

## 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 21, 2017. Final Registration ends June 30, 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 (additional \$25 added after Early Bird Deadline)

<b>First Camper:</b>	<b>\$275.00</b>
<b>2<sup>nd</sup> Camper (Sibling of First Camper):</b>	<b>\$250.00</b>
<b>3<sup>rd</sup> &amp; 4<sup>th</sup> (Sibling of First Camper):</b>	<b>\$200.00</b>

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](mailto:oselia@edmontoneparchy.com)

**Please select dates for your camper**  **July 9-14**    **July 16-21**    **July 23-28**    **July 30 – August 4**

**July 9 – 14: Senior High Camp/Counselor Training**  
(Grades 10-12 as of September 2017)

**July 16 – 21: Junior High Camp**  
(Grades 7-9 as of September 2017)

**July 23 - 28: Junior High/Elementary Camp**  
(Grades 2-9 as of September 2017)

**July 30 – August 4: Elementary School Camp**  
(Grades 2-6 as of September 2017)

**This year Family Day will be held on Sunday, July 30<sup>th</sup> (The beginning of the final week of camp). Will you be attending?**

**No**    **Yes**   **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 2016): \_\_\_\_\_ 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