

Antiochian Village Winter Camp

201 Saint Ignatius Trail, Bolivar, PA 15923

Phone: 724-238-9565, Fax: 724-238-6415

E-mail: campoffice@antiochianvillage.org

Winter Camp Instructions

February 17—20 2012

(for campers in Grades 7-12)



REGISTRATION: Please return a fully-completed Registration Form and a \$50 non-refundable deposit, made payable to Antiochian Village. The camper fee is \$150 for the entire weekend (food, lodging, snow tubing or other event). Please make all payments in U.S. Funds only. Balance of payment is due 2 weeks prior to arrival. All balances will be billed to the camper's parents, regardless of any parish subsidies. Campers are registered in the order in which the completed forms are received. Each session is limited to 140 campers. A limited amount of scholarship funds are available for Winter Camp and may be requested by completing the Request for Additional Scholarship Assistance form and sent to the Camp Director, noting the specific circumstances of need.

CANCELLATION: We appreciate prompt notification if a camper must cancel. Refunds of deposits and other payments may be requested in writing and will only be granted if a replacement for the open spot is found, except in cases of family emergency not family choice.

TRANSPORTATION TO THE VILLAGE: The Village will provide round-trip ground transportation for campers flying into the Pittsburgh or Latrobe airport, or arriving by bus or train (Johnstown station). All travel information, including airline, flight number, arrival and departure times must be received by the Village no later than **2 weeks prior** to guarantee that transportation will be provided. The campers will be met at the gate by a Village Staff member, as well as escorted to the gate at departure. Flight arrival times must fall between 2:00 PM and 6:00 P.M. on February 17, 2012, and departures must fall between 2:00 PM and 6:00 PM on Monday, February 20, 2012. Any deviation from these times must be approved by the Camp Director to determine if ground transportation will be provided.

CHECK-IN: Check-in will begin at 7:00 PM on Friday, February 17.

COUNSELORS: Winter Camp Counselors must apply using the Winter Camp Counselor Application Form.

CHAPERONES: We will house chaperones in the volunteer cabins and if needed will use overflow space in the Heritage & Learning Center for chaperones who bring campers to Winter Camp. Contact Marek Simon or Dn. David Jacobs at 724-238-9565 or marek@antiochianvillage.org to make a reservation.

INSURANCE: All campers should be covered by their family policy. Any costs incurred by the Camp in providing required medical treatment such as hospital and/or doctor's appointments, prescriptions, etc., will be billed to the parents.

MEDICATIONS: Any prescription medication brought must be in its original labeled prescription container. All medications will be collected and dispensed by a nurse.

SPENDING MONEY: The registration fee includes all costs for the entire weekend. Spending money will be needed only if the camper wishes to purchase items from our bookstore or snacks while snow tubing or at other off-site event.

WHAT TO BRING: *We will be using our heated cabins at camp this year. Please bring either a sleeping bag or sheets & blanket along with a pillow, and towels.* These items will not be provided as in years' past when we stayed at the Heritage and Learning Center. Please remember to pack toiletries & personal items, warm casual clothes for the weekend, and a nice outfit for Divine Liturgy on Sunday morning. We will be snow tubing or doing some other winter-type event on Sunday afternoon, so remember to bring a warm winter jacket, gloves, winter hat, and winter boots.

DO NOT BRING: Please do not bring alcohol, tobacco, weapons, cell phones, music, iPods, cd/mp3 players, electronic games. We will provide all the elements that you will need to have a safe, fun, and spiritual weekend.

UPON REGISTERING: Once we receive a completed registration form along with the \$50 deposit, you will receive confirmation in the mail, along with any other information that you will need to prepare for the weekend.



Antiochian Village Winter Camp

Camper Registration

February 17-20, 2012

for campers in Grades 7-12
COST: \$150 per camper



Name: _____ Birth Date: ____/____/____
First M.I. Last Month Day Year

Address: _____ Camper E-mail: _____
Street (include Apt. No.)

City State/Province ZIP Female Male

Parish Name: _____ City _____ ST/PR _____ Grade in School _____

Parent/Guardian Name: _____ Parent E-mail: _____

Parent/Guardian Phone No.: (____) _____ (Day) (____) _____ (Evening)

Other Emergency Contact: _____ Emergency Phone No.: (____) _____

Health Insurance Co. _____ Policy Number _____

Group Number _____ In Whose Name is the Insurance _____

Family Doctor _____ City/Town _____ Phone Number (____) _____

Travel Plans (circle one): Driving In or Flying (If you are flying, please refer to the Camper Instructions)

Allergies (food or other): _____ T-Shirt Size (Circle One) S M L XL XXL

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**Please call the camp office at (724) 238-9565 if you would like to surprise your child at Christmas with a Winter Camp gift certificate.**

### PARENT AUTHORIZATION AND MEDICAL CONSENT

I hereby give permission to the Antiochian Village to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission to the camp to arrange necessary related transportation for my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the Antiochian Village to secure and administer treatment, including hospitalization, for the person named above.

I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed. I further understand that I will be responsible for any expenses not covered by my insurance.

I understand all reasonable safety precautions will be taken at all times by the Antiochian Village and its agents during Winter Camp. I also give permission to the Antiochian Village to provide transportation for my child to the designated location for Snow Tubing or other event. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold the Antiochian Orthodox Christian Archdiocese, the Antiochian Village, their leaders, employees, and/or volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

I agree that my child will abide by all the rules and guidelines set forth by the Antiochian Village for the safety and good health of the campers at the Winter Camp. I also agree that if my child has to return home early due to discipline violations, it will be at my own expense.

I hereby agree to indemnify and hold harmless, the Antiochian Orthodox Christian Archdiocese, the Antiochian Village, their clergy, officers, directors, employees, staff and volunteers from any and all expenses, claims, costs or attorney fees incurred as a result of claims, actions and/or suits brought by me, my child or on my behalf or on my child's behalf or by anyone else as a result of any accident or injury occurring to me or my child.

Print Name \_\_\_\_\_ Camper Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please remember to enclose a \$50 non-refundable deposit check. Thank You.**

NON-DISCRIMINATORY NOTICE: The Antiochian Village does not and will not discriminate against any student, employee, or other person because of race, color, religious creed, ancestry, national origin, age, sex, veteran's status, or disability.

**FOR OFFICE USE ONLY**

ID#: \_\_\_\_\_

| Payment Type | Check # | Check Date | Amount Paid |
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