

# Shadeland Camp 2018

Dear Camper Parents,

The St. Sava Camp Committee is very excited about the upcoming Camp Season! If your children are not campers in Week 4, please come back and join us for the St. Sava Camp celebration and picnic on August 4, 2018.

This page contains vital information regarding the registration process. Please read all instructions carefully before proceeding with application— even if your child has attended camp in previous years, as some of our policies have changed. Page 3 contains information you should keep regarding Camp.

This year's camp season will begin with the first week on Sunday, July 8th and run for 4 consecutive weeks:

**WEEK 1 (Ages 7-17): Sunday, July 8 – Saturday, July 14**

**WEEK 2 (Ages 7-17): Sunday, July 15 – Saturday, July 21**

**WEEK 3 (Ages 7-17): Sunday, July 22 – Saturday, July 28**

**WEEK 4 (Ages 10-17) \*: Sunday, July 29 – Sunday, August 4**

(Tambura Week)

*\*This week is for tambura players and folklore dancers only. Due to the aggressive rehearsal schedule during Tambura Week, it is not recommended for children under age 10.*

The **Camp Fee** is \$275 per child. This fee must be in US Funds; no personal checks from Canada will be accepted. An additional fee of **\$25** is required for all students who are not members of the Eastern American Diocese.

Registration for all weeks begins on Sundays at 2:00 PM. Camper Pick-up is Saturday morning at 10:00 AM for Weeks 1 through 3.

**Shadeland Camper Fees to be submitted with this form:**

\$100 deposit with the application + \$175 balance on arrival = \$275.00 total

Parents please note: Please fill out all sections of the Camper Registration Form. The consent and responsibility waiver must be signed in order for us to operate the camp program. Shadeland Camp strictly prohibits alcoholic beverages, illegal drugs, tobacco (smoking, chewing, etc.), fireworks, or weapons of any kind. Any violation will result in immediate dismissal from camp.

Make checks payable to St. Sava Camp; mail it to: Dee Dee Baskot, 1704 Vermont Ave, West Mifflin, PA 15122. For more information, please call Dee Dee Baskot at 412-469-2955, email [GiftsGalore499@aol.com](mailto:GiftsGalore499@aol.com) .

### **\*\*\*Information Regarding Physical Exams For All Children Attending Camp\*\*\***

All children attending camp must submit prior to their arrival completed health forms signed by a physician. Pennsylvania State licensing requirements mandate that we have a completed physical for your child. Your child cannot be admitted without a physical signed by a medical professional. We will no longer accept physicals that are filled out by parents alone. Please do not disappoint your child by failing to provide the necessary medical information. All campers should be covered by their family policy. While St. Sava Camp/Shadeland will act as a guarantor, any cost incurred by the Camp in providing required medical treatment, i.e., doctor visits, prescriptions etc., will be billed to the parent or guardian.

**Financial Assistance:** We do not wish for camp to be out-of-reach for any child and family. We encourage anyone who faces a hardship to please notify us through your parish priest or by contacting us directly. We have and will continue to offer assistance to those families in need.

**Payment of Fees:** If all or part of your camp fee is being paid by your Church, an auxiliary organization, or a third-party, that amount must be paid when your child arrives at Camp. Regretfully, we cannot afford to wait for payment. *Canadian campers - all cash, checks and money orders must be submitted in U.S. funds only.*

**Parent Volunteers:** Please complete the Volunteer Application and submit it with your child's application. Space is limited. We may not be able to accommodate every parent who wishes to attend.

While we want every child to experience summer camp at Shadeland, our space is limited to 76 campers per week. The demand for Camp is great. We encourage you to fill out the application completely and send it in without delay. Once your application is received, we will send an email confirmation.

We look forward to having your child/ren at Camp this year!!

In Christ,

Fr. Milan Pajic, Camp Co-Director



SERBIAN ORTHODOX DIOCESE OF EASTERN AMERICA

# Shadeland St. Sava Camp

Mail Applications To: St. Sava Camp, c/o Dee Dee Baskot, 1704 Vermont Ave, West Mifflin, PA 15122

## Camper Information

**Please Print Clearly**

**Camper's Name:** \_\_\_\_\_  
Last First Middle Initial

**Address:** \_\_\_\_\_  
Number/Street

\_\_\_\_\_ City State Zip

email address for confirmation only: \_\_\_\_\_ How many years has your child attended camp? Please include this year: \_\_\_\_\_  
Male: \_\_\_ Female: \_\_\_ Camper's Date of Birth (M/D/Y): \_\_\_\_\_

**Parents' Names:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Mom Work Phone:** \_\_\_\_\_ **Dad Work Phone:** \_\_\_\_\_

**Cell Phones: (Mom)** \_\_\_\_\_ **(Dad)** \_\_\_\_\_

**Emergency contact:** \_\_\_\_\_  
(Other than parent)

**Relationship to camper:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Parish Name and Location:** \_\_\_\_\_ **Is camper baptized Orthodox?** \_\_\_\_\_

**Parents Marital Status:** \_\_\_\_\_ **Custody of Child (if applicable):** \_\_\_\_\_

**Who is the primary contact?** Dad \_\_\_\_\_ Mom \_\_\_\_\_

If your child has/had special medical or physical needs or is under a physician's care for an ongoing physical or behavioral condition or if your child has an individual education plan at school, please check this box and explain on a separate sheet of paper.

## 2018 CAMP SEASON

## For Office Use Only

**Please indicate week(s) desired**  
Nonrefundable Deposit of \$100 is required  
Canadian Campers: Additional \$8 processing fee required  
2 PM Registration

\_\_\_\_\_ July 8-14

\_\_\_\_\_ July 15-22

\_\_\_\_\_ July 22-28

\_\_\_\_\_ \*July 29-Aug 4

\*This week is for tambura players and folklore dancers only. Due to the aggressive rehearsal schedule during Tambura Week it is not recommended for children under age 10.

**Date:** \_\_\_\_\_ **Deposit: Ck #** \_\_\_\_\_ **Paid:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Balance: Ck #** \_\_\_\_\_ **Paid:** \_\_\_\_\_

**Payment by Church/organization:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Date: Ck#** \_\_\_\_\_ **Paid** \_\_\_\_\_

**Camper Cash: Ck/Ca** \_\_\_\_\_ **Paid:** \_\_\_\_\_

**Photo:** \_\_\_\_\_ **Ck/Ca** \_\_\_\_\_ **Paid:** \_\_\_\_\_

**Swimmer: Yes \_\_\_ No \_\_\_ Beginner \_\_\_ Intermediate \_\_\_ Advanced \_\_\_**

**Is your child permitted to use the pool: Yes \_\_\_ No \_\_\_; Permitted to use the lake: Yes \_\_\_ No \_\_\_**

*For those who are not able to swim, there is a shallow water section. A certified lifeguard supervises all aquatic sessions.*

**If your child is attending Tambura Week and plans to bring an instrument, please indicate instrument: \_\_\_\_\_**

*We are not responsible for lost or broken instruments while at Camp, nor are we responsible to return instruments or costumes left at Camp. Please make sure your child has his/her instrument(s) and costume(s) when departing Camp.*

## **Health Forms**

The health form is provided along with this application. It does NOT need to be submitted with your deposit. However, it must be completed in full, signed by your physician, and sent to Camp prior to your arrival.

**Remember: No form, No camp attendance!**

When you have completed all information on this application, please read the paragraphs below and sign the consent and/or responsibility waiver. These are necessary not only for your child to attend Shadeland Camp this season, but also for us to operate the camp program.

### **PARENT/GUARDIAN AUTHORIZATIONS, PERMISSIONS, AND AGREEMENT**

This health history is correct and complete as far as I know. The person herein described 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, administer prescribed 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 for me/my child. In the event 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, for the person named above. I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed. I further understand that I will be responsible for expenses not covered by my insurance.

I understand all reasonable safety precautions will be taken always at St. Sava Camp Shadeland and its agents during camp season. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold the Serbian Orthodox Diocese of Eastern America, their clergy, the St. Sava Camp Shadeland, its leaders, employees, and/or volunteers liable for damages, losses, disease or injury incurred by the subject of this form.

I hereby give my permission to take field trips while attending camp at St. Sava Camp Shadeland (Springboro) PA.

I agree that my child will abide by all the rules and guidelines set forth by St. Sava Camp Shadeland for the safety and good health of the campers at camp. I also agree that if my child must return home due to discipline violations, it will be at my own expense.

I agree to indemnify and hold harmless the Serbian Orthodox Diocese of Eastern America, the St. Sava Camp Shadeland, their clergy, officers, directors, employees, staff and volunteers from any and all expenses, claims, costs or attorney fees incurred as a result of claims, actions, and/or suites brought by me, my child, or on my behalf of my child's behalf or by anyone else as a result of any accident or injury occurring to me or my child.

***I give permission to St. Sava Camp Shadeland to print, photograph, and record my child for use in audio, video, film or any other electronic, digital, and printed media.***

I give permission for my child to participate in all camp activities, except the following (please list reason for each activity denied):

Activity and Reason for Denial of Permission: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

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**Signature and Seal of Parish Priest:** I hereby affix my signature in approving this child's Camp Application, signifying his/her good standing in our parish.

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Signature of Parish Priest