



2019 GOC OF THE ASSUMPTION SUMMER CAMP REGISTRATION FORM

430 Sheep Pasture Road, Port Jefferson, NY 11777

Telephone: 631-473-0894 Fax: 631-928-5131 Email: goc.assumption@gmail.com

Session: Monday, July 1 to Wednesday, July 3, 2019 - 9am to 3pm

For Members Only of the GOC of the Assumption, Pt. Jefferson, NY
Please contact the Church Office if you wish to become a member.

Fee: \$75 1st Child, \$60 additional sibling, \$45 3rd or more siblings
For Children Ages 4 to 12

Parent's Name(s) _____ Email _____

Address _____ City/State _____ Zip: _____

Home Phone _____ Mother's Cell _____ Father's Cell _____

Mother's Work Tel: _____ Father's work Tel: _____

Child's Name _____

Date of Birth _____ Age _____ Male/Female: _____ Date of Greek Orthodox Baptism: _____

American School Grade Level going into this September 2019 _____

Pediatrician's Name, Address & Phone _____

Dentist's Name and Phone _____

Persons (Other than Parent) to be contacted in case of Emergency:

Name _____ Phone _____ Relationship to child: _____

Name _____ Phone _____ Relationship to child: _____

Please list campers known medical conditions, allergies, disabilities or any special needs. Also, list any medications he/she is taking:

Individual form must be submitted for each registrant and registration fee must be paid in full and accompany this form.

Please indicate if you are willing to volunteer to help any day during this year's session:

Yes ___ No: ___ Days/Hours Available: _____

<p><u>Camp Shirts</u>: Please <u>circle</u> size desired: Additional Youth Size: XS S M L XL Adult Size: S M L XL XXL</p>	<p>One Shirt will be provided with enrollment. are available at an extra cost.</p>
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Is camper attending full session? Y ___ N ___ If No, which days is camper attending? _____

We may communicate via email or text so please check often for our correspondences. We may also send info via backpacks.

MEDICAL CONSENT: I, (Print Name) _____, HEREBY CERTIFY MY CHILD IS IN GOOD HEALTH AND PHYSICAL CONDITION, AND HAS NO CONDITION THAT MAY IMPEDE HIS OR HER ABILITY TO PARTICIPATE IN CHURCH CAMP ACTIVITIES. I ALSO HEREBY GIVE THE RIGHT TO THE CAMP OFFICIALS TO INSTITUTE OR ADMINISTER EMERGENCY TREATMENT SUCH AS FIRST AID, PHYSICIAN, DENTIST, AMBULANCE, HOSPITAL, ETC., FOR MY CHILD, SHOULD THE NEED ARISE. I DO NOT HOLD GREEK ORTHODOX CHURCH OF THE ASSUMPTION RESPONSIBLE FOR ANY ACCIDENTS OR ILLNESSES INCURRED. IF I PROVIDE MEDICATION, I AUTHORIZE THE CAMP TO DISPENSE IT. I AUTHORIZE ADMINISTRATION/DISPENSION OF ANY PROVIDED EMERGENCY ALLERGY MEDICATIONS AT THE CAMP OFFICIAL'S DISCRETION. ALL MEDICATIONS WILL BE ACCOMPANIED BY A NOTE FROM MY CHILD'S DOCTOR TO THE CAMP WITH THE WRITTEN PROTOCOL FOR SUCH MEDICATIONS.

Medical consent PARENT/GUARDIAN

SIGNATURE _____ DATE: _____

Are you covered by medical insurance? Yes ___ No ___

Name of Company _____ Tel of Company: _____

RULES, REGULATIONS, CONDUCT:

- We are a strict nut-free camp. This includes all nuts, nut and “Nutella” spreads, yogurts with nut toppings, certain breakfast bars, almond and nut milks, etc. Please read labels carefully.
- The camp fee is non-transferable, non-refundable and non negotiable. Fee will not be prorated.
- Please return form with check payable to The GOC of the Assumption or with cash to Maria in the Church Office or to a designated advisor during enrollment stations at coffee hour. Credit cards accepted during office hours M-F Please retain a copy of this form.
- No smoking, vaping, alcoholic beverages, recreational or other drugs or substances are allowed whatsoever. We have a no tolerance policy for substance abuse either on premises or if we suspect occurrences prior to a counselor reporting to duty.
- No touching, hitting, or inappropriate language is to be directed to fellow campers or others. If necessary please consult with a Sr. Adviser regarding any issues.
- When you send lunch and snack in, please put it in separate bags and label each accordingly. Perishable items must have an ice pack of sorts and/or be properly insulated to meet health code food holding temperature.
- Please have child equipped with a sports bottle filled with water and backpack or string bag. Please label all items with child’s name. We are not responsible for any lost or damaged items.
- Because it is our goal that every child have a fun safe experience at camp, campers are required to:
 - Arrive promptly with sunscreen already applied and bug spray if desired.
 - Show respect and courtesy to staff and fellow campers at all times.
 - Stay on church grounds, except to attend camp-sponsored field trips.
 - Demonstrate moral and ethical behaviors/choices.
 - To represent the love and actions of Christ.
 - To not intentionally injure or endanger his/herself or any other person or object either physically or emotionally.
 - To not engage in bullying behavior and to mentor and protect their peers and/or younger campers.
 - To conduct him/herself exceptionally at all times. If warranted, he/she may have a disciplinary meeting with Camp officials. He/she may be dismissed from the camp if no improvement is shown and forfeit the remainder of all camp fees.
- Young enrolled children must be capable of independently using the lavatory.
- Appropriate dress is required and consists of mandatory camp t shirt, and modest length shorts, skirts or dresses, socks and closed sneakers or shoes.
- Campers are to be picked up and dropped off promptly. All children and counselors must be signed in as being present daily.
- Cell phones may not be used during camp and are subject to being forfeited for non-compliance.
- We will not be responsible for personal items. No electronic tablets, other outside devices, electronics, toys or otherwise are allowed.
- Notify church if camper will be absent for the day.
- Children will not be released at day’s end until they are signed out by the parent/guardian listed on this form. Parents must wait in the community center lobby for their child to be released. If someone else is picking you your child, please notify us in writing and by phone.

PERMISSION, WAIVER:

I, _____, am the parent/legal guardian of and certify that (Name of child) _____ is able to participate in all activities of camp. I certify my child is in good physical and emotional condition. I understand my child will be participating in cooking and off premises field trips and may be transported via car or bus and I hereby grant my permission for this and all other named or unnamed activities provided. I understand my child will not be admitted to camp until the medical consent and registration form is signed, dated and completed in entirety.

I and my child have read and understand all the camp rules and regulations and will abide by all. We release the Church/Camp of any and all liability. I hereby agree to indemnify, hold harmless and expressly release the Camp, GOC of the Assumption, and all personnel involved in Camp from any and all negligence, causes of actions, claims, suits, costs, injuries, and damages of every name and description related to my child’s participation in the camp. I understand that on days when Camp provides meals either on premises or field trips if I do not wish my child to participate, I will notify the camp and provide my child with lunch and snack. Camp is not liable for damages or illnesses by any food consumption whether brought in by campers or provided on premises or off. Camp shall do its best to monitor avoidance of nut products, but will not be held accountable for any ramifications should an issue occur. By also signing this form we agree to allow our child to be photographed which may be used but not limited to Church/Camp private Facebook or other social media pages as well as other Church materials. I also certify I and my child will abide by any additional rules specified either orally or written

during the duration of GOCOA summer camp. My signature is binding and representative of any other guardianship/parent of the named child.

Parent's Signature _____ Date: _____

5/17/19 version