

Camper Registration Form 2022



Pages 1-4 to be completed by parent/guardian and postmarked by June 23, 2022.

Pages 5-9 to be completed by parent/guardian, page 10 to be completed by physician, and postmarked by June 23, 2022.

Space is limited and will be reserved in order of postmark date.

Please attach a recent wallet-size head shot in this area.

APPLICANT INFORMATION

Camper's Name: _____
First Middle Last

Camper's Gender: M / F Camper's Birth Date: ____/____/____

How old will your child be at camp? _____ Which grade will your child be entering this fall? _____

Parent/Guardian Full Name: _____

Address: _____

Primary Phone: _____ Primary Email: _____

Emergency Contact: _____ Emergency Phone: _____

Name of Parish: _____

Jurisdiction/Diocese: _____

Please circle yes or no:

Y / N My child age 12-17 is permitted to use his/her cell phone during the week of summer camp.
 (Cell phone use is not permitted for ages 7-11.)

Y / N My child can swim and is permitted to use the camp pool under the supervision of the lifeguard.
 If Yes, circle a swimming level: Still Needs Floaties OK Swimmer Strong Swimmer

CAMP T-SHIRTS

- No, I don't need new shirts:** My child is staying in the same age group as last year and does not need more camp shirts (deduct \$20 from camp fee).
- Yes, I do need new shirts:** My child is moving up to a new age group, is new to camp, or has changed sizes and needs to order shirts.

Please circle your child's T-shirt size below:

	Youth XS	Youth S	Youth M	Youth L	Youth XL	Adult S	Adult M	Adult L	Adult XL	Adult 2XL
Length (inches)	18	20	22	24	26	28	29	30	31	32
Width (inches)	14	16	17	18	19	18	20	22	24	26

Length: Shoulder seam at collar to bottom hem. Width: Armhole to armhole across chest.

CAMP FEE STRUCTURE

Camp fees are due with this completed registration form.

Fees

- **Regular (Overnight) Campers**
\$325 Tuition plus \$50 Registration (Total \$375)
- **Day Campers**
\$225 Tuition plus \$50 Registration (Total \$275)

Special Discounts

- **Sibling Discount**
Groups of siblings pay only one Registration Fee.
- **T-Shirt Discount**
Deduct \$20 if applicant is staying in the same age group as last year and does not need new shirts.

Pricing Worksheet

Registration Fee:	\$50 (non-refundable)
Tuition Fee:	\$325
Subtotal:	\$375
<i>Subtract \$50 if taking Sibling Discount for this applicant</i>	- _____
<i>Subtract \$20 if taking T-Shirt Discount</i>	- _____
<i>Subtract \$100 if this applicant is a Day Camper</i>	- _____
Your Total Camp Fee:	\$ _____

Please Indicate Your Payment Method

- I am enclosing a check for my total camp fee, made payable to **OCA Saint Tikhon's Summer Camp**.
- I will visit www.sttikhonscamp.org to pay my child's camp fee online with a credit or debit card.

ROOM REQUEST & AGE GROUP POLICY

If your child would like to be placed in a room with a friend, we will do our best to honor your request, as long as both friends are in the same age group. Occasionally, we also honor requests for campers to remain in (or advance up to) an age group, depending on available space, if they are on the borderline for the age cutoff. However, we no longer make changes to room or age group rosters during registration. Requests should be e-mailed to **Katya@sttikhonscamp.org**, no later than June 23.

RELEASE STATEMENT

I hereby submit my child's application to participate in Saint Tikhon's Summer Camp. My child agrees to abide by all camp rules and regulations set forth by the Camp Directors at the risk of being removed from the camp program without refund. I understand that Saint Tikhon's Summer Camp, Saint Tikhon's Seminary, Saint Tikhon's Monastery, and the Orthodox Church in America's (OCA) Diocese of Philadelphia and Eastern Pennsylvania cannot be responsible for loss of valuables or damage to personal property. I recognize that certain risks and dangers exist during participation in Saint Tikhon's Summer Camp, including injury or fatality due to accident or illness. I understand that Saint Tikhon's Summer Camp, its insurers, its directors, and its staff shall assume no responsibility or liability for accidents, illness, or loss or damage of personal property, and I acknowledge and do hereby resume all risks in connection with this activity. I hereby hold Saint Tikhon's Summer Camp, its insurers, and/or its agents harmless from any and all liability, action, claims, and damage of every kind and nature whatsoever, associated with my child's participation at the camp.

I hereby consent and authorize the Saint Tikhon's Summer Camp Directors and Camp Medical Officers/Nurses to provide or authorize treatment, whether on or off of camp property for any first aid, whether routine or emergency, including but not limited to injury, illness, or choking. I consent and authorize the Camp Directors and Camp Medical Officers/Nurses or other duly certified adult to provide or authorize treatment, including cardiopulmonary resuscitation (CPR) in the event of a water sport accident or other need. If I cannot be reached at the time of my child's emergency or other medical need, I hereby appoint, authorize, and constitute the Camp Directors and Camp Medical Officers/Nurses or other authorized staff member to act on my behalf to authorize and consent to medical treatment for my child as named, including authorizing emergency surgery. In case of need, I authorize any family or specialist physician, dentist, or other licensed health care professional and also any licensed health care facility to provide any and all necessary treatment to my child. The below consent and authorization includes any routine, emergency, inpatient and outpatient care. Any health care professional or health care facility is authorized to accept and rely on the Camp Staff's representation in the event that I cannot be reached. The original of this form shall be displayed to the health care provider but will remain in the custody of the Camp Directors and Camp Medical Staff.

I also hereby give Saint Tikhon's Summer Camp, Saint Tikhon's Seminary, Saint Tikhon's Monastery, and the OCA Diocese Of Philadelphia and Eastern Pennsylvania my consent that any photographs, films, audio and visual tapes for which my child posed may be used by them and their assigns or successors, in whatever way they may desire, including newspaper, audiovisual productions, television, radio, internet and other public relations purposes.

I acknowledge that any cancellations made after June 23, 2022 are non-refundable.

I certify that statements provided on this application are true and complete, and any misrepresentation or omission may be grounds for rejection or for expulsion from the camp program. This statement authorizes St Tikhon's Summer Camp and the OCA Diocese Of Philadelphia and Eastern Pennsylvania to contact any individual listed in this application.

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

Print Name: _____

Camper's Signature: _____ **Date:** _____

Print Name: _____

MAIL YOUR FORM, CHECK, and INSURANCE CARD ON OR BEFORE JUNE 23, 2022

I have enclosed:

- Pages 1-4 of the registration packet, completed and signed.
(separate *Camper Health History Forms* may be mailed in before June 23 or brought to camp.)
- A copy of the child's health insurance card (if siblings share the same insurance card, please enclose individual copies for each application).
- A check for your camp fee, made payable to **OCA Saint Tikhon's Summer Camp**.
(If paying online, please visit www.sttikhonscamp.org.)

Please mail to:

Saint Tikhon's Summer Camp
PO Box 411
Parkesburg, PA 19365

Questions?

Email Katya@sttikhonscamp.org

*While our mailbox is located in Parkesburg, please note that the camp program takes place at St. Tikhon's Seminary in South Canaan, PA.



Policy for Online Social Media & Blogging Websites

SAINT TIKHON'S SUMMER CAMP: JULY 3 -9, 2022

In general, the Diocese of Philadelphia and Eastern Pennsylvania Youth Programs view social networking sites (e.g., Facebook, Instagram, Twitter, etc...), personal websites, and Weblogs, positively and respects the rights of campers to use them as a medium of self-expression. If a camper choose to identify himself or herself as a camper of St. Tikhon's Summer Camp on such Internet Venues, some readers of such websites or blogs may view the camper as a representative or spokesperson of the Diocese of Philadelphia and Eastern Pennsylvania Youth Programs. In light of this possibility, St. Tikhon's Summer Camp requires, as a condition of participation in the camp, that campers observe the following guidelines when referring to the Diocese, its programs or activities, its campers, and/or other staff, in a blog or on a website:

- 1. Campers must be respectful in all communications (text and photos) and blogs related to or referencing the camp, it's volunteers and other campers. Any photos or messages that are links or "tagged" from "friends" and attached to your site(s) or profile(s) that are inappropriate should also be removed.*
- 2. Campers must not use obscenities, profanity, or other vulgar language.*
- 3. Campers must not use blogs or personal websites to disparage the Diocese of Philadelphia and Eastern Pennsylvania, St. Tikhon's Summer Camp, other campers, or staff of the camp.*
- 4. Campers must not use blogs or personal websites to harass, bully, or intimidate other campers or staff of the camp. Behaviors that consitute harassment and bullying include, but are not limited to, comments that are derogatory with suggestive, humiliating, or demeaning comments: and threats to stalk, haze, or physically injure another person.*
- 5. Campers must not use these venues to discuss engaging in conduct prohibited by camp policies and an Orthodox Christian lifestyle, including, but not limited to, the use of alcohol and drugs, sexual behavior, sexual harassments, and bullying.*

Any camper found to be in violation of any portion(s) of this policy will be subject to immediate disciplinary action, up to and including the camper's dismissal from the camp at the discretion of the Camp Director.

By signing below, I agree to the policy listed above.

Camper's Signature: _____ **Date:** _____

Print Name: _____

Diet, Nutrition: This camper eats a regular diet. This camper eats a vegetarian diet. This camper is lactose intolerant.

This camper is gluten intolerant. Other **(Please describe below.**

Restrictions: I have reviewed the program and activities of the camp and feel the camper can participate without restrictions.

I have reviewed the program and activities of the camp and feel the camper can participate with the following restrictions or adaptations:

(Please describe below.)

Medical Insurance Information:

This camper is covered by family medical/hospital insurance: Yes No

Include a copy of your insurance card if appropriate; copy both sides of the card so information is readable.

Insurance Company: _____ Policy Number: _____

Subscriber: _____ Insurance Company Phone Number: (_____) _____

Parent/Guardian Authorization for Health Care:

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Signature of Parent/Guardian: _____ **Date:** _____ **Relationship to camper:** _____

Immunization History: Provide the month and year of each immunization. Copies of immunization forms from healthcare providers or state or local government are acceptable; please attach to this form.

Immunization	Dose 1 Month/Year	Dose 2 Month/Year	Dose 3 Month/Year	Dose 4 Month/Year	Dose 5 Month/Year	Most Recent Dose Month/Year
Diphtheria, tetanus, pertussis (DTap) or (Tdap)						
Tetanus booster (dT) or (Tdap)						
Mumps, measles, rubella (MMR)						
Polio (IPV)						
Haemophilus influenzae type B (HIB)						
Pneumococcal (PCV)						
Hepatitis B						
Hepatitis A						
Varicella (chicken pox) <input type="checkbox"/> Had chicken pox Date:						
Mumps, measles, rubella (MMR)						
Tuberculosis (TB) Test	Date:	<input type="checkbox"/> Negative <input type="checkbox"/> Positive				

If your camper has not been fully immunized, please sign the following statement: I understand and accept the risks to my child from not being fully immunized.

Signature of Parent/Guardian: _____ **Date:** _____ **Relationship to camper:** _____

- Medication:** This camper will not take any daily medications while attending camp.
 This camper will take the following daily medication(s) while at camp.

“Medication” is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. St. Tikhon’s Summer Camp requires original pharmacy containers with labels which show the camper’s name and how the medication should be given. Provide enough of each medication to last the entire time the camper will be at camp.

Name of Medication	Date Started	Reasoning for taking it	When it is given	Amount or dose given	How it is given
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		

The following non-prescription medications may be stocked in the camp Health Center and are used on an as needed basis to manage illness and injury. Cross out those the ***camper should not be given.***

- | | |
|---|---|
| Acetamenophen (Tylenol) | Ibuprofen (Advil, Motrin) |
| Phenylephrine decongestant (Sudafed PE) | Pseudoephedrine decongestant (Sudafed) |
| Antihistamine/allergy medicine | Guaifenesin cough syrup (Robitussin) |
| Diphenhydramine antihistamine/allergy medicine (Benadryl) | Dextromethorphan cough syrup (Robitussin DM) |
| Sore throat spray | Generic cough drops |
| Lice shampoo or cream (Nix or Elimite) | Antibiotic cream |
| Calamine lotion | Aloe |
| Laxatives for constipation (Ex-Lax) | Bismuth subsalicylate for diarrhea (Kaopectate, Pepto Bismol) |

General Health: Circle “Yes” or “No” for each statement. Explain “Yes” answers below.

Has/does the camper:

- | | | | |
|--|----------|---|----------|
| 1. Ever been hospitalized? | Yes / No | 11. Had fainting or dizziness? | Yes / No |
| 2. Ever had surgery? | Yes / No | 12. Passed out/had chest pain during exercise? | Yes / No |
| 3. Have recurrent/chronic illnesses? | Yes / No | 13. Had mononucleosis (“mono”) during the past 12 months? | Yes / No |
| 4. Had a recent infectious disease? | Yes / No | 14. If female, have problems with periods/menstruation? | Yes / No |
| 5. Had a recent injury? | Yes / No | 15. Have problems with falling asleep/sleepwalking? | Yes / No |
| 6. Had asthma/wheezing/shortness of breath? | Yes / No | 16. Ever had back/joint problems? | Yes / No |
| 7. Have diabetes? | Yes / No | 17. Have history of bedwetting? | Yes / No |
| 8. Had seizures? | Yes / No | 18. Have problems with diarrhea/constipation? | Yes / No |
| 9. Had headaches? | Yes / No | 19. Have any skin problems? | Yes / No |
| 10. Wear glasses, contacts, or protective eyewear? | Yes / No | 20. Traveled outside the country in the past 9 months? | Yes / No |

Please explain “Yes” answers in the space below, noting the number of the questions. For travel outside the country, please name country visited and dates of travel.

Mental, Emotional, and Social Health: Circle “Yes” or “No” for each statement.

Has the camper:

- | | |
|--|----------|
| 1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)? | Yes / No |
| 2. Ever been treated for emotional or behavioral difficulties or an eating disorder? | Yes / No |
| 3. During the past 12 months, seen a professional to address mental/emotional health concerns? | Yes / No |
| 4. Had a significant life event that continues to affect the camper’s life? | Yes / No |

(History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others)

Please explain “Yes” answers in the space below, noting the number of the questions. The camp may contact you for additional information.

Health-Care Providers:

Name of camper’s primary doctor(s): _____ Phone: (_____) _____
Name of dentist(s): _____ Phone: (_____) _____
Name of orthodontist(s): _____ Phone: (_____) _____

What Have We Forgotten to Ask? Please provide in the space below any additional information about the camper’s health that you think important or that may affect the camper’s ability to fully participate in the camp program. Attach additional information if needed.

Physician's Health Assessment 2022



This page is to be completed by the camper's primary care physician.

Camper's Name: _____
First Middle Last

Camper's Gender: M / F Camper's Birth Date: ____/____/____

The following non-prescription medications are commonly stocked in camp Health Centers and are used on an as needed basis to manage illness and injury. **Medical personnel: Cross out those items the camper should not be given.**

- | | |
|----------------------------------|--|
| Acetaminophen (Tylenol) | Calamine lotion |
| Ibuprofen (Advil, Motrin) | Bismuth subsalicylate (Pepto-Bismol) |
| Phenylephrine (Sudafed PE) | Laxatives for constipation (Ex-Lax) |
| Pseudoephedrine (Sudafed) | Hydrocortisone 1% cream |
| Chlorpheniramine maleate | Topical antibiotic cream |
| Guaifenesin | Calamine lotion |
| Dextromethorphan | Aloe |
| Diphenhydramine (Benadryl) | Lice shampoo or scabies cream (Nix or Elimite) |
| Generic cough drops | |
| Chloraseptic (sore throat spray) | |

Medical Personnel: Please review the CAMPER HEALTH HISTORY FORM and remaining sections of this form. Attach additional information if needed

Physical exam done today: Yes / No (If "No," date of last physical: _____) *must be within the last 12 months*
Month / Day / Year

Weight: ____ lbs Height: ____ ft ____ in Blood Pressure: ____ / ____

- Allergies: No Known Allergies
- To foods (list):
- To medications (list):
- To the environment (list):
- Other allergies (list):
- Describe previous reactions:

Diet, Nutrition: Eats a regular diet. Has a medically prescribed meal plan or dietary restrictions. *(Describe below)*

The camper is undergoing treatment(s) at this time for the following condition(s): *(Describe below.)* None.

Medication: No daily medications. Will take the following prescribed medication(s) while at camp: *(Name, dose, frequency—describe below.)*

Other treatments/therapies to be continued at camp: *(Describe below.)* None needed.

Do you feel that the camper will require limitations or restrictions to activity while at camp? Yes No

If you answered "Yes" to the question above, what do you recommend? *(Describe below—attach additional information if needed.)*

I have reviewed the CAMPER HEALTH HISTORY FORM, and have discussed the camp program with the camper's parent(s)/guardian(s). It is my opinion that the camper is physically and emotionally fit to participate in an active camp program (except as noted above).

Name of licensed provider (please print): _____ Signature: _____ Title: _____

Office Address _____
Street City State Zip Code
 Telephone(____) _____ Date _____

MAIL THIS FORM BY JUNE 23, or BRING IT TO CAMP

By June 23, please mail this form to Saint Tikhon's Summer Camp, PO Box 411 Parkesburg, PA 19365.

You may alternatively bring it on the first day of camp to present at Check-In.

Questions? Email Katya@sttikhonscamp.org.