

JR. ACRY ENCOUNTER CAMPER APPLICATION

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*

PARISH: _____ T-SHIRT SIZE: Youth: S, M, L, XL Adult: S, M, L, XL Other _____
Name *City/State*

CUSTODIAL PARENT/GUARDIAN: _____

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

SECONDARY PARENT/GUARDIAN/EMERGENCY CONTACT: _____

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

IF NEITHER ARE AVAILABLE, PLEASE CONTACT: _____

RELATIONSHIP: _____ HOME PHONE: _____ CELL PHONE: _____

ADDITIONAL CAMPER INFORMATION:

We want your camper to have the very best experience possible while at the Jr. ACRY Encounter. 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 (Nurse, Food Service Director, etc.) as appropriate.

- What activity(ies) is/are your child looking forward to at the Encounter? _____

- Are there any fears, worries, or concerns that your child has about the Encounter (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 the Jr. ACRY.

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

Use this space to provide any additional information about the participant's behavior and physical, emotional, or mental health about which the Camp should be made aware:

When picking up your child please be prepared with photo I.D.

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? _____

INSURANCE INFORMATION:

Are you covered by family medical/hospital insurance? Yes No If so, policy holder's name: _____
Carrier or plan name: _____

Policy #: _____ Group #: _____

Do you have family prescription drug insurance? Yes No If so, policy holder's name: _____

Carrier or plan name: _____ Policy #: _____ Group #: _____

PARTICIPANT MEDICAL HISTORY *(to be completed by Parent/Guardian)*

PARTICIPANT NAME: _____ AGE: _____ BIRTHDATE: ____ / ____ / ____

HEALTH HISTORY:

____ FOOD ALLERGIES – Please indicate any food allergy and reaction: _____

____ DIETARY RESTRICTIONS – Please indicate any special diet that your child must adhere to: _____

Please indicate if your child currently has or has had any of the following:

- | | | | |
|----------------------------------|--------------------------|----------------------|-----------------------|
| ____ Frequent Ear Infections | ____ Tonsilitis | ____ Rheumatic Fever | ____ Strep throat |
| ____ Heart Defect/Disease | ____ Hay fever | ____ Chicken Pox | ____ Mononucleosis |
| ____ Convulsions | ____ Poison Ivy, etc. | ____ Measles | ____ Contacts/Glasses |
| ____ Diabetes | ____ Insect Reaction | ____ German Measles | |
| ____ Bleeding/Clotting Disorders | ____ Penicillin Reaction | ____ Mumps | |
| ____ Epilepsy | ____ Drug Reaction | ____ Asthma | |

Descriptions and Other: _____

Operations or serious illness: _____

Chronic or recurring illness or Medical Condition: _____

Restricted Activities: _____

OVER-THE-COUNTER MEDICINES:

Please circle Yes or No to each over-the-counter medication that your child is permitted to take while at the Encounter:

- | | | | | | | | | |
|----------|-----|----|--------------------|-----|----|-------------------------|-----|----|
| Aspirin | Yes | No | Pepto Bismol | Yes | No | Antacids | Yes | No |
| Tylenol | Yes | No | Cough Syrup | Yes | No | Antiseptic Throat Spray | Yes | No |
| Advil | Yes | No | Cough Lozenges | Yes | No | Sterile Eye Irrigate | Yes | No |
| Benadryl | Yes | No | External Ointments | Yes | No | Sudafed | Yes | No |
| | | | Sprays, or Lotions | | | | | |

Please list any over-the-counter medications that you specifically do not want administered to your child, if any exists:

Current Prescription Medications (list medication name, dosage and time schedule). *All medications must be in correctly labeled original container from the pharmacy and turned in during registration.*

NO MEDICATIONS (PRESCRIPTION OR OVER-THE-COUNTER) MAY BE IN POSSESSION OF ANY PARTICIPANT DURING EVENT.

IF YOUR CHILD REQUIRES ANY **PRESCRIPTION** MEDICATION(S), THE FOLLOWING MUST BE COMPLETED:

Medication

Dosage

Frequency

Additional comments:

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 as well as all of the rules and guidelines of the Jr. ACRY Encounter in regards to order, safety, and good health. The person herein described has permission to engage in all Encounter activities except as noted. I understand that the Encounter Administrator reserves the right to inspect the personal belongings of a camper, in the presence of one of more staff, when it is reasonably believed a participant may be harboring forbidden, banned, or illegal materials. I hereby give permission to the Encounter Staff 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 for me/my child. I agree to the release of any records necessary for treatment referral, billing or insurance purposes. I give permission to the Encounter Staff 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 Encounter Staff 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 Jr. ACRY and its agents during the Encounter. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold the Jr. ACRY, St. Nicholas Church or American Carpatho-Russian Orthodox Diocese, their leaders, employees, and/or volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form. I give permission for my child to participate in all Encounter activities other than any specifically mentioned on this form. I also agree that if my child has to return home due to discipline violations, it will be at my own expense. I agree to indemnify and hold harmless, the Jr. ACRY, St. Nicholas Church and the American Carpatho-Russian Orthodox Diocese, their leaders, employees, and/or volunteers from any expenses, losses, 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 Encounter schedule.

I give permission for my child to participate in all Encounter activities, with the exception of the following:
(please list each activity and reason for denial):

Activity	Reason for Denial
<hr/>	<hr/>
<hr/>	<hr/>

Signature of Parent/Guardian: _____

Printed Name: _____ Date: _____

ACRY DRESS CODE POLICY -- *please retain a copy for your reference*

Dear Parent/Guardian,

Christian modesty should be your guiding principle when packing for this ACRY event. Your son/daughter will be encouraged to learn what Christian modesty is and what it means to be godly in his/her attire. We ask that you as parents partner with us in this endeavor.

Please review the policy below with your son/daughter and send it back with you and your son/daughter's signature on it.

Inappropriate clothing at an ACRY event includes, but is not limited to: excessively revealing open back tops, tube tops, halter tops, low-cut fronts, skin tight clothing (ex. Spandex, stretch pants, etc.), half shirts, tank tops with less than two finger-width straps, tank-top undershirts, two-piece bathing suits (or one piece suits with cut outs), shorts cut revealingly, shorts or pants with writing or imagery on the seat, sports bras without shirts, spaghetti-strap blouses or dresses, and low-cut necklines. No more than two pairs of earrings are permitted. Excess earrings and other body piercings (including belly, nose and tongue piercings) must be removed prior to admittance. Tattoos must be covered at all times. Sagging pants and exposed underwear are also prohibited. Leggings are permitted only if bottom is covered. We ask that all attire be a sign of respect for one's self and everyone else in the church community.

Please be aware of the weekend's weather forecast and pack accordingly (e.g., rain gear, warm clothes, etc.). Read through the "Encounter 2017 Packing List" to pack appropriately. If you have any questions, contact Rachel Pribish at rachelprib@gmail.com

Dress for church services is casual, but appropriate attire is necessary. One Divine Liturgy is scheduled during the Encounter 2017. For Divine Liturgy, girls and young women should wear dresses or skirts of appropriate length with a blouse. Pantsuits are also acceptable. Boys and young men should wear slacks and a collared shirt.

The event staff reserves the right to ask you to change your clothing if it feels that what you are wearing is inappropriate.

Signatures

_____	_____	____/____/____
Print Name of participant	Signature of participant	Date
_____	_____	____/____/____
Print Name of parent/guardian	Signature of parent/guardian	Date