

St. Stephen's Summer Camp-2010

To: All Atlanta Metropolis Priests, Parents, Youth, Youth Workers and Youth Advisors

From: Fr. Stavros N. Akrotirianakis-Camp Co-Director, Fr. Matthew Carter-Camp Co-Director,
Ethel Gjerde –Assistant Camp-Director, Pres. Mari Mars-Metropolis Youth Coordinator

Who: For students ENTERING 6th – 12th Grades in the FALL 2010

When: Four Sessions: Session 1: Sunday, July 11-17, 2010
Session 2: Sunday, July 18-24, 2010
Session 3: Sunday, July 25-31, 2010
Session 4: Sunday, August 1-7, 2010

Camp check-in is from 2:00–4:00 pm and concludes at 10:00 am the following Saturday.

Where: Diakonia Center – 455 Quail Ridge Road, Salem, SC 29676.

Visit: www.diakoniacenter.org

Programming: Our dedicated Orthodox staff consisting of priest and counselors will provide morning and evening Chapel services, Orthodox Life, music, arts and crafts, Greek dance campfires and much more. Each group will be assigned their own Priest and experience counselor. Certified lifeguards will supervise the swimming and canoeing programs.

Do not let your children miss this opportunity to enrich their lives, see old friends, make new ones and strengthen their Orthodox Faith. Campers will be accepted on a first come, first serve basis. REGISTER EARLY! All forms may be down loaded from: www.atlmetropolis.org

Fees: Includes all meals, lodging, programs and activities. The fee amount depends on when all payment is received. Space is reserved upon receipt of all fees and all necessary forms.

Cancellations: There will be a cancellation fee of \$75.00 if cancelled before May 31st, 2010. After that date the cancellation fee will be half of the amount that was paid.

There is a \$25.00 discount on an additional child.

\$350.00 – if received by March 31, 2010

\$375.00 – if received by April 30, 2010

\$400.00 – if received by May 31, 2010

Please make flight arrangements to Greenville-Spartanburg, South Carolina Airport on Sunday. Departure time from that airport should be no earlier than 1:30 pm. If you are planning to fly, you must contact Ether Gjerde with flight information to coordinate transportation to and from camp: 404-271-8951 or sargepw8@yahoo.com.

THERE WILL BE NO SATURDAY ARRIVALS AT CAMP

Send all paperwork to:

Metropolis of Atlanta Youth Office

St. Stephens Camp 2010

2480 Clairmont Road NE

Atlanta, Ga 30329

Office: 404-634-9345 ext. 21

St. Stephen's Summer Youth Camp
2010 Registration Form

To secure your registration, all attached **FORMS** and **PAYMENT** must be completed.
PLEASE PRINT LEGIBLY! St. Stephen's is for young people entering 6th-12th grades.

Last Name _____ First Name _____

Address _____

City _____ State _____ Zip _____

E-Mail Address _____ Home Telephone # _____

Date of Birth: _____ Age-(by date of camp) _____ Sex _____ Grade Fall 2010 _____

T-shirt size: Adult sizes: Circle one: small medium large extra large

Church Name: _____ City _____ State _____

Please check the session you would like to attend.

- _____ Session I – July 11-17
- _____ Session II – July 18-24
- _____ Session III - July 25-July 31
- _____ Session IV – August 1-7

Participant's Signature _____ Date: _____

Name of Mother (or legal guardian): _____

Signature _____ Date: _____

Phone # Day _____ Evening _____ Cell _____

E-mail-**PLEASE PRINT**: _____

Name of Father (or legal guardian) _____

Signature _____ Date: _____

Phone# Day _____ Evening _____ Cell _____

E-mail-**PLEASE PRINT**: _____

Limited Capacity: Attendance is limited to 96 Campers per session-Please do not delay!

Fees:

\$350.00---If received by March 31st, 2010

\$375.00---If received April 30, 2010

\$400.00---If received by May 31, 2010

Total Fees \$ _____ Make check payable to: Greek Orthodox Metropolis of Atlanta or

Pay by Master Card/Visa Credit card # _____ Exp. Date _____

If you wish to call in your Credit Card #, please Call Ethel Gjerde directly 404-271-8951

There will be a cancellation fee of \$75.00.

Cancellation after May 31st – Refund will be half of what was paid. No refund for cancellation after July 1.

Send the following forms, Stapled together please!

_____ Registration Form _____ Metropolis Waiver _____ Community Covenant _____ Medical Form

_____ PHOTOCOPY OF FRONT & BACK OF HEALTH INSURANCE CARD _____ Photo of student

_____ Clergy Recommendation Form-(give to your Parish Priest, he will mail to Metropolis)

Mail to: Ethel Gjerde-St. Stephen's Camp
Greek Orthodox Metropolis of Atlanta
2480 Clairmont Road, NE
Atlanta, GA 30329

Office Use Only:
Check # _____
Date: _____
APP Code: _____

ST. STEPHEN'S SUMMER CAMP

Clergy Recommendation for Camp Participants

Dear +Reverend Father,

In evaluating participants for the St. Stephen Summer Camp Program for the Metropolis of Atlanta, we kindly ask your assistance. Please fill out this form as to whether you feel this person would be a positive participant in our camping program. This form will remain confidential. Please mail this form directly to:

Pres. Mari Mars
Metropolis of Atlanta
Attn: St. Stephen Summer Camp
2480 Clairmont Road NE
Atlanta, GA 30329

Camper's Name _____

Parish City/ State _____

Camper's Telephone _____ e-mail _____

- 1. How long have you known this person? _____
- 2. How involved is he/she in your church ____ Very ____ Somewhat ____ Not at all
- 3. Does he/she attend Liturgy regularly? ____ Every Sunday ____ Most Every Sunday ____ Some Sundays
- 4. Has he/she been a behavior problem: ____ yes ____ no
- 5. Does he/she follow directions ____ yes ____ no
- 6. Does he/she interact well with other people ____ yes ____ no
- 7. Do you have any reservations about him/her attending summer camp? ____ yes ____ no
If yes, please explain: _____

8. Is there any behavior, emotional and metal issue that you know of? ____ yes ____ no
If so, please call Fr. Stavros 813-394-1038, Fr. Mathew 910-685-5521, Fr. Grigorios 704-236-5773

9. Is there any reason to believe that this person might be a disruptive influence at camp?
____ yes ____ no If yes, please explain: _____

10. Is there anything that we should know, would help us know this young person better?
(Example...Death in family, Divorce, Serious illness...etc.) _____

Priest Signature _____

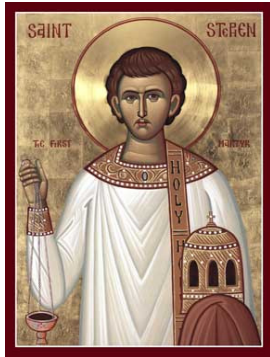
If you have any questions, or if you have reservations about one of your young people participating in our program, please contact Fr. Stavros at 813-876-8830 or Father Mathew at 910-685-5521. Thank you for your help.

In His service,

+Fr. Stavros N. Akrotirianakis
Camp Co-Director-St. Stephens Summer Camp

+Fr. Matthew Carter
Camp Co-Director-St. Stephens Summer Camp

St. Stephen's Camp-COVENANT



*'Stand at the crossroads and look;
ask for the ancient paths, ask where the good way is,
and walk in it,
and you will find rest for your souls;'
Jeremiah 6:16*

Name: _____

Parish City/State: _____ Priest: _____

- I am an Orthodox Christian and attend Church regularly.
- I am active in Youth and/or Catechetical School, or other Church organizations.
- I understand that it is a privilege to be a participant of this event and will conduct myself and represent My Church in a Christ-like manner.
- I will participate in all activities during the week with my group and be on time.
- I will respect all property including housing, athletics, outdoor, and indoor facilities.
- I will be held personally responsible for my actions.
- I will refrain from using offensive language, alcohol and illegal drugs during the event.
- I will understand that if my behavior is not becoming of an Orthodox Christian, I will be asked to leave the event at my expense.
- I will do everything possible to ensure that all games are being played in a Christian manner.
- I will respect others, all adults, Priests, counselors and myself.
- I understand that failure to comply with the covenant and all rules will result in expulsion from this event and possible suspension from participation in future events.
- I have read the St. Stephen's Camp rules and will follow them.* www.atlmetropolis.org

I have participated in: _____ GOYA Advent Retreats _____ GOYA Lenten Retreats
 _____ St. Stephen's Summer Camp _____ St. John Chrysostom Oratorical Festival
 _____ WYR _____ HDF Other: _____

Have you ever been asked to leave a parish or Metropolis-sponsored event for disciplinary reasons?
 _____ No _____ Yes

If yes, please explain: _____

I agree to this covenant

Signature of Participant Date

Signature of Parent Date

Parish City/State: _____

Participant's Name: _____

**METROPOLIS OF ATLANTA WAIVER AND COMPLETE RELEASE OF LIABILITY,
MEDICAL TREATMENT AND PHOTO AUTHORIZATION**

In consideration of the Greek Orthodox Metropolis of Atlanta, Inc. or the Greek Orthodox Metropolis of Atlanta Diakonia Center, Inc. (which entities, together with all of the churches and missions that comprise a part of the Greek Orthodox Metropolis of Atlanta, are collectively defined herein as the "**Church**") furnishing or making available services, property, camp site, housing, transportation, supervision, activities, resources, supplies, programs and equipment to enable the undersigned participant (the "**Participant**") to participate in Church religious, social, cultural, athletic or other activities, services, programs and events (collectively, the "**Church Events**"), and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the undersigned Participant and the undersigned legal Guardian of Participant, on behalf of themselves, and their respective children, representatives, executors, heirs, beneficiaries and successors (all of the foregoing being collectively defined as the "**Undersigned**") fully and unconditionally agree as follows:

1. The Undersigned fully understand, acknowledge and agree that:

(a) all indoor or outdoor Church Events have inherent risks, dangers, hazards and exposures (collectively defined as the "**Dangers**");

(b) participation in Church Events and/or use of Church owned, borrowed or leased equipment, facilities, real or personal property, buildings, or spiritual, residential or recreational items, properties or equipment (collectively defined as the "**Church Property and Equipment**") may result in injury, illness, sickness, disease, strains, breaks, fractures, partial and/or total paralysis, death or other ailments or injuries that could cause serious disability (all of the foregoing being collectively defined as the "**Injuries**");

(c) these Dangers or Injuries may be caused by: (i) accidents, the forces of nature, foreseeable or unforeseeable causes, or other causes; or (ii) the actions, omissions or negligence of other participants in Church Events or other individuals or entities; or (iii) the actions, omissions or negligence of the Church Youth Director, Metropolitan, Church Event chaperons or leaders, clergy or other Church Council members, parishioners, agents, subcontractors, officers, volunteers or employees of the Church (all of the foregoing individuals being collectively defined as the "**Church Officials**"); and

(d) by the participation by any of the Undersigned in Church Events or use of Church Property and Equipment, the Undersigned hereby assume all risks and Dangers and all responsibility for any and all Injuries, Dangers, losses and damages, which occur or arise therefrom, whether caused in whole or in part by the actions, omissions or negligence of any of the Church Officials, the Church or any other person or entity.

2. The Undersigned Participant and Guardian, on behalf of all of the Undersigned, including their respective children, representatives, heirs,

beneficiaries and successors, hereby voluntarily release, waive, discharge, hold harmless, defend and indemnify the Church, and all Church Officials, from any and all Injuries, Dangers, lawsuits, other proceedings, claims of any kind, actions or losses of any kind, including without limitation those for bodily injury, Injuries, property damage, wrongful death, loss of services or otherwise, which might arise out of use of the Church Property and Equipment or participation in, or travel to, any Church Events. The Undersigned specifically understand and agree that the Undersigned are releasing, discharging and waiving, without limitation, any claims or actions that the Undersigned may have presently or in the future for the negligence, actions, omissions or other conduct by Church or any or all of the Church Officials in connection with Church Events or Church Property and Equipment. The Undersigned also hereby represent that the Participant is in good physical and mental condition and is capable of participating in outdoor and indoor recreational activities and programs all without incident or problem of any kind, including, but not limited to, swimming, diving, boating, ropes courses, climbing activities, basketball, volleyball and other sports and adventure activities. The Undersigned accept all responsibility for Participant's physical well being and health and the results of the Undersigned's participation in any such activities or Church Events.

3. THE UNDERSIGNED HAVE READ THIS WAIVER AND RELEASE AND BY SIGNING IT AGREE THAT IT IS THE UNDERSIGNED'S INTENTION TO FULLY AND COMPLETELY RELEASE, EXEMPT, RELIEVE AND HOLD HARMLESS THE CHURCH AND ALL CHURCH OFFICIALS FROM ANY LIABILITY OR OTHER CLAIM OF ANY KIND FOR ANY INJURIES, DANGERS, PERSONAL INJURY, PROPERTY DAMAGE, OR WRONGFUL DEATH CAUSED BY NEGLIGENCE, ACTIONS, OMISSIONS OR OTHERWISE IN ANY WAY RELATED TO CHURCH EVENTS OR CHURCH EQUIPMENT.

Parish City/State: _____

Participant's Name: _____

4. Any Church Official may seek whatever medical attention or treatment he or she believes the Participant may need, including, without limitation, having them see a doctor or other professional at a hospital, clinic, other medical facility or at Church Events (collectively defined as the "Medical Professionals"), and any Medical Professionals may treat the Participant and provide whatever medical attention or treatment they believe the Participant requires or could benefit from (the "Medical Treatment").

5. The Undersigned Guardian and Participant (if of legal age) will remain completely financially responsible and liable (regardless of whether or not he or she has insurance) for any and all costs, fees or expenses associated with any such Medical Treatment, and the Guardian and Participant (if of legal age) will promptly reimburse and indemnify the Church, any Church Official and/or the Medical Professionals for any costs, fees, expenses or claims of any kind they may incur in obtaining such Medical Treatment for the

Participant; provided, however, that nothing herein shall obligate the Church or Church Official to incur any such costs, fees or expenses or seek such Medical Treatment, and nothing herein shall supersede, limit or conflict with any Waivers, Releases or Hold Harmless Agreements that may be executed in favor of any of the Church or any Church Officials in this or any other document.

6. Representatives and authorized contractors of the Church are hereby authorized to take and record photographs, videotape or other images, and or make audio, video or other recordings, of Participant and Participant's activities at or involvement in Church Events, or using Church Property and Equipment, solely for use by the Church in its brochures, newsletters, video tapes, recordings, web sites and other promotional material or items to promote the Church or Church Events, all without any remuneration to Participant, Guardian or the Undersigned.

All of the above provisions are accepted and agreed to as of: _____ (fill in date).

"UNDERSIGNED"

Participant's Signature

Participant's Address

Participant's Printed Name

City State Zip

Home Phone Other Phone

Guardian's Signature
(if Participant is less than 18 years old)

Guardian's Address (if different)

Guardian's Printed Name

City State Zip

Home Phone Other Phone

In case of emergency, you may contact:

Print Name

Address

City State Zip

Home Phone Work Phone Cell Phone

MEDICAL HISTORY FORM

Name (last, first): _____

Date of Birth: _____ Age: _____ Grade (Fall 2010): _____

Address _____

City: _____ State: _____ Zip: _____

Parish Name/City/State: _____

Mother's Name _____ Cell #: _____

Father's Name _____ Cell#: _____

Physician's Name _____ Phone: _____

Physician's address: _____

Hospital of Choice: _____ Tel#: _____

Dentist's Name _____ Tel#: _____

Dentist's Address: _____

CHRONIC CONCERNS: Check all that pertain to your child and provide information about supportive health care.

_____ I have no chronic health concerns.

_____ I have the following chronic health concern (s):

- Asthma Headaches/Migraines Sleep problem Diabetes Difficult breathing
 Dysmenorrhea Fainting Seizure disorder: _____
 Bank pain or injury Knee or ankle weakness

Other _____

GENERAL PHYSICAL HISTORY

1. Do you have skin problems (itching, rashes, acne)? Yes No
2. Has your child ever had a seizure? Yes No
3. Has your child ever had a stinger, burner, or pinched nerve? Yes No
4. Has your child ever had heat or muscle cramps? Yes No
5. Has your child ever been dizzy or passed out in the heat? Yes No
6. Has your child ever sprained, strained, dislocated, fractured, broken, or had repeated swelling or other injuries to any of your body areas? Yes No
- If so, where? Head Shoulder Thigh Neck Chest Forearm Shin/calf
 Back Wrist Hand Ankle Elbow Knee Hip Foot
7. Has your child had mononucleosis in the past nine months? Yes No
8. Does your child have any problems with their teeth? Yes No
9. Has your child ever been hospitalized? Yes No
10. Has your child ever had surgery? Yes No

If yes on any question please explain: _____

Known Allergies: _____

Type of reaction (be specific): _____

Medicine for Allergies: _____

Does your child have any drug allergies? Yes No

If yes, Name of Drug(s): _____

Activities your child CANNOT participate in: _____

Special dietary needs (e.g vegetarian, vegan, dairy) _____

Has your child had a Tetanus Shot within the past 5 years? Yes No

Is your child taking either prescription or over-the counter medication on a regular basis?
 Yes No

Name of drug/ dose/ time of day it is taken _____

Physician prescribing drug: _____

List names and telephone numbers of two persons to contact if your child is ill or injured. In the event that the parent or guardian cannot be contacted, these persons may have to make a medical decision.

1. Name _____ Relationship _____ phone _____

2. Name _____ Relationship _____ phone _____

We are extremely concerned about your child's spiritual well being and will minister to them as best we can, we are not equipped to handle serious mental illness and emotional disorders. By signing and submitting this health form, you are guaranteeing that, to the best of your knowledge, your child has no known serious mental illness or emotional disorders. If you have any questions or concerns in this matter, please feel free to contact Fr. Grigorios Tatsis at 404.634.9345 extension 25.

EMERGENCY MEDICAL TREATMENT

In the event that I am unable to be reached and my child needs EMERGENCY MEDICAL TREATMENT during any time he/she participates in Camp, you have my permission, and I hereby designate you my agent, to act in my son's/daughter's best interest in obtaining necessary transportation and medical care until I can be contacted. I hereby release you from any claim arising out of your and the doctor's actions relating to my child's illness/injury, and I assume and agree to pay for any professional medical services and other fees/costs incurred.

Parent/Guardian Signature:

Date

Permission for emergency medical treatment will be effective throughout the camper's enrollment. If there is any change of information, please contact St. Stephen's Camp.

Insurance Card and Information

Name of Insured: _____

Insurance Company _____

Group Identification #: _____ Member # _____

Telephone # _____

Attached is a copy

(front and back) of the Insurance Card of the Insured-(stapled to this form)