

Archieparchial
Camp Nazareth 2011
Office of Youth and Young Adults
Archieparchy of Pittsburgh

66 Riverview Avenue, Pittsburgh, PA 15214 Tel: (412) 231-4000
Fax: (412) 231-1697 Email: youthministry@archieparchy.org



Camp Nazareth
Retreat & Conference Center



339 Pew Road, Mercer, PA 16137 Phone: (724) 662-4840
Fax: (724) 662-3723 E-mail: campnazareth@acrod.org

SUMMER CAMP REGISTRATION FORM

Dear Camper Parent,

Glory to Jesus Christ! Glory to Him Forever!

We are looking forward to a wonderful camping season in the year 2011. It is our only goal at Camp Nazareth to glorify Christ our God and allow our teens to experience Him in the safe, protected, and enjoyable surroundings of the Camp. This packet contains vital information regarding the enrollment and registration process, so that your children, like others before them, might once again experience the joy of Camp Nazareth. Please read all of the instructions carefully before filling out the Registration Form and the Health History Examination, even if your teen(s) has attended camp in the past, as our policies and paperwork are constantly being improved for your camper's safety and enjoyment. We would like your teen to have the best experience possible, and your cooperation is vital.

Your entire packet should include the application packet, billing information, the health history packet, and a separate Camper Parent Information Pamphlet, which includes the essential list of things to expect and how to prepare for the summer. **Please read this pamphlet carefully as all of our campers will be responsible for much of the information contained within it.** At the time of your camper's arrival to the camp, all payments must be received and the Health History Form must be completed in full with a Physician's signature included. These steps are all necessary to maintain the camp's national accreditation status and, more importantly, to insure the health of your teen(s) and others during their stay at Camp Nazareth.

We pray that you all have a safe, healthy, and blessed upcoming summer, and look forward to seeing all of our campers this summer at Camp Nazareth!

Your Servants in Christ,

Very Rev. Fr. Stephen Lopusky, Camp Director

Fr. James Hess, O. Carm. Director of Youth
Archieparchy of Pittsburgh

REGISTRATION: In order for a camper to be registered, the Office of Youth & Young Adults must receive a fully completed Camp Registration Form and payment by **July 15, 2011**. Your check, money order, or cash will be acceptable forms of payment when paying the fee, which is \$350 per person. *For any family sending more than 1 child (siblings only), a Family Discount of \$10/per each child will be given.* These payments can be made to the Archeparchy of Pittsburgh. Do not assume that your teen is registered simply because an application was sent. **Applications must be accompanied by PAYMENT IN FULL, unless otherwise handled by your parish or deanery. Beds are limited and only campers with completed Applications, Health Forms, and Payment in full will be granted admittance.** If you have financial issues or concerns, please notify your parish priest or contact Fr. Jim at the Office of Youth & Young Adults to see what can be done.

INSURANCE: All campers should be covered by their family policy. While Camp Nazareth will act as guarantor, any costs incurred by the Camp in providing required treatment for doctor's appointments, prescriptions, etc., will be billed to and paid in full by the parents of the camper involved.

MEDICAL INFORMATION: Along with your Application Form you should have a Health History and Examination Form in your Camper/Parent Packet. This medical form must be filled out in its entirety by you and your camper's doctor, and mailed to our office no later than **July 15, 2011**.

CABIN ASSIGNMENTS: Campers stay in cabins with sixteen campers and, ideally, two counselors. Campers are grouped according to age and gender. If your camper has special medical circumstances, which require that they must be in a cabin with someone else for medical reasons, etc., you may write a letter to the Sister Celeste detailing the necessity of these requests. Requests may or may not be granted by the discretion of the Camp Director.

CAMP ACTIVITIES: Life at Camp Nazareth takes full advantage of our outdoor setting. Activities include field sports, basketball, softball, swimming, hiking, arts and crafts, and many other activities geared towards your child's learning, enjoyment, and fun. Rainy days, however, are a frequent occurrence, so always be prepared with rain gear.

CONDUCT: **By allowing your child to come to the Rally/Camp Nazareth, it is understood that you believe your child is reasonably able to act in ways appropriate to a Christian.** While all disciplinary action will be taken to attempt resolution on site, the Camp Director reserves the legal right to dismiss campers for gross violations of camp rules and conduct, which will be clearly outlined and enforced during the camping session for the campers safety and security. Parents will be responsible for arranging and covering the costs for their child's early departure.

BILLING INFORMATION: The balances of all payments are due by your camper's registration date. Please do not send any children to the camp if a final payment has not already been received or without final payment. In these cases, obviously, the camper's spot may be forfeited.



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Payment Rec'd: _____
Date: _____ Bal. Due: _____
Cash Check # _____
Notes: _____

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REGISTRATION FORM

For ages 7 yrs. – 17 yrs.

CAMPER INFORMATION

NAME: _____

Last

First

Middle

BIRTH DATE: _____ AGE: _____ GRADE IN SCHOOL (This past school year): _____ GENDER: M F

HOME ADDRESS: _____

Street Address

City

State

Zip

CAMPER'S E-MAIL: _____

CUSTODIAL PARENT/GAURDIAN: _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

SECONDARY PARENT/GAURDIAN/EMERGENCY CONTACT: _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

IF NEITHER ARE AVAILABLE, PLEASE CONTACT: _____

RELATIONSHIP: _____ PHONE: _____

DATE: Sunday, August 7 to Saturday, August 12, 2011

COST: \$350.00 per person

RALLY LOCATION:



Camp Nazareth
Mercer, Pennsylvania



OTHER CAMPER INFORMATION

We want your camper to have the very best experience possible while at Camp Nazareth. All information is regarded as **STRICTLY CONFIDENTIAL** and will only be shared with the staff that will be working with your camper and other necessary personnel (Camp Director, Nurse, Food Service Director, etc.) as appropriate.

- What activity(ies) is/are your child looking forward to at Camp? _____
- Are there any fears, worries, or concerns that your child has about the Camp (shyness, afraid of the dark, thunder, etc.?) _____
- Are there any circumstances in your child’s life that would be helpful for us to be aware of (i.e. death of friend or family, divorce, family trauma, etc.)? Please provide any relevant details. _____
- My camper is under the legal custodial care of: Both Parents Mother Only Father Only Other _____ Please give all relevant details: _____

Please note that if any restrictions regarding parental access are to be observed by the Camp, we must be notified via court order, addressed specifically to Camp Nazareth.

Other Concerns:

- Sleep Habits: Sleep Walks Wets Bed Other: _____
- Has the Camper ever been away to an overnight camp before? Yes No
- Has the Camper ever been away from home for more than two consecutive days? Yes No
- Camper’s Swimming ability: Camper CANNOT Swim Beginner Intermediate Expert
- I give permission for the camp to administer swim lessons, if this type of activity becomes available in the future

Use this space to provide any additional information about the participants behavior and physical, emotional, or mental health about which the camp should be made aware: _____

Who will be dropping your child off to the camp on the arrival date? _____

Who will be picking up your child on the departure date? (If this changes, we must be notified) _____

PARENT/GUARDIAN AUTHORIZATIONS, PERMISSIONS, AND AGREEMENT

This application is correct and complete as far as I know. Both I and the child under my care agree to comply with the high standards of Camp Nazareth regarding order, safety, and good health. The person herein described has permission and will engage in all camp activities, except as noted. I hereby give permission to the camp to provide routine health care, administer over-the-counter medications, 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 treatment, referral, billing, or insurance purposes. I give permission to the camp to arrange necessary related transportation for me/my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp 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 to cover the costs in full for any expenses not covered by my insurance. I understand that all reasonable safety precautions will be taken at all times by Camp Nazareth and its agents during camp. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold the American Carpatho-Russian Orthodox Diocese, Camp Nazareth, 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 Camp Nazareth for the safety and good health of the campers at camp. I also agree that if my child has to return home due to disciplinary violations, it will be at my own expense. I agree to indemnify and hold harmless, the American Carpatho-Russian Orthodox Diocese, Camp Nazareth, their leaders, employees, and/or volunteers from any expenses, loses, claims, or damages incurred as a result of the acts or omissions of the subject of this form. This completed form may be photocopied for emergency trips out of the camp.

I give permission and acknowledge that my child will participate in all camp activities, with the exception of the following (please list reason for each activity denied):

Activity	Reason Denied Permission
_____	_____
_____	_____

Signature of Parent/Guardian or Adult Camper/Staff: _____

Printed Name: _____ **Date:** _____