



Camp St. Thekla Winter Camp

Winter Camp Instructions

February 15—18, 2019

(for campers in Grades 7-12)

DEADLINE FOR REGISTRATION— DECEMBER 31st



COST: Please attach a check of **\$200** (with the **Registration Form, Medical Form, and Asbury Waiver**) made payable to Camp St Thekla. The camper fee is \$200 for the entire weekend. Campers are registered in the order in which the completed forms are received.

FORMS WE NEED: **Registration Form, Medical Form, Asbury Waiver** (all found on camp website)

CANCELLATION: We appreciate prompt notification if a camper must cancel. Refunds of deposits and other payments may be requested in writing and will only be granted if a replacement for the open spot is found, except in cases of family emergency, not family choice.

TRANSPORTATION TO ASBURY HILLS: Camp St. Thekla will provide round-trip ground transportation for campers flying into the Greenville Airport. All travel information, including airline, flight number, arrival and departure times must be received no later than **2 weeks prior** to camp to guarantee that transportation will be provided. The campers will be met at the gate by a Staff member, as well as escorted to the gate at departure. Flight arrival times must fall between **2:00 PM and 6:00 PM on Friday, February 15, 2019**, and departures must fall between **2:00 PM and 6:00 PM on Monday, February 18, 2019**. Any deviation from these times must be approved by the Camp Director to determine if ground transportation will be provided.

CHECK-IN: Check-in will begin at **7:00 PM on Friday, February 15**.

INSURANCE: All campers should be covered by their family policy. Any costs incurred by the Camp in providing required medical treatment such as hospital and/or doctor's appointments, prescriptions, etc., will be billed to the parents.

MEDICATIONS: Any prescription medication brought must be in its original labeled prescription container. All medications will be collected and dispensed by a nurse. Please fill out the medical form accordingly

SPENDING MONEY: Spending money will be needed if the camper wishes to purchase items from our bookstore.

WHAT TO BRING: *Please bring either a sleeping bag or sheets & a blanket along with a pillow, and towels.* These items will not be provided. Please remember to pack toiletries & personal items, warm casual clothes for the weekend, and a nice outfit for Divine Liturgy on Sunday morning. We will be outside throughout the weekend, so remember to bring a warm winter jacket, gloves, winter hat, warm socks, and winter boots.

DO NOT BRING: Please do not bring alcohol, tobacco, weapons, cell phones, music, iPods, cd/mp3 players, electronic games. We will provide all the elements that you will need to have a safe, fun, and spiritual weekend.

UPON REGISTERING: Once we receive a **completed registration form** along with **medical form, Asbury waiver**, and the **tuition fee**, you will receive confirmation via email, along with any other information that you will need to prepare for the weekend.

**MAIL ALL FORMS AND TUITION TO:
(NOTE THE NEW CAMP ADDRESS)**

Camp St. Thekla
PO Box 3569
Myrtle Beach, Sc 29578



**Camp St. Thekla Winter Camp
Camper Registration Form
February 15—18, 2019**
for campers in Grades 7-12
COST: \$200 per camper



Camper Name: _____ Birth Date : _____ / _____ / _____
First M.I. Last Month Day Year

Address: _____ Camper E-mail: _____
Street (include Apt. No.)

Female Male

City State/Province ZIP

Parish Name: _____ City _____ ST _____ Age _____ Grade in School _____

Parent/Guardian Name: _____ Parent E-mail: _____

Parent/Guardian Phone No.: (_____) _____ (home) (_____) _____ (mobile)

Other Emergency Contact: _____ Emergency Phone No.: (_____) _____

Health Insurance Co. _____ Policy Number _____

Group Number _____ In Whose Name is the Insurance? _____

Family Doctor _____ City/Town _____ Phone Number (_____) _____

Travel Plans (circle one): Driving In or Flying (If you are flying, please refer to the Camper Instructions)

Allergies (food or other): _____ T-Shirt Size (Circle One) S M L XL XXL

Will you allow CST to take photos and videos of your camper for the website/DVD (please circle): YES / NO

Mail Form To: PO Box 3569, Myrtle Beach, SC 29578

PARENT AUTHORIZATION AND MEDICAL CONSENT

I hereby give permission to Camp St. Thekla to provide routine health care, 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 insurance purposes. I give permission to the camp to arrange necessary related transportation for my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by Camp St. Thekla 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 any expenses not covered by my insurance.

I understand all reasonable safety precautions will be taken at all times by Camp St. Thekla and its agents during Winter Camp. I also give permission to Camp St. Thekla to provide transportation for my child to the designated location for ice skating or other event. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold the Antiochian Orthodox Christian Archdiocese, Camp St. Thekla, their leaders, employees, and/or volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

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

I hereby agree to indemnify and hold harmless, the Antiochian Orthodox Christian Archdiocese, Camp St. Thekla, 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 suits brought by me, my child or on my behalf or on my child's behalf or by anyone else as a result of any accident or injury occurring to me or my child.

Print Name _____ Camper Signature _____ Date ____/____/____

Print Name _____ Parent/Guardian Signature _____ Date ____/____/____

Please remember to enclose a check for \$200 and fill out the Medical Form and Asbury Waiver Thank You!

NON-DISCRIMINATORY NOTICE: Camp St. Thekla does not and will not discriminate against any student, employee, or other person because of race, color, religious creed, ancestry, national origin, age, sex, veteran's status, or disability.

FOR OFFICE USE ONLY

ID#: _____

Payment Type	Check #	Check Date	Amount Paid