

2012 ALL SAINTS CAMP



Camper Application for 3rd Graders through High School Seniors

All applications are to be submitted to:
Holy Trinity Cathedral, 1973 E. Maryland Avenue, Phoenix, AZ 85016
Attention: All Saints Camp

Before turning in all seven pages of this application (with this page included), please make sure that all of the following items are completed:

- Page 2 (The Camper Information Page) is filled out in its entirety and payment is enclosed.**
 - If a scholarship (full or partial) is requested or pending, **you must still turn in this application** and check one of the following:
 - My parish is aware that a scholarship is pending (in which case your parish will be contacted by the ASC Directors.)
 - We have requested a partial or full scholarship from ALL SAINTS CAMP (and have contacted the ASC directors.)
- Page 3 (The Code of Conduct Page) has both a camper's signature and a parent's/guardian's signature and is dated.**
- Page 4 (The Transportation Page) is completed for both GOING TO and COMING BACK from All Saints Camp and has a parent's/guardian's signature and is dated.**
- Page 5 (The What to Bring/ What to Leave Page) has both a camper's signature and a parent's/guardian's signature and is dated.**
- Page 6 (The Medical Page) is completed and has a parent's/guardian's signature and is dated. Only the date of the camper's last Tetanus shot is required. No need to list other immunizations.**
- Page 7 (The Permission and Release Page) has a parent's/guardian's signature and is dated.**

Important: Applications are due by Friday, May 18, 2012, for guaranteed placement and a seat on a bus (if desired.) Applications received after May 18 are accepted based upon space availability. All potential campers with a completed application received at Holy Trinity Cathedral by May 18 will receive a postcard mailed to the camper's home with travel information. Keep this postcard and present it at Check-In. Note: Applications received after May 18 will NOT receive a postcard, but will be notified by email within five days as to acceptance. No response within five days means the camper is NOT registered. Contact the Directors immediately for the camper's status:

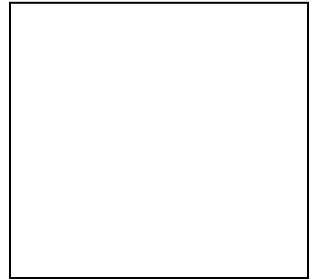
Kathy Clarke- 602.757.1025, email- kathyclarke@cox.net

Kristen Vasilarakos- 602.332.8809, email- kvasilarakos@cox.net

CAMPER APPLICATION

Date Received _____

Campers entering 3rd grade through High School Seniors



All Saints Camp- Pan Orthodox Summer Camp, Monday, June 4, 2012 – Saturday, June 9, 2012

RETURN TO: All Saints Camp, c/o Holy Trinity Cathedral, 1973 E. Maryland Avenue, Phoenix, AZ 85016.

Application must be returned to Holy Trinity's office by **May 18, 2012** and with payment.

PLEASE MAKE CHECKS PAYABLE TO "ALL SAINTS CAMP."

Camp Costs

\$275.00 per Family Member

Option 1

Full Payment of \$275.00 per attendee is enclosed.

Option 2

Pending Scholarship. Indicate where the scholarship is pending from:

*If a scholarship is pending, it is important to still turn in the application to reserve a spot on the bus and at camp.

Option 3

Request Scholarship. We are requesting a partial or full scholarship and have contacted/are contacting the ASC Directors (information on Page 1.) *If you are requesting a scholarship, it is important to still turn in the application to reserve a spot on the bus and at camp.

CAMPER

Last Name: _____ First Name: _____ Nickname: _____

Male Female Birth date: _____ Age (as of June 1, 2012): _____ Grade (2012-2013 school year): _____

Street Address: _____ City, ST, Zip: _____

Home church: _____ Home priest: _____

Is the camper a baptized Orthodox Christian? Yes No

PARENT(S)/GUARDIAN(S)

Father/Guardian

Name: _____ Home phone: (_____) _____

If Guardian, relationship to camper: _____

Address (if different than above): _____ Cell phone: (_____) _____

_____ Alt. phone: (_____) _____

Email: _____ Add this email to contact list? Y N

Mother/Guardian

Name: _____ Home phone: (_____) _____

If Guardian, relationship to camper: _____

Address (if different than above): _____ Cell phone: (_____) _____

_____ Alt. phone: (_____) _____

Email: _____ Add this email to contact list? Y N

Camper Code of Conduct



Camper Name: _____

Parent/Guardian Name: _____

By reading and signing this covenant, I (the camper) and my parent(s)/Legal Guardian(s) confirm that we understand All Saints Camp Camper Covenant. I agree to comply with all of the rules and meet all of the expectations stated below while at All Saints Camp:

- I will come to camp with an open heart and mind, ready to have fun, learn, and grow in my faith.
- I will treat the clergy, my staff members, my fellow campers, and visitors with respect while at All Saints Camp.
- I will observe all rules posted at camp and verbally communicated during the camp.
- I will fully participate in all camp activities.
- I will follow all safety rules, regulations, and instructions, and I will wear appropriate safety equipment, devices, helmets and life jackets as instructed by the camp staff.
- I will not bring tobacco, alcohol, drugs (other than those prescribed by a doctor and/or administered by All Saints Camp medical staff), weapons, fire works, or pornographic material to camp, and I will not use them while at camp. I understand that my parents will be notified, and that I may be sent home at my parent's/guardian's expense if I fail to meet this expectation.
- I will wear appropriate clothing while at camp. None of my clothing will exhibit vulgar, suggestive, gang related, or irreligious language or images. None of my clothing will advertise or promote the use of alcohol, tobacco, drugs, weapons, or violence. I will wear clothing that covers my stomach and underwear while at camp. I understand that if swimming or if in a swimming area, girls and women must wear bathing suits that cover the lower stomach and boys and men must wear loose fitting swim trunks that fall at least to mid-thigh. I will dress in a modest fashion while at All Saints Camp. I understand that the dress code will be enforced at the discretion of the camp directors.
- I will remain on the campground for the duration of camp unless the camp director has given me permission to leave and a camp staff member supervises me.
- I will use appropriate language and will not curse, use obscene hand gestures, or participate in vulgar conversations. I will not harass my staff members, fellow campers, or visitors in any way.
- I will treat the property of others and the camp with respect. I understand that I am responsible to pay for any property I willfully or recklessly damage, destroy, or steal.
- I understand that for my safety and the safety of others, camp staff may search my baggage and belongings. I will be present if my items are searched and I will know why the camp has decided to search my belongings.
- I will turn in any and all medication I bring to the camp nurse/doctor. I understand that the camp nurse / doctor will administer all medication to campers as needed or prescribed
- I understand that All Saints Camp reserves the right to dismiss me from camp, and to send me home at my parent's/guardian's expense.

Camper
Signature: _____ **Date:** _____

Parent/Guardian
Signature: _____ **Date:** _____

Transportation

There is no additional charge for bus transportation from either St. Katherine's Church or Holy Trinity Cathedral.

St. Katherine's Church: 2716 N. Dobson Road
Chandler, AZ 85224
480.899.3330

Map: www.st-katherine.org

Holy Trinity Cathedral: 1973 E. Maryland Avenue
Phoenix, AZ 85016
602.264.7863

Map: www.holytrinityphx.org

Check the appropriate boxes:

The camper is riding on the bus TO All Saints Camp
Camp **departing from St. Katherine Church.**
Check-in time:
2:00pm on Monday, June 4, 2012

The camper is riding on the bus TO All Saints
departing from Holy Trinity Cathedral.
Check-in time:
2:30pm on Monday, June 4, 2012

The camper is riding on the bus FROM All Saints Camp
Camp back to St. Katherine Church.
Bus departing Prescott on **Saturday, June 9, 2012,**
arriving approximately at **2:00pm to St. Katherine's**
parking lot.

The camper is riding on the bus FROM All Saints
back to Holy Trinity Cathedral.
Bus departing Flagstaff on **Saturday, June 9, 2012,**
arriving approximately **at 1:30pm to Holy Trinity**
Cathedral's parking lot.

OR

We are supplying our own transportation. Directions to Pine Summit Campground can be found at www.pinesummitcamp.com.

Describe: _____:

TO All Saints Camp.

Orientation begins **at 5:15pm on Monday, June 4, 2012.**

Check-In is with **Kathy Clarke**, Co-Director. DO NOT drop your child off at the campsite and leave without first Checking In.

Adult's name that is dropping off camper: _____

Cell phone/contact number: (____) _____

FROM All Saints Camp.

Pick-Up time is 10:00am on Saturday, June 9, 2012.

Check out is with **Kathy Clarke**, Co-Director. A parent or guardian **MUST NOT** leave with a camper unless the camper has been officially Checked-Out.

Adult's name that is picking up camper: _____

Cell phone/contact number: (____) _____

Parent/Guardian Signature: _____ **Date** _____



All Saints Camp 2012

What to Bring to Camp and What to Leave Home

Please mark all belongings and pack in soft luggage or duffel bag.

Any candy, food or snacks brought should be expected to be shared equally with your entire cabin.

1. What to Bring:

- Bible
- Prayer book
- Pillow, pillow case, pajamas, sleeping bag or sheets and a light blanket
- Bath towel, toiletries, flip flops for shower
- T-Shirts, jeans, shorts
- Clothes that can get wet for Lynx Lake trip: boating, fishing and hiking, but no swimming
- Sneakers and socks
- A sweat shirt, sweater, and/or light jacket for cool evenings
- Church clothes, if desired. Campers are NOT expected to dress/change for services.
- Rain gear (just in case...)
- A flash light
- Spending money for camp store (\$3-\$5.00 is appropriate.)
- Spending money for the restaurant and store at Lynx Lake (\$5.00-\$20.00 is appropriate)

2. What to Leave Behind:

- Alcohol, tobacco products, drugs
- Weapons
- ipods, ipads, mp3 players or other personal music systems
- Video game systems, computers
- Cell phones (Staff members DO carry cell phones. The Directors' and Nurse's phones will be available if you need to communicate with a parent/guardian.) If a parent wishes their child carry a cell phone, contact the All Saints Camp directors for permission and guidelines.
- **Anything to do with pranks!**

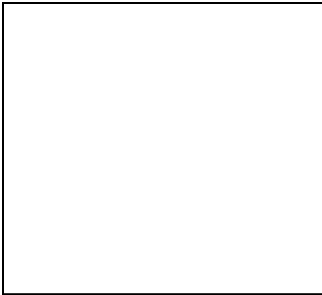
Note: Prohibited items will be taken by staff members if brought to camp. Harmless items, such as electronic games and music systems, will be returned at the conclusion of camp. In the event of discovery of illegal or dangerous items, the parent(s)/guardian(s) will be notified and appropriate action will be taken.

Camper's Signature

Date

Parent's or Guardian's Signature

Date



MEDICAL PAGE

Camper's Age: _____

Camper's Name: _____

(1st Call if Medical Emergency, other than 911 if deemed necessary)
Parent/Guardian Name and Phone Contact: _____
() _____

(2nd Call if Medical Emergency)
Parent/Guardian Name and Phone Contact: _____
() _____

MEDICAL INFORMATION

Please fill in the following regarding the camper's health history.

Does the camper have any chronic, acute, or current medical concerns? YES NO
If yes, please explain: _____

Are there any operations, serious injuries, or potentially recurring illnesses ASC needs to be aware of? YES NO
If yes, please explain: _____

List any allergies to food, pollen, or medicine. Also include the *reaction* to the allergy: _____

Is this the first time the camper has slept away from home? YES NO
Is this the first time the camper has been to a sleep-away camp? YES NO

List anything else that would be helpful for the staff of ASC to know regarding the Camper. Please include any conditions or diagnosis, such as Diabetes, Asthma, ADD/ADHD, Depression, Bipolar Disorder, OCD, Anxiety Disorder, Oppositional Behavior, etc. Please include any information that will help the ASC staff provide the best possible camp experience for the camper. Responses will be kept with confidence and only those who need to know will be informed. _____

If the camper has any health issues, please secure a physician's examination, and have the physician 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 the camper's medication. **CAMPERS WILL NOT BE GIVEN ANY PRESCRIPTION MEDICATION WITHOUT A DOCTOR'S NOTE.** ASC medical staff will not allow the camper to take any medication in a manner different than what the medicine container or prescription container instructs. State law requires that all medications be kept in the Nurse's Station. Campers will not be allowed to keep their medication with them. Please send all medications in their original containers. This includes non-prescription drugs.

<u>Medicine</u>	<u>Dose</u>	<u>Frequency</u>	<u>Notes</u>
1. _____			
2. _____			
3. _____			
4. _____			

The medical staff of ASC will not be responsible for medications that a parent or camper has not checked in before departure.

Are there any over-the-counter, non-prescription medications or ointments that SHOULD NOT be given to your child? _____

List *specific* activities to be restricted: _____

Are the Camper's IMMUNIZATIONS current: Yes No Year of last Tetanus shot: _____

The information above is true and thorough to the best of my knowledge.

(Required) Parent signature: _____ Date: _____

Permission and Release for All Saints Camp on June 4-9, 2012

Camper's name: _____

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/pain reliever, stomach coating medication, antiseptic lotions or other **non-prescription** medication according to recommended dosages, if needed. The MEDICAL PAGE in this packet will ALWAYS be reviewed before administering any medications or lotions.
- 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.

Parent/Guardian Signature: _____

Print name: _____

Date: _____

Camp Tee Shirt

Camp Tee Shirt Requested Size (included in camp cost):

Adult Small Adult Medium Adult Large Adult XLarge

(We will do our best to accommodate size requests.)