



CAMP METAMORPHOSIS WINNIPEG CAMP APPLICATION 2017

When: August 21 - 26, 2017
Who: Youth ages 9–17
Where: Camp Wasaga
Clear Lake, Manitoba

Registration (Until July 30th) Fee: \$430 per camper

Late Registration (July 30th to August 14th) Fee: \$450 per camper (No Exceptions)

Campers from other provinces registration fee: \$400 per camper

Campers from other provinces late registration fee: \$450 per camper

Please note that there are NO partial stays.

Please make cheques payable to:
St. Demetrios Greek Orthodox Church
Memo: Camp Met 2017

Please send the 4 last pages (Sign parts 2 and 3) and the registration fee to:

Camp Metamorphosis Winnipeg
c/o St. Demetrios Greek Orthodox Church
2255 Grant Ave
Winnipeg, Manitoba
R3P 0S2

DEADLINE TO REGISTER IS July 30th, 2017
SPACE IS LIMITED-SO PLEASE APPLY EARLY

CAMP METAMORPHOSIS WINNIPEG

POLICIES/PROCEDURES/WHAT TO BRING

MEDICINE: Prescription medications will be collected when the children arrive and will be administered by the Camp Health Staff as required. Do not bring non-prescription medication as the camp has ample in its infirmary. If your child becomes ill during camp, you may be required to come and pick them up.

DISCIPLINE: Your child will be expected to follow all the rules and regulations of camp. These will be reviewed in detail when your child arrives. **Should your child have difficulty with these rules, you will be expected to come and pick him/her up. Should your child cause any damage to the camp facilities, you will be required to assume financial responsibility.**

LOST PROPERTY: The camp is not responsible for any lost or stolen property, so please do not send valuables with your child. Also, we will not be able to return for items that your child has forgotten. Please label all clothing and each piece of luggage including sleeping bags and pillows.

*****COMMUNICATION:** Children's cellular phones are to be left at home, regardless if they're used to take pictures. For emergency purposes or to reach the camp director, please contact Fr. Kosta at 1-204-952-2384. Your child will be in activities and sessions throughout the day, and casual phone calls only disrupt the camp program. Please call only if it is necessary. Fr. Kosta will NOT contact you unless it's an emergency.

VISITATION: There will no visitation allowed, unless there is an advertised Community Liturgy.

DROP OFF AND PICK UP: Drop your child off at St. Demetrios Church on **Monday, August 21, 2017, NO LATER than 7:45am.** A bus will be waiting to take them to camp. A bus will return them to St. Demetrios on **Saturday, August 26, 2017, no later than 2:15pm.** Please arrange to meet your child/children at St. Demetrios at that time.

WHAT TO BRING CHECKLIST

- | | | |
|--|--|---|
| <input type="checkbox"/> Rain Coat and Pants | <input type="checkbox"/> Rubber Boots | <input type="checkbox"/> Pyjamas |
| <input type="checkbox"/> Pillow & Cases | <input type="checkbox"/> Insect Repellent | <input type="checkbox"/> Flashlight & Batteries |
| <input type="checkbox"/> Bath Towels | <input type="checkbox"/> Beach Towel | <input type="checkbox"/> Personal Toiletries |
| <input type="checkbox"/> Casual Summer Clothes | <input type="checkbox"/> Socks & Underwear | <input type="checkbox"/> Pants |
| <input type="checkbox"/> Jacket or Sweatshirts | <input type="checkbox"/> Sleeping Bag | <input type="checkbox"/> Swimsuit (NO 2 piece) |
| <input type="checkbox"/> Running Shoes | <input type="checkbox"/> Sandals | <input type="checkbox"/> Sunscreen |
| <input type="checkbox"/> Hat & Sunglasses | <input type="checkbox"/> Prescription Meds | <input type="checkbox"/> Photo Camera (Option) |
| <input type="checkbox"/> Small amount of money | <input type="checkbox"/> Bible & Icon | <input type="checkbox"/> Notepad & Pencil |

CAMP METAMORPHOSIS WINNIPEG CAMPER REGISTRATION (PART 1)

PLEASE PRINT

Camper's Name:	
Address:	
Home Phone:	Camper's Email Address:
Birth date:	Sex: M F
Mother's Name: Work Phone: Cell Phone: Email Address:	Father's Name: Work Phone: Cell Phone: Email Address:
Emergency Contact Person's Name:	
Phone #:	Relationship:
Family Physician/Pediatrician:	Phone #:
Dentist/Orthodontist:	Phone #:
Health Card # (PHIN):	Province of Issue:
Operations or serious injuries (please give dates):	
Chronic or recurring illness or medical condition:	
Medications Name: Dosage: Health History (circle all that apply and give approximate dates): Frequent Ear Infections Heart Defect/Disease Convulsions/Epilepsy Diabetes Bleeding/Clotting Disorders Hypertension Mononucleosis Asthma Bedwetting Sleepwalking Other:	
Diseases (circle all that apply and give approximate dates): Chicken Pox Measles German Measles Mumps Other:	
Allergies (circle all that apply): Hay Fever Ivy Poisoning, etc. Insect Stings Penicillin Other Drugs: Food (please list): Other (specify):	

**CAMP METAMORPHOSIS WINNIPEG
MEDICAL/LEGAL WAIVER (PART 2)
(2 pages)**

I/We the parent(s) or legal guardian(s) hereby authorize representatives of Camp Metamorphosis Winnipeg/Camp Wasaga to make such arrangements as they consider necessary for the child mentioned below to receive medical, hospital care or first aid, including necessary transportation. This authorization is given in advance of any specific diagnosis, treatment or hospital care required but is given to provide authority and power to render care which is deemed advisable in the best judgment of the Camp Health Staff. It is understood that an effort will be made to contact the undersigned prior to rendering treatment, but that treatment will not be withheld if the undersigned cannot be reached. The Undersigned will be responsible for any additional costs involved.

All medications must arrive in their original packaging and in sufficient supply. Medication not in its original packaging will NOT be administered. ALL medication will be administered by Camp Health Staff, NOT the camper. DO NOT send non-prescription medication as the camp infirmary has sufficient supply.

The Undersigned gives Camp Health Staff the right to administer NON-prescription drugs for the medical well being of the camper. As well, the Undersigned gives Camp Health Staff permission to administer an Epipen, if needed for the good of the camper.

I acknowledge that some of the activities that my child(ren) will engage in involve some risk of personal injury. I hereby knowingly and voluntarily waive any right or cause of action of any kind against the members, directors, agents, volunteers, or staff of Camp Metamorphosis Winnipeg, St. Demetrios Greek Orthodox Church, The Hellenic Greek Orthodox Church of Winnipeg Inc., Camp Wasaga and affiliated staff, from all liability from injury to in any manner arising out of, or incident to participation, including without limitation all consequential damages, whether or not resulting from the negligence of any of the above-noted parties or their agents. Nor shall they be liable for any personal injury occurring during the transportation of campers and staff to and from camp.

Each camper must have Provincial or equivalent medical insurance.

Camp Metamorphosis Winnipeg/Camp Wasaga Camp Director reserves the right to dismiss a camper, who in the opinion of the camp is a hazard to the safety of themselves or others or who appear to have rejected the reasonable controls of the camp. If this occurs, no fees will be refunded and the camper may not be allowed to return to the camp.

Possession of Tobacco, Alcohol, or other illegal substances is strictly prohibited. During the campers stay at camp, their personal property may be searched if due cause is warranted that they may be in possession of a contraband substance or in the event they are suspect in a dispute or disagreement that would require their belongings to be searched.

The Undersigned certifies that all information given in this application form is complete and accurate to the best of their knowledge. ANY changes in medical history within 4 weeks of the start of camp must be reported to Camp Metamorphosis Winnipeg Director at St. Demetrios.

The person herein described has permission to engage in all camp activities except as noted.

I have read the above information and AGREE to the above.

Parent or guardian's signature

Date

Name of camper (please print)

CAMP METAMORPHOSIS WINNIPEG PARENT/CAMPER CONTRACT (PART 3)

In order to promote an enjoyable and safe week of camping, I agree to the following guidelines:

PARENT:

1. I have read and agree to the Camp Policies/Procedures document and have informed my child as to the policies and procedures of Camp.
2. I will bring my child/children to the Church no later than **7:45am Monday, August 21, 2017**, to board the chartered bus to camp.
3. Camp will conclude **Saturday, August 26, 2017**. Transportation back to St. Demetrios will be by chartered bus. I will pick up my child/children at St. Demetrios on **Saturday, August 26, 2017 at 2:30pm**. I understand that the bus may be early or late in returning to St. Demetrios.
4. At the discretion of the camp first aid administrator, clergy or directors, I agree to pick up my camper, day or night, if he/she becomes ill or for reasons of behavioural disruption.
5. The Camp Registration, Medical/Legal Waiver and this Contract must be signed and completed. I understand that my child(ren) cannot be enrolled into the camp without a signature from a parent or guardian on the Medical/Legal Waiver and this Contract Form.
6. I will not visit the Camp, unless there is an advertised Community Liturgy.
7. I agree to contact the Camp Director before camp begins if I have any questions or if I do not understand any of these guidelines.

CAMPER:

1. I agree to attend all religious activities daily. I agree to fully respect Orthodox Life and to abide by the Clergy and Camp Director's instructions. I agree to maintain the cleanliness of the camp's dining hall, grounds, washroom/shower facilities, arts and crafts room, and cabins as if they were my own home.
2. I agree to have all medication administered by the camp medical staff. I also agree to have my medical requirement(s) brought to the attention of the staff first aid administrator with specific instructions at the time of registration.
3. I understand that cabin assignments are made with regard only to the camper's age and gender. I agree to be in my assigned bunk by the nightly curfew hours and to obey my counsellor's directions.
4. I agree not to leave the campgrounds.
5. I agree not to bring food, snacks, candy or drinks into the cabins.
6. **I understand that there will be no tolerance of any profanity, alcoholic drinking, cigarettes, inhalants, illegal substances, fireworks, lighters, matches, cell phones, iPods, other personal electronics, or the possession of any weapons while I am at camp.**
7. **I agree to behave in the manner that reflects my Orthodox Christian faith.**
8. **I agree to follow the rules set out by the Camp Director and staff.**

Parent or guardian's signature

Date

Name of camper (please print)