

PAN-ORTHODOX WINTER CAMP

REGISTRATION FORM

5TH THROUGH 12TH GRADE ORTHODOX YOUTH

DECEMBER 27-30, 2015 – CAMP WRIGHTWOOD – WRIGHTWOOD, CA

PARENTS: PLEASE FILL OUT THIS FORM AND SUBMIT IT WITH YOUR \$99 CHECK MADE PAYABLE TO *CAL-PAC CAMPS* AND MAIL TO: 1621 WEST GARVEY AVENUE, ALHAMBRA, CA 91803

1) Child _____ Grade _____

2) Child _____ Grade _____

3) Child _____ Grade _____

Home Parish & City _____

Parents _____ Cell Phone _____

Home Phone _____ Email _____

Address & City _____

Emergency Contact & Phone Number:

MEDICAL INFORMATION (CLEARLY SPECIFY NAMES & CONDITIONS)

Allergies, special diet, or other conditions: _____

Medications: _____

Health insurance carrier: _____

Group number: _____ Policy number: _____

Name and phone of primary care physician: _____

CONSENT & RELEASE FORM

I, as parent or legal guardian of the child(ren) named above, hereby give them permission to participate in the Pan-Orthodox Winter Camp at Camp Wrightwood, December 27-30, 2015. I assume all risk and hazards incidental to participation. I hereby waive, release, absolve, indemnify and agree to hold harmless all Orthodox Christian Church Parishes on the West Coast and their delegated representatives, participants and persons involved in such participation, for any claims arising out of any accident or injury to my child.

Furthermore, I authorize the Pan-Orthodox camp staff and their delegated adult representatives to consent to any medical and hospital care to be rendered to my child upon the advice of a licensed physician. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power to the Pan-Orthodox camp staff and their delegated adult representatives specific consent to any and all diagnoses, treatment or hospital care which aforementioned physician in the exercise of his best judgment may deem advisable.

This authorization shall remain effective through December 30, 2015. I also agree to be personally responsible for any and all health care claim costs for the child caused by accident, injury or illness.

Parent or Guardian: _____

Signature: _____

Date: _____

THINGS TO BRING (THINK WARM AND DRY!):

Bedding: pillow, sheets, blanket or warm sleeping bag; Toiletries, towel;
Warm clothing, i.e. heavy winter jacket, hat, gloves, water-proof footwear

Registration Deadline: December 14, 2015

For Questions: Please Call 626.284.9100