

Camp Oselia Registration Form

Please fill out this registration form completely and clearly. Forms **must** be signed by a Parent or Guardian.

First come, first served: Early Bird Registration ends June 15, 2018. Final Registration ends June 29, 2017.

To pay by VISA or MasterCard call 780-424-5496 (ask for accounting). If paying by cheque, please make the cheque payable to "Eparchy of Edmonton" and mail it with your registration to:

Camp Oselia Children's Camp
9645 - 108 Avenue
Edmonton, AB
T5H 1A3

Camp Fees Per Week

(additional \$25 added after Early Bird Deadline)

First Camper:	\$275.00
2nd Camper (Sibling of First Camper):	\$250.00
3rd & 4th (Sibling of First Camper):	\$200.00

Full payment **must** accompany registration form. \$100.00 of the registration will be kept as a non-refundable deposit. There are no refunds available after camp has started. If you have any questions or concerns about registering, contact **Damian Rudiak** (Camp Oselia Director) at **780-424-5496 780-619-0639** or oselia@edmontoneparchy.com

Please select dates for your camper **July 1-6** **July 15-20** **July 22-27** **July 29 – August 3**

July 1 – 6: Senior High Camp

(Grades 10-12 as of September 2018)

July 15 – 20: Junior High Camp

(Grades 7-9 as of September 2018)

July 22 - 27: Mixed Week Camp

(Grades 2-9 as of September 2018)

July 29 – August 3: Elementary School Camp

(Grades 2-6 as of September 2018)

This year Family Day will be held on Sunday, July 29th (The beginning of the final week of camp). Will you be attending?

Yes **No** **If yes, how many people total (including campers) should we expect?** _____

ABOUT YOUR CAMPER

First Name: _____ Last Name: _____

Gender: Male Female

Date of Birth (mm/dd/yy): ___ / ___ / ___

Grade (as of September 2018): _____ School: _____

How well does your child speak Ukrainian? (Speaking Ukrainian is **not** mandatory) Fluently Moderately Not at all

MEDICAL INFORMATION

Health Care #: _____ Other Insurance Provider/Number: _____

Family Doctor's Name: _____ Family Doctor's Phone Number: _____

Allergies/Dietary Restrictions No Yes (If yes, please list): _____

Other medical conditions/behavioural issues: _____

All prescription and/or nonprescription medications are to be left with the designated medical personnel along with detailed instructions. All medications will only be administered by the designated camp medical personnel.

FAITH INFORMATION

Ukrainian Catholic Roman Catholic Non-Church going

Other Parish Name: _____ Location of Parish: _____

If Catholic, has the camper completed a First Solemn Communion program? Yes No

PARENT/GUARDIAN CONTACT INFORMATION

Primary Contact First Name: _____ Last Name: _____

Relationship to camper: _____ Email: _____

Mailing Address: _____

City/Town: _____ Postal Code: _____

Home Phone: (_____) _____ Work Phone: (_____) _____ Cell Phone: (_____) _____

EMERGENCY CONTACT INFORMATION

(Other than Primary Contact)

Primary Contact First Name: _____ Last Name: _____

Relationship to camper: _____ Email: _____

Mailing Address: _____

City/Town: _____ Postal Code: _____

Home Phone: (_____) _____ Work Phone: (_____) _____ Cell Phone: (_____) _____

CAMP T-SHIRTS

Campers will receive a camp T-shirt. The price of the T-shirt is included in the Camp fee.

Child size: S M L XL

Adult size: S M L XL

VOLUNTEERING

We are a non-profit camp that relies on everyone sharing their gifts and talents with the children. The camp requires assistant cooks, nurses/ first aid, lifeguards, sports enthusiasts, etc. If you are able to volunteer in any way we would really appreciate your involvement. Please talk to us if you can help:

Yes, I plan to volunteer and will be in contact with the Camp Director to discuss what I can do to help.

No, I am not able to volunteer this year.

Full-time volunteers may be eligible for a camp fee discount.

WAIVER

I, _____ in consideration of my child _____
(print the full name of parent or legal guardian) (full name of the camper)

(Hereinafter referred to as the "participant") release Camp Oselia, The Camp Oselia Society and the Ukrainian Catholic Episcopal Corporation of Western Canada (hereinafter referred to as the "Releasees") and their representatives from all actions, claims and damages arising out of any incident whereby injury or damage may be sustained by the participant while the participant attends the Camp Oselia Children's Camp, facility, trip, activity, or program.

I give my consent to medical treatment and aid on behalf of the participant, including admission to any hospital or clinic if deemed advisable and this shall be sufficient authority to do so.

I hereby indemnify and hold harmless the Releasees against all actions, claims and damages which may be brought against the Releasee by or on behalf of the participant in respect of or arising out of any accident, injury or damage and against any loss arising therefrom.

Signature of Parent or Guardian

Date

MEDIA RELEASE

I give my permission for Camp Oselia to take photos and videos of my child for the purposes of future advertisement of this program. Photos and video clips may be used on the Camp Oselia website and all other forms of advertising (Facebook ads, Camp Oselia Facebook page, brochures, posters, etc.)

Signature of Parent or Guardian

Date

