



Camp St. George

Strawberry Point, Iowa

Diocese of Toledo & the Midwest



A Camp of the Antiochian Orthodox Christian Archdiocese of North America
Metropolitan JOSEPH, Primate – Bishop ANTHONY, Diocesan Auxiliary

A Letter to Parents:

As we prepare for a new year of Camp St. George, our prayers continue for all the children who will be given to our care – above all, that their experience at Camp St. George will give them a deeper awareness of the love of God, the joy of life in Christ, and the greater appreciation of their Holy Orthodox Church and Faith!

We are so grateful that you are considering sending your child to Camp St. George, whether for the first time or as a returning camper. We look forward to providing your child with a truly memorable week that is enriching in every way.

As you complete the enclosed forms, please consider several items. The application and deposit are due by **May 1st** and the health forms and tuition balance by **June 15th**. (Please note: If you miss the application deadline, please contact, us as there may still be openings available.) If your son or daughter has had a physical examination within the last 24 months, you do not need to schedule another exam; however, a signed health form is still required.

We will mail you a confirmation letter and invoice as soon as we receive your application and deposit. We ask that you print and read the *Parent and Camper Handbook* from the website at www.campstgeorge.org. If you are unable to do this, please contact us. It is important that you review the handbook with your child as it contains essential information regarding camp.

We look forward to caring for your child this summer as a member of the Camp St. George family! Please do not hesitate to contact me if I can answer any questions or be of any service to you.

shaheenf@hotmail.com or 319-651-6452

Sincerely yours in Christ,

V. Rev. Fred Shaheen
Camp Director

Required Forms

- Camper Registration
- Permission and Agreement
- Health History
- Health Examination

The balance of your camp tuition is due by June 15th.



Important Registration and Camp Information



Please read all the instructions and review them as you make preparations for your child's stay at camp. Additional instructions are included in the Parent and Camper Handbook which is available for download at www.campstgeorge.org.

Registration: For a camper to be registered we must receive:

1. A fully completed Registration Form and,
2. A \$50 non-refundable deposit made payable to Camp St. George by May 1st. (If you miss the application deadline, please contact us to see if there are openings still available.)

Total Cost: The total cost of the one-week session is \$375.00. Balance of payment is due along with all medical forms by June 15th. All balances will be billed to the camper's parents, unless otherwise directed.

Cancellation: We appreciate prompt notification if a registered camper is unable to attend. Cancellations before June 1st will receive a full refund, less the \$50 non-refundable deposit. After June 1st, less the non-refundable deposit, refunds of additional registration payments may be granted on a case by case basis.

Medical Insurance: While Camp St. George will act as guarantor, any costs incurred by the Camp in providing necessary medical treatment will be billed to the parents.

Medical Information: The Health History and Examination Form must be filled out in its entirety by you and the camper's doctor, and must be received no later than June 15th. For the sake of the medical staff and camper safety a complete medical history must be included. Undisclosed medical conditions may result in a camper's dismissal from camp. Parents will be responsible for arranging and covering costs for their child's early departure. No medications are to be kept by the campers. Upon arrival, your child will be required to turn over all medications to the Health Director. All medications will be dispensed as instructed.

Cabin Assignments: Campers stay in cabins with up to twelve campers and one to two counselors. Campers are grouped according to gender and birth date. No exceptions.

Camp Store: *Daily snack from the Camp Store is included with the tuition. Campers are responsible for any money that they bring with them to camp.*

Camp Activities: Life at camp takes full advantage of our outdoor setting. Activities include field sports, tower climbing, zip-line (for older campers), archery, and swimming for all ages. Rainy days are a possible occurrence, so rain gear is important. A complete packing list can be found in the Parent and Camper Handbook.

Fasting: Meat will not be served on Wednesdays and Fridays. Dairy products will be served.

Conduct: All campers are expected to act in a manner appropriate to an Orthodox Christian. While appropriate disciplinary action will be taken to attempt resolution on site, the Camp Director reserves the right to dismiss campers for gross violations of camp rules. Parents will be responsible for arranging and covering costs for their child's early departure.

If you have any additional questions, please feel free to contact the Camp Registrar, Daria Zender.

dhzender@gmail.com or 608-334-7280



Camp St. George

Camper Registration Form

Children ages 9 – 17

For the year: _____

Camper Information

CAMPER'S NAME: _____
Preferred First Name Last Name Legal First Name (if different)

CAMPER'S BIRTHDATE: ____ / ____ / ____
Month Day Year ___ FEMALE ___ MALE

GRADE IN SCHOOL (as of September): _____

CAMPER'S T-SHIRT SIZE: **Youth** M ___ L ___ **Adult:** S ___ M ___ L ___ XL ___ XXL ___

CAMPER'S ADDRESS: _____
Street (include Apt. No.)

City State Zip

CAMPER'S E-MAIL: _____

PARISH NAME: _____ PRIEST'S NAME: _____

CITY: _____ STATE: _____

Parent Information

FATHER'S NAME: _____ E-MAIL: _____

ADDRESS (IF DIFFERENT): _____

PHONE: HOME: (____) _____ CELL: (____) _____

WORK: (____) _____

MOTHER'S NAME: _____ E-MAIL: _____

ADDRESS (IF DIFFERENT): _____

PHONE: HOME: (____) _____ CELL: (____) _____

WORK: (____) _____

Emergency Contact Information

NAME: _____ RELATIONSHIP TO CAMPER: _____

PHONE: HOME: (____) _____ CELL: (____) _____

WORK: (____) _____



Camp St. George
Strawberry Point, Iowa
 Fr. Fred Shaheen, Camp Director
 www.campstgeorge.org



Camper Health History

The information on this form is not part of the camper acceptance process, but is gathered to assist us in identifying appropriate care. The health history portion must be filled out by parents/guardians of minors or by adults themselves. Additionally, a medical exam is required within 24 months of the camping session. If an exam was done in that time period, your physician may be willing to fill out the form without an additional examination. The medical examination form on the last page must be completed and signed by approved licensed medical personnel.

Camper Name: _____ Birthdate: ____ / ____ / ____
Last First MI

Age while attending camp: _____ Gender (Circle one): Male/Female

Home Address: _____
Street Address City State Zip

Custodial parents/guardians: _____ Home Phone: _____
 _____ Other Phone: _____
 _____ Home Phone: _____
 _____ Other Phone: _____

Emergency Contact Name: _____ Home Phone: _____
 Relationship: _____ Other Phone: _____

Name of Physician: _____ Phone: _____

Name of Dentist: _____ Phone: _____

Is the camper covered by family medical/hospital insurance? **Please check either yes or no below.** A photocopy of the front and back of your health insurance card must be attached to this form.

YES Carrier or Plan Name: _____
 Group #: _____ ID#: _____

NO Any and all costs incurred by Camp St. George in providing necessary medical treatment will be the responsibility of the parents/legal guardians. Please initial: _____

Health History & Information

The following information must be completed by the parent/guardian for campers under 18. The intent of this information is to provide camp health care personnel the background to provide appropriate care. Any changes to this form should be provided to camp health care personnel **prior to arrival at camp**. Please provide **complete information** so that the camp is aware of known health needs.

Which of the following has the participant had? Check all that apply. <input type="checkbox"/> Measles <input type="checkbox"/> Chicken Pox <input type="checkbox"/> German Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Hepatitis A <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hepatitis C <input type="checkbox"/> TB Mantoux Test Date of last test _____ Result(Circle one): Positive/Negative	<u>PLEASE GIVE DATES OF IMUNIZATION FOR:</u> DTP _____ TD (tetanus/diphtheria) _____ Tetanus _____ Polio _____ MMR _____ or Measles _____ or Mumps _____ or Rubella _____ Haemophilus influenza B _____ Hepatitis B _____ Varicella (chicken pox) _____ Other _____
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ALLERGIES

Describe reaction and management of reaction

Medication Allergies

Food Allergies

Other Allergies (include insect stings, hay fever, asthma, animal dander, etc.)

MEDICATIONS CURRENTLY BEING TAKEN (Meds brought to camp must be in their original labeled pharmacy container.)

Medication #1: _____ Dosage: _____ Specific time(s) taken each day _____

Reason for taking: _____

Medication #2: _____ Dosage: _____ Specific time(s) taken each day _____

Reason for taking: _____

Medication #3: _____ Dosage: _____ Specific time(s) taken each day _____

Reason for taking: _____

Attach additional pages for more medications. Identify any medications taken during the school year that participant does not/may not take during the summer _____

OVER-THE-COUNTER MEDICINES

Please circle Yes or No next to each over-the-counter medication that your child is permitted to take.

Tylenol	Yes/No	Pepto Bismol	Yes/No	Antacids	Yes/No
Advil	Yes/No	Cough Syrup	Yes/No	Cough Lozenges	Yes/No
Benadryl	Yes/No	Sterile Eye Irrigate	Yes/No	External Ointments, Sprays, Lotions	Yes/No

GENERAL QUESTIONS: (Circle YES or NO for questions 1-26. Explain any "YES" questions below.)

Has /does the participant:

- | | |
|--|--|
| 1. Had any recent injury, illness or disease? YES/NO | 15. Ever been diagnosed with a heart murmur? YES/NO |
| 2. Have a chronic or recurring illness/condition? YES/NO | 16. Ever had back problems: YES/NO |
| 3. Ever been hospitalized? YES/NO | 17. Ever had joint problems (i.e. knees, ankles)? YES/NO |
| 4. Ever had surgery? YES/NO | 18. Have an orthodontic appliance being brought to camp? YES/NO |
| 5. Have frequent headaches? YES/NO | 19. Have any skin problems (i.e. itching, rash, acne)? YES/NO |
| 6. Ever had a head injury? YES/NO | 20. Have diabetes? YES/NO |
| 7. Ever been knocked unconscious? YES/NO | 21. Have asthma? YES/NO |
| 8. Wear glasses, contacts or protective eyewear? YES/NO | 22. Had mononucleosis in the past year? YES/NO |
| 9. Ever had frequent ear infections? YES/NO | 23. Had problems with diarrhea/constipation? YES/NO |
| 10. Ever passed out during or after exercise? YES/NO | 24. Ever had an eating disorder? YES/NO |
| 11. Ever been dizzy during or after exercise? YES/NO | 25. IF female, have an abnormal menstrual history? YES/NO |
| 12. Ever had seizures? YES/NO | 26. Ever had emotional difficulties for which professional help was sought? YES/NO |
| 13. Ever had chest pain during or after exercise? YES/NO | |
| 14. Ever had high blood pressure? YES/NO | |

Please explain any "YES" answers, noting the number of the questions. (Use additional pages, if necessary.)

Any other concerns staff needs to be aware of , i.e. bedwetting, fear of dark, stress in family, etc?

AUTHORIZATION, PERMISSION AND AGREEMENT

This health history is correct and complete to the best of my knowledge. The person named herein has permission to 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, 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. In the event that 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. I understand that my insurance coverage will be used as primary coverage in the event that medical treatment is needed. I further understand that I will be responsible for any medical expenses not covered by my insurance.

I understand all reasonable safety precautions will be taken at all times by Camp St. George 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 Antiochian Orthodox Christian Archdiocese, Camp St. George, Camp Ewalu, their leaders, employees, and/or volunteer staff liable for damages, losses, diseases or injuries incurred while at camp.

I agree that the person name herein will abide by all the rules and guidelines set forth by Camp St. George for the safety and good health of all the campers and staff. I also understand that if the person named herein is sent home for medical reasons or disciplinary reasons it will be at my own expense.

I agree to indemnify and hold harmless the Antiochian Orthodox Christian Archdiocese, Camp St. George, Camp Ewalu, their leaders, employees, and/or volunteers from any expenses, 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 trips out of camp.

I give permission for the person named herein to participate in all camp activities, with the exception of the following (please list reason for each activity denied):

Activity	Reason for Denial of Permission
_____	_____
_____	_____

Signature of parent/guardian of camper: _____

Printed Name: _____ Date: ____ / ____ / ____

For camp use only

SCREENING RECORD

Date screened _____ Time _____ Screened by _____

Medications Received

Updates/additions to health history noted ____ YES ____ NO ____ NONE REQUIRED

Current health needs identified _____

**If for religious reasons you cannot sign this, contact the camp office for a legal waiver which must be signed for attendance.*

**EXAMINATION FORM: HEALTH CARE RECOMMENDATIONS
BY LICENSED MEDICAL PERSONNEL**

I examined _____ on ___ / ___ / ___
Name of patient

The applicant is under the care of a physician for the following conditions: _____

Medications to be administered at camp (name, dosage, frequency): _____

Treatment to be continued at camp: _____

Any medically-prescribed meal plan or dietary restrictions: _____

Known allergies: _____

Description of any limitation or restriction on camp activities: _____

IMPORTANT: Any additional information for health care staff at camp (recent med changes, emotional disruptions, etc.):

BP: _____ Weight: _____ Height: _____

In my opinion, the above applicant ___ **IS** ___ **IS NOT** able to participate in an active camp program. **(Check one.)**

Signature of Licensed Medical Personnel: _____

Name Printed: _____ Date: ___ / ___ / ___

Address: _____

Phone: (_____) _____ Email: _____