for publicity purposes or to display on site.

Parent/Guardian Signature: _____ Date: _____

*A camp memory CD may be made and available for order on the final day of camp. It is our hope to create a power point made for viewing by campers and parents on the last day.

*We would like to use camp pictures to help in advertising the camp possibly involving a webpage, poster or brochure.

WAIVER FORM

I have full knowledge of the nature and extent of all the risks associated with the physical activities (games and exercises), supervised off premises excursions, and sport (i.e. archery, canoeing, fishing, swimming) and hereby do release the Green Grove Camp staff from any or all liabilities, except to the extent that the same is caused by or results from gross negligence of any such party. It is my responsibility to ask or inform employees if I feel an activity is questionable or dangerous until corrected or satisfactorily answered.

Camper's Name: _

Parent/Guardian Signature: _____ Date: _____

LETTER OF AGREEMENT

MUST BE READ AND COMPLETED BY PARTICIPANT AND PARENTS

I (participant) (Please Print) _____ agree to participate in the cultural immersion program offered at Green Grove Camp. In making this application, I accept the following conditions of my involvement in the camp.

1. I understand that there will be no alcohol, drugs, cigarettes or tobacco products to be used during the program session. Possession or use of these products will result in immediate removal from the program.
2. I will act in a mature, responsible and respectful manner to both participants and staff at all times. There will be a zero tolerance to any behaviors perceived to be inappropriate, disengaging, or threatening to others.
3. I understand that any technological device (phones, iPods, iPad, computers, etc.) will interfere with my building relationships with others and accept that these items will be confiscated by staff and held until the end of the program.
4. I will participate in all activities to the best of my ability.
5. I will be punctual to all activities and respect presenters and speakers.
6. I will respect others' property including the camp's items and buildings.
7. I understand that there will be firm rules regarding interactions between males and females, and will respect that males and females are never to enter each other's cabins and dorms for any reason.

Participant Signature _____

Parent Signature _____

Date _____

PAYMENT SUMMARY

PLEASE DO NOT COPY THIS SHEET DOUBLE SIDED WITH OTHER SHEETS

Participant's Full Name: (please print)

CHEQUE / MONEY ORDER OR BANK DRAFT ONLY (NO CASH)

- **Full payment** with registration *must* be received before July 1st 2017 .
- If cancelled before the program starts, there will be a \$50.00 cancellation fee.
- If cancelled after the program starts, there will be NO refund.

- **“REGISTRATIONS” WILL BE RETURNED TO YOU IF PAYMENT DOES NOT ACCOMPANY THE APPLICATION.**

PROGRAM FEES	
Program Fee	\$ 350.00
If <i>Volunteer Service Form</i> is signed and included	Subtract \$ 50.00
	TOTAL \$

<p>DAMAGE DEPOSIT</p> <p>Please issue a separate <u>cheque</u> Post Dated for August 30th 2016 in the amount \$200.00</p> <p>Will be returned within 30 days once a final inspection of the premises has been completed.</p>
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All cheques , money orders or bank drafts payable to: Green Grove Camp

**Mail to : Green Grove Camp
Box 9657
Saskatoon, SK
S7K 7G5**

Please Return: Pages 1 to 5/6
Completed registration
Medical Information
Release of Information and Waiver Form
Letter of agreement
Payment sheet with fee payment and damage deposit
Volunteer Service Form – if applicable

Return this page if applicable

CONFIRMATION OF VOLUNTEER SERVICE

This is to certify that (please print) _____

Has completed _____ hours of volunteer service for:

Name of Organization: _____

On the following date/s: _____

(dates must be in the range from June 1st of previous year to May 31st of current year)

The volunteer service consisted of the following tasks:

Supervisor's Name (please print): _____

Supervisor's Signature _____ Phone: _____

Parent's Signature _____ Phone: _____

