

St. Peter's Monastery Youth Camp Application, 2019

Fill out and return this registration form to your parish's Youth Leader / Clergy or directly to Fr. David Morrison at St. Anthony Orthodox Church, 66 St. Anthony Way, Bozeman, MT 59718. All forms and a deposit payment of \$100 must be mailed in by February 28, 2019. Space is limited, so getting forms in even earlier is advantageous.

CAMP DATES AND TIMES: Sunday, June 23 –Saturday, June 29, 2019

Check in on Sunday at St. Peter's Monastery (209 Old Mill Road, Harrison, Montana 59735) after 3 P.M. Dinner at 6 P.M.

Camp ends after the 10 A.M. Liturgy and Fellowship Meal on Saturday, the 29th.

Anyone planning to arrive early or stay in Bozeman after Camp ends should let Fr. David know.

CAMP AGES: 14-22 years old before July 1, 2019

COST PER CAMPER: \$300. (Staff: \$100) No change from last year though we've added a day.

****Everyone (Campers and Staff) Must Complete This Section****

Name: _____

Male _____ Female _____

Age _____ B-Day _____

(street address)

Grade, Fall '18 _____

(city, state, zip)

Email: _____

Mr. and/or Mrs. _____

(parents or guardians)

(address)

(city)

(state)

(zip)

Phone: Hm. _____ Wk. _____

Cost per camper: \$300 (Staff: \$100)

Parish _____ Diocese _____

CAREFULLY READ AND SIGN BELOW:

I acknowledge that during participation at the St. Peter's Monastery Youth Camp certain risks and dangers may occur. These include, but are not limited to, loss or damage of personal property, physical or other injury due to accidents that may occur during the course of normal camp operations and construction work. As part of the right to participate in the SPMYC I do hereby assume all ordinary risks incidental to the nature of these activities which are not specifically foreseeable, and will hold the Orthodox Church in America, St. Peter's Monastery Foundation, West of the Moon Ranch, and others providing service to the camp, harmless from any and all liability actions, causes of action, debts, claims, and demands which may arise in connection with participation in this Orthodox Camp.

I agree to uphold Christian virtue in my words, actions, modest dress, and attitude. I pledge to treat my fellow campers, staff, and clergy with respect and concern for their well-being. I promise to abide by all rules of the camp, such as stated curfews, "off-limits" boundaries and activities, time schedules, etc. Violation of such stated rules may include restriction from participating in activities, being sent home, being prohibited to return to camp in future years... and having less of a good time!

In the event I (the parent or legal guardian) cannot be reached in an emergency, nor other emergency contacts be reached, I hereby give permission to the physician selected by the Camp to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child named above. I consent and authorize the Camp Nurse to provide treatment for any first aid deemed necessary.

St. Peter's Orthodox Monastery has my permission to use my or my child's photograph publically to promote the monastery. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Camper signature

Date

Parent Signature

Date

Health History and Emergency Information

Name: _____

Nickname: _____

If parents are not available in an emergency, please contact:

Name: _____

Relationship: _____

Phone: _____

(address)

(city)

(state)

(zip)

Health Insurance Carrier: _____

Policy #: _____

Primary Physician: _____

Phone: _____

Family Dentist: _____

Phone: _____

Allergies and / or preexisting conditions:

Date of last immunization: Tetanus _____ Diphtheria _____ Polio _____ Smallpox _____

Whooping Cough _____ Measles _____ Rubella _____ Mumps _____

History of serious lacerations, injuries or illness:

Penicillin or other drug reactions: _____

Special medications or diet: _____

This camper may participate fully in camp's program except:

Parent's suggestions, comments:

All staff and campers must turn in medications, which will be professionally labeled, to the camp nurse to be held and administered as directed. If you require medication, please complete the table below, including use of an inhaler:

SPMYC will have on hand the following medications, please initial if you approve for this person:

- _____ Tylenol 250 mg for complaints of minor pain such as headache or muscle strain.
- _____ Benadryl 25 mg for complaints of itching, coughing and sneezing or sinus drain.
- _____ Ibuprofen for complaints of minor pain such as headache, muscle strain or menstrual pain.
- _____ Antibiotic ointment for application to minor abrasions or scratches

Medication	Indications	Dosage	Times / Day

*****ALL ADULT LEADERS/CHAPERONES MUST COMPLETE THIS SECTION*****

Date: _____

Full Legal Name: _____

Social Security Number: _____

Driver's License #: _____

Date of Birth: _____

Title - if any (Parish Youth Coordinator, etc.) _____

Permanent Address: _____

Parish Information:

Parish: _____

Address: _____

Diocese: _____ Parish Priest: _____

How long have you been attending?: _____

Legal Information:

In accordance with the State Department of Social Services Manual Vol. 7, Regulation 7.711.21, all camp staff must answer this question: Have you ever been charged with, or convicted of, any felony, child abuse, or unlawful sexual offense so specified in 18-3-411 (11), C.R.S. 1973 as amended?

Yes: _____ No: _____

Reference Information (to be signed by parish priest):

I verify that _____
is of high character and is suitable to work with youth as a counselor for this camp.

Does this person have a current “background check” on file with the parish/diocese?

Yes _____ No _____

(Parish priest) (date)

Staff Signature: _____ Date: _____