



Camp St. Thekla Winter Camp

Volunteer/Chaperone Instructions

February 15—18, 2019

(for campers in Grades 7-12)

DEADLINE FOR REGISTRATION— DECEMBER 31st



COST: Please attach a check of **\$160** (with the **Registration Form, Medical Form, and Asbury Waiver**) made payable to Camp St Thekla. The volunteer fee is \$160 for the entire weekend. We wish we didn't have to charge volunteers but it is the only way we would be able to afford the weekend.

FORMS WE NEED: **Registration Form, Medical Form, Asbury Waiver**

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 volunteers 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. 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 volunteers should be covered by their policy.

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

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.

UPON REGISTERING: Once we receive a **completed registration form** along with the **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
Volunteer/Chaperone Form
February 15—18, 2019**
for campers in Grades 7-12
COST: \$160 per Volunteer/Chaperone



Volunteer/Chaperone Name: _____ Birth Date : ____/____/____
First M.I. Last Month Day Year

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

City State/Province ZIP

Female Male

Parish Name: _____ City _____ ST _____ Age _____

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 and Check To: PO Box 3569, Myrtle Beach, Sc 29578

Volunteer/Chaperone CONSENT

As a Volunteer/Chaperone for Winter Camp 2019, I agree to fulfill the duties that are assigned to me. Responsibilities of Volunteers will include but are not limited to: helping with meals, snacks and transportation of camper luggage.

I understand all reasonable safety precautions will be taken at all times by Camp St. Thekla and its agents during Winter Camp. I understand that participating in Winter Camp or other off-site event will bring certain risks of injury to myself. 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 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 as a result of claims, actions and/or suits brought by me or on my behalf or by anyone else as a result of any accident or injury occurring to me.

Signature _____ Date ____/____/____

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