

Camper Registration Information

Registration forms, online PayPal payment & packing list can be accessed at:
<https://www.stkatherine.org/summer-camp>

Digital forms can be emailed to: pnwoyc@gmail.com

Paper forms and checks can be mailed to:
St. Katherine Orthodox Church
14216 132nd Ave NE
Kirkland, WA 98034

Checks should be made out to “Pacific Northwest Deanery”

Application and fees due by May 25th

Registration Fees

- \$200 per camper (Check or PayPal)
- Applications after May 25th will be \$250 per camper (Check or PayPal)
- No walk-ins
- Non-refundable \$50 cancellation fee after May 25th

Dates and Times

CAMP CHECK-IN OPENS AT 3PM ON Tuesday, JUNE 25TH. Parents are responsible for campers until they are checked in.

CAMPER PICK UP IS AT 2:30PM ON Friday, JUNE 28TH. Campers will not be released until their cabin is clean and they have checked out with the Camp Directors.

Contact and Address

Camp Contact:

Archpriest Barnabas & Protinica Lela Powell
(425) 686-2127 or email: pnwoyc@gmail.com

Camp Address:

All Saints Camp
205 Camp Rd. NW
Gig Harbor, WA 98335

Camp St. Sebastian

CAMPER APPLICATION FORM

Tuesday, June 25th - Friday, June 28th

PLEASE FILL OUT ONE FORM FOR EACH CHILD

LAST NAME: _____ FIRST NAME: _____

CAMPER DATE OF BIRTH: ____/____/____ CAMPER SEX: MALE ____ FEMALE ____

Age while at camp ____

T-shirt Size: Child S M L Adult S M L XL XXL

PARISH: _____

Primary Custodial Parent/Guardian:

Name: _____ Primary Phone #: _____
Last First

Address: _____ Secondary Phone #: _____
Street Address

City State Zip

Email: _____

PERMISSION / HOLD HARMLESS

I, the undersigned, acknowledge that during participation at Camp St. Sebastian, at the camp site and at other facilities used for supervised camp-related activities, certain risks and dangers may occur. These include, but are not limited to, loss or damage to personal property, physical or psychological damages and/or injury, not excluding fatality due to accident. I also acknowledge that participants may be transported off site for supervised camp-related activities. In consideration, and as part of the right to participate in this Orthodox Christian camp program, I have and do hereby assume all of the above risks and any other ordinary risk incidental to the nature of these activities which are not specifically foreseeable, and will hold the Orthodox Church in America, the Diocese of the West of the Orthodox Church in America, the Pacific Northwest Deanery of the Orthodox Church in America, Camp St. Sebastian, and others producing service at the camp, harmless from any and all liability actions, causes of action, debts, claims and demands of every kind and nature whatsoever, whether for bodily injury, property damage or loss, which may arise in connection with the participant's participation in this Orthodox Church program.

PARENT/GUARDIAN SIGNATURE: _____ DATED: _____

CONFIDENTIAL HEALTH HISTORY

LAST NAME: _____ FIRST NAME: _____

DATE OF BIRTH: ____/____/____

Emergency Contact:

Name: _____ Primary Phone #: _____
 Last *First*

Secondary Phone #: _____

Health Insurance Carrier: _____ Group #: _____ ID#: _____

Insurance Holder Name: _____ Date of Birth ____/____/____

Check the box if you do not have medical insurance.

PLEASE BE ADVISED that any costs incurred by medical treatment will be at expense of camper parent/guardian.

Primary Care Provider: _____ Phone: _____

MEDICATIONS: Please list all medications currently being taken. **Medications MUST be authorized by a medical prescriber, in original container, with instructions. PLEASE turn in medications to camp nurse at check-in.**

Drug name, dose (amount), time of administration and reason for taking:

1. _____

2. _____

3. _____

Please attach additional pages for more medications.

ALLERGIES: Please describe reaction and management of reaction.

Medication Allergies	Reaction and Management/Treatment
_____	_____

Food Allergies	Reaction and Management/Treatment
_____	_____

Other Allergies (stings, hay fever, asthma, dander, etc.)	Reaction and Management/Treatment
_____	_____

Over-the-counter medication that camper is permitted to take:

Antacids (Tums)	Yes	No
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Benadryl – Emergency use for allergic reaction.	Yes	No
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Other Important Medical Information:

History of lacerations, injuries or illness: _____

Emotional or mental health issues camp should be aware of: _____

Immunization Record: A copy of your child’s immunization record must be provided to attend. Please include a copy with this application.

For children who are NOT fully immunized:

I understand that there are risks in sending my unvaccinated or partially vaccinated child to Camp St. Sebastian and I give permission for my child to participate regardless of the risks. I understand the following, as it particularly relates to this camp: there may be other unvaccinated children at the camp, increasing the risk for disease outbreak.

Parent/Guardian Signature: _____ Date: _____

CONSENT FOR MEDICAL TREATMENT

I, the legal guardian of the above-named camper, authorize Camp St. Sebastian staff to seek medical treatment for the camper as they see necessary at a nearby facility. I consent to any x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care subsequently deemed necessary by a licensed health care provider during the camper’s session. I understand that this authorization is given in advance of any specific diagnosis, treatment or hospital care, and that it is given to provide the Camp authority to seek medical treatment, and to provide a licensed health care provider the authority to administer this treatment as he/she judges necessary to the above-named camper. I accept responsibility for payment of all services rendered. I authorize any medical facility which renders services to release medical information necessary for the processing of insurance claims; and I authorize the payment of insurance claims directly to the medical facility. I understand that whenever possible, the Camp Staff will make a good faith effort to contact me or the above-named person(s) before seeking treatment. If this is not possible, I understand that the Camp Staff will notify me or my designated emergency contact as soon as possible of any and all diagnoses and treatments.

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

PRINT NAME: _____

CAMP ST. SEBASTIAN YOUTH CAMPER AGREEMENT

As an applicant to this Orthodox Summer Camp, I _____ agree to the following policies concerning participation at the camp or any other location visited as part of the camp program:

1. I agree to bring only those items approved by camp policy and to leave at home things that are neither appropriate nor allowed by the camp. This includes inappropriate clothing, cell phones, videogames and other electronic devices or luxuries. Please refer to the "packing list" under "Camp" at stkatherine.org.
2. I agree to refrain from smoking, drinking alcohol, taking drugs other than those approved or specified by the camp nurse or director, or partaking of any other prohibited substance.
3. I agree to respect the authority of the camp staff, following their direction and accepting their decisions. This includes instruction for "lights out" as well as ceasing any other activities for whatever reasons they may have.
4. I agree to attend all camp church services, to arrive on time and remain until dismissed.
5. I agree to respect the needs and feelings of others, to show kindness to all I come in contact with, and to help whenever I can.
6. I agree to refrain from any violence, including physically or verbally abusing my fellow campers, bullying, fighting, yelling and losing my temper. I agree to leave at home any items that are weapons or weapon-like.
7. I agree to respond to all harsh words, threats, taunts, insults and attacks without returning like for like, "eye for eye", but to seek a peaceful resolution to the problem including but not limited to seeking help of the camp staff or simply by walking away.
8. I agree to respect the views and opinions of my fellow campers, even if I do not agree with them.
9. I agree to follow Camp St. Sebastian dress code of modesty, out of consideration for others.
10. I agree to pursue the fun and enjoyment of this camp whole-heartedly and in the spirit of Christian Fellowship.

Having read and understood the above Camper Agreement and having agreed to follow these policies during my participation at this Orthodox summer camp, I also understand that should I fail to comply with these policies, the consequences may include being prohibited from participating in some or all activities, being sent home, being prohibited from returning to this camp, or having less of a good time than I and everyone else should.

PARENT/GUARDIAN SIGNATURE: _____ DATED: _____

CAMPER SIGNATURE: _____ DATED: _____

Transportation Consent:

Campers will have the opportunity to visit Kopachuck State Park for some beach play and easy hiking. This park is 2 miles from the camp. They will be transported using the personal vehicles of staff who have been fully vetted. There will be two adults per car in keeping with OCA policy.

If transportation for a camp activity is provided in a personal vehicle, the driver is responsible for his/her passengers' well-being and agrees to maintain the personal vehicle in good working order and to ensure that appropriate restraints (e.g., seat belts, car seats, booster seats) are utilized. Additionally, volunteer drivers must be a licensed and officially screened staff member of Camp St. Sebastian.

In the event that a field trip or other Camp event requires transportation by volunteer drivers in personal vehicles: My child/ward may ride with a staff member in a personal vehicle.

Signature of parent/guardian: _____

Printed name of parent/guardian: _____

Date: _____