Antiochian Village Winter Camp
Camper Information
January 13-16 and February 17–20, 2012

for campers in Grades 7-12

Please mail this form along with the Snowtube Release Form
at least two weeks prior to Winter Camp to the following address:
Antiochian Village, 201 Saint Ignatius Trail, Bolivar, PA 15923

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

Address: _____ Grade in School _____
Street (include Apt. No.)

_____ ❑ Female ❑ Male
City State/Province ZIP

Parent/Guardian Name: _____

Parent/Guardian Phone No.: (_____)_____(Home) (_____)_____(Mobile)

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 (_____)_____

Allergies (food or other): _____

Please Check One Session: ❑ January 13-16 (Session I) ❑ February 17-20 (Session II)

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 off-site 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 ___/___/___

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.