

## 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 6<sup>th</sup> – 12<sup>th</sup> 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](http://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](http://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 31<sup>st</sup>, 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](mailto: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

**STAFF APPLICATION**  
**ST. STEPHEN SUMMER CAMP**

Metropolis of Atlanta

The St. Stephen Summer Camp of the Metropolis of Atlanta is committed to providing for campers and their parents a Christ-centered summer camping experience, providing a unique chance to spiritually nourish our youth, with love, compassion and understanding. All application forms will be treated in confidence and will only be seen by appropriate members of the Youth, Education and Culture Committee.

**Personal Information**

**Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell phone:** \_\_\_\_\_

**Email (please Print neatly):** \_\_\_\_\_

**Gender:** M / F      **Date of Birth:** \_\_\_\_\_      **Age as of July 1, 2010:** \_\_\_\_\_

**Occupation or School/College you are attending:** \_\_\_\_\_

**City/ State:** \_\_\_\_\_

**Employer Name:** \_\_\_\_\_

**If at school/college, year will you be in Fall of 2010 school year?** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Home Phone #:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Camp Sessions**

*Please understand we are committed to creating the best possible staffing team for all camps, so filling out an application does not guarantee that you will counsel that particular week.*

Session 1-July 11-17			
Session 2-July 18-24			
Session 3-July 25-30			
Session 4-August 1-7			

**Home Parish**

**Priest Name:** \_\_\_\_\_ **Church Name:** \_\_\_\_\_

**City/ State:** \_\_\_\_\_ **Phone :** \_\_\_\_\_

**Priest Email:** \_\_\_\_\_

**Church Involvement**

*To ensure strong Christian leadership for all our camps, counselors are expected to be regular worshippers and active in other ministries at church. Please describe your involvement at your home and/or college church.* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please tell us about your Christian Faith journey.**

**How does your faith in Jesus Christ affect your everyday life?**

**Please share your experience relevant to being a camp counselor.**

**Experience and Skills**

*Do you have any medical training? (CPR) If yes, please explain:*

*Do you have any life-guarding experience? If yes, are you certified? In what state is your certification?*

*Do you have any Water sports experience such as canoeing? If yes, please explain:*

*What experience do you have leading recreation/games or Sports Activities? If yes, please explain:*

*Have you ever worked with young people in Arts & Crafts? If yes, please explain:*

*Do you play a musical instrument? If so, what?*

*What experience do you have with drama or singing? If yes, explain:*

**Church Camping Experience**

*Have you ever been a Camper at a church camp? If so, where?*

Have you ever been a Counselor at a church camp? If yes, name the camp(s), year(s) and Director(s)\_\_\_\_\_

What did you learn from being a Camper, Counselor or Director at a church camp? \_\_\_\_\_

What would you feel comfortable leading...?

An arts and crafts activity	A large group game	A Bible study/lesson	A small group discussion
A prayer in public	Worship, litanies, etc.	Singing	A camp skit or drama

**Why do you want to be a Counselor?**

**Are you able to function on 5 hours of sleep per night and be on your feet all day long? Yes/ No**

**References and Agreement**

**References:** Please list two (2) people, other than your priest or a family member, who are familiar with your character and experience as it relates to leading a camp. Please provide their name, relationship, time known, plus a phone number and/or email address for both. References will be checked.

1. \_\_\_\_\_

2. \_\_\_\_\_

**Counselor Agreement:** I will show love and respect to all the campers and my fellow counselors, even the most unlovable ones, and will put the campers' needs above my own personal needs and desires. I will treat every individual at the camp with respect; this includes campers, counselors, camp managers and other staff. I will abide by the camp rules and guidelines set by Metropolis of Atlanta. I will seek to serve God as a Counselor at the St. Stephen Summer Camp to the best of my ability using the gifts and talents God has given me. I will communicate my faith in Jesus Christ as Lord and Savior through my words and actions while at St. Stephen Summer Camp.

*Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

**Applicants, please note the following:**

\_\_\_\_\_ If you are attending or have graduated from a post-secondary school within the past five years, you will be asked to submit written permission for the Saint Stephen's Camp Committee to have access to your school records (academic and disciplinary).

\_\_\_\_\_ A member of the Saint Stephen's Camp Committee may be interviewing you prior to the acceptance of your application. Every effort will be made to arrange for such an interview to be taken place at a time and location that will not greatly inconvenience you.

\_\_\_\_\_ Those who are selected as counselors must make arrangements to arrive at camp by noon on the day before their session starts i.e. Which means by noon on Saturday, July 10th for week one, By 2:00 on Saturday, July 17<sup>th</sup> for week two and by 2:00 on Saturday, July 24<sup>th</sup> for session III. July 31<sup>st</sup> for session IV

Staff responsibilities will end at approximately 12:00 am the following week.

Counselors are expected to remain at the camp for the entire camp session. Make sure you are available for the entire week, from Saturday to Saturday. (NO EXCEPTIONS!)



**Medical History** This form must be completed in full. All information will be kept confidential.

Name:

Circle or otherwise indicate your current state of health: **Excellent Good Fair Poor**

All known allergies:

Activities you **cannot** participate in:

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

Have you had a Tetanus shot within the past 5 years? YES or NO.

Your physician and phone #:

Date of most recent physical/visit to the doctor:

Medical insurance provider, policy # and policyholder:

Over-the-counter medications may be distributed during the camp for everyday aches and pains. Please circle or otherwise indicate those which you may take:

All over-the-counter medications, Acetaminophen, Ibuprofen, Aspirin, Pepto-Bismol, Tums, Dramamine, Calamine

Medicine Routinely Taken: (Name, Number, Frequency, Reason)

Please circle or otherwise indicate if you have ever been diagnosed with:

ADHD, Learning disabilities, Depression, Mental Illness, Bi-polar Disease, Eating Disorders, Asthma, Epilepsy, Diabetes, and/or Any Operations or Serious Illness or Injury. If so, please explain:

Please answer **Yes** or **No** to the following four questions:

Do you use illegal drugs?

Have you ever been convicted of a criminal offense involving children?

Has your driver's license ever been suspended or revoked?

Other than the above, is there any act or circumstance involving you or your background that would call into question your being involved with the supervision, Christian guidance, and care of young people?

If you answered Yes to any of the above four questions, please explain:

**I authorize the release of medical records in case of illness or accident. In case of any medical emergencies, I understand that every effort will be made to contact my identified emergency contact. In the event the emergency contact cannot be reached, I hereby give permission to the physician selected by the camp manager to hospitalize, to secure proper treatment for, and to administer anesthesia or surgery.**

Signature and Date:

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*Please circle or otherwise indicate this applicant's attendance and participation in worship:*

Almost always, regularly, occasionally, seldom, never

*Please circle or otherwise indicate this applicant's participation in other relevant church activities (youth group, Sunday school, young adult group, etc.):*

Almost always, regularly, occasionally, seldom, never

*Does the applicant interact well with peers?*

*Does the applicant interact well with young people?*

*Does the applicant respect authority?*

*Please relate your experience of this applicant performing in a leadership position:*

*Please indicate qualities you see in this applicant that would help him/her as a Camp Counselor:*

*Other comments regarding this applicant the Council should consider:*

*Do you recommend this applicant to be a Counselor at St. Stephen Summer Camp, taking into account all the responsibilities of the position? Please circle or otherwise indicate.*

\_\_\_\_\_ Yes, I do enthusiastically.

\_\_\_\_\_ Yes, I do.

\_\_\_\_\_ Yes, but with some reservations.

\_\_\_\_\_ No, I do not recommend this person at this time.

*Why?:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Print Name:* \_\_\_\_\_ *Phone:* \_\_\_\_\_

**Mail this application to: St. Stephens Camp Staff Applications~ Attn: Ethel Gjerde ~Metropolis of Atlanta~ 2480 Clairmont Road, NE~Atlanta, GA 30329 Applications must be postmarked on or before MARCH 31, 2010 You may also fax: 404-634-2471**

Applications may be downloaded at: [www.atlmetropolis.org](http://www.atlmetropolis.org)  
Or email: Pres. Mari Mars: [youth@atlmetropolis.org](mailto:youth@atlmetropolis.org) with any comments or concerns.

**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 \_\_\_\_\_

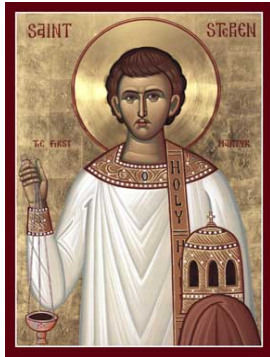
If you have any questions, or if you have reservations about one of your young people participating in our program, please contact Fr. Stavros at 813-876-8830 or Father Mathew at 910-685-5521. Thank you for your help.

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](http://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 you 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. Have you ever had a seizure?  Yes  No  
3. Have you ever had a stinger, burner, or pinched nerve?  Yes  No  
4. Have you ever had heat or muscle cramps?  Yes  No  
5. Have you ever been dizzy or passed out in the heat?  Yes  No  
6. Have you 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    Wrists    Hand    Ankle    Elbow    Knee    Hip    Foot

7. Have you had mononucleosis in the past nine months?  Yes  No  
8. Do you have any problems with your teeth?  Yes  No  
9. Have you ever been hospitalized?  Yes  No  
10. Have you ever had surgery?  Yes  No

If yes on any question please explain: \_\_\_\_\_

\_\_\_\_\_

Known Allergies: \_\_\_\_\_

Type of reaction (be specific): \_\_\_\_\_

Medicine for Allergies: \_\_\_\_\_

Do you have any drug allergies?  Yes  No

If yes, Name of Drug(s): \_\_\_\_\_

Activities you CANNOT participate in: \_\_\_\_\_

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

Have you had a Tetanus Shot within the past 5 years?  Yes  No

Are you 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 spiritual well being and will minister to you as best we can. However, 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, you have 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 give consent and need 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 best interests 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 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)

**CODE OF CONDUCT FOR THE PROTECTION OF CHILDREN AND YOUTH**

*Read and initial each item to signify your agreement to comply with this Code of Conduct.*

\_\_\_\_\_ I agree to do my best to prevent abuse of children and youth involved in the [name of program].

\_\_\_\_\_ I agree not to physically, sexually or emotionally abuse or neglect a child or youth.

\_\_\_\_\_ I have received and reviewed a copy of, and agree to comply with the Policies and Procedures for the Protection of Children and Youth Participating in Camps and Retreats developed by Praesidium, Inc. in Cooperation with the Greek Orthodox Archdiocese of America (the "Policy")

\_\_\_\_\_ I have received and reviewed a copy of, and agree to comply with, the **GUIDELINES FOR APPROPRIATE AFFECTION** with children and youth contained in the Policy and the Staff Code of Conduct.

\_\_\_\_\_ In the event that I observe any inappropriate behaviors or possible policy violations with children or youth, I agree to immediately report my observations to my supervisor and/or to appropriate state authorities as may be required by law, and as otherwise may be required under the Policy.

\_\_\_\_\_ I specifically acknowledge my obligation and responsibility to protect children and youth and agree to report known or suspected abuse of children or youth to appropriate church leaders and state authorities in accordance with the Policy and applicable law.

\_\_\_\_\_ I understand that the church will not tolerate abuse of children and youth and I agree to comply in spirit and in action with this position.

\_\_\_\_\_ I understand that I am an at-will employee or volunteer and can be removed from my position at any time and for any reason, or no reason, in the sole discretion of the \_\_\_\_\_  
\_\_\_\_\_ [name of Camp/Retreat Program]. In addition, and without limiting the above,

- a. The [name of actual Camp/Retreat program] (the "Program") may, in its sole discretion, deny the application of any person who answers yes to the above question. If I am selected, and the Program later discovers circumstances that would indicate a "yes" answer to the above question, I may be terminated immediately.
- b. The information provided on this form is subject to verification, which may include, but not be limited to, a criminal history check and request for information from any Central Registry of child abusers.
- c. The Program may, in its sole discretion, terminate employment or volunteer service of any person if that person is found, regardless of when discovered, to
  - i. have been the subject of any complaint(s) of abuse of a minor, whether or not criminally charged or the subject of a civil suit;
  - ii. have resigned, been terminated or been asked to resign a position whether paid or unpaid, due to complaint(s) of sexual abuse of a minor; and/or
  - iii. have falsified or omitted information in this disclosure statement
- d. This disclosure statement must be updated yearly.

\_\_\_\_\_  
Signature Date:

\_\_\_\_\_  
Signature of Minor's Parent or Guardian: Date: