



CAMP METAMORPHOSIS WINNIPEG CAMP APPLICATION 2022

When: August 22-27, 2022
Who: Youth ages 9–17
Where: Camp Wasagaming
Clear Lake, Manitoba

Registration (Until August 5th) Fee: \$450 per camper

Late Registration (After August 10th) Fee: \$475 per camper (No Exceptions)

Last Day to Register is August 15th, 2022

Please note that there are NO partial stays.

REGISTRATION: Please include and send pages 4 - 8 (Sign parts 2,3,4 & 5).
Drop the application off at the church office or mail it to:

Camp Metamorphosis Winnipeg
c/o St. Demetrios Greek Orthodox Church
2255 Grant Avenue, Winnipeg, Manitoba, R3P 0S2

PAYMENT OPTIONS:

1. Cheque payable to **St. Demetrios Greek Orthodox Church**; *Memo line: Camp Met 2022*. Drop off or mail cheque with application (see above).

OR

2. VISA/MASTERCARD - Call in your credit card number to the church office to secretary Sharon during church office hours.

DEADLINE TO REGISTER IS August 15th, 2022.
SPACE IS LIMITED-SO PLEASE APPLY EARLY.

CAMP METAMORPHOSIS WINNIPEG POLICIES/PROCEDURES/WHAT TO BRING

MEDICINE: Prescription medications will be collected when the children arrive and will be administered by the Camp Health Staff as required. Do not bring non-prescription medication as the camp has ample in its infirmary. If your child becomes ill during camp, you may be required to come and pick them up.

DISCIPLINE: Your child will be expected to follow all the rules and regulations of camp. These will be reviewed in detail when your child arrives. **Should your child have difficulty with these rules, you will be expected to come and pick him/her up. Should your child cause any damage to the camp facilities, you will be required to assume financial responsibility.**

LOST PROPERTY: The camp is not responsible for any lost or stolen property, so please do not send valuables with your child. Also, we will not be able to return for items that your child has forgotten. Please label all clothing and each piece of luggage including sleeping bags and pillows.

*****COMMUNICATION***:** Children's cellular phones are to be left at home, regardless if they're used to take pictures. For emergency purposes or to reach the camp director, please contact Fr. Nikolaos at 1-204-333-3572. Your child will be in activities and sessions throughout the day, and casual phone calls only disrupt the camp program. Please call only if it is necessary. Fr. Nick will NOT contact you unless it's an emergency.

VISITATION: There will no visitation allowed, unless there is an advertised Community Liturgy.

DROP OFF AND PICK UP: Drop your child off at St. Demetrios Church on **Monday, August 22, 2022, NO LATER than 7:45am.** A bus will be waiting to take them to camp. A bus will return them to St. Demetrios on **Saturday, August 27, 2022, no later than 2:15pm.** Please arrange to meet your child/children at St. Demetrios at that time.

WHAT TO BRING CHECKLIST

- | | | |
|--|--|---|
| <input type="checkbox"/> Rain Coat and Pants | <input type="checkbox"/> Rubber Boots | <input type="checkbox"/> Pyjamas |
| <input type="checkbox"/> Pillow & Cases | <input type="checkbox"/> Insect Repellent | <input type="checkbox"/> Flashlight & Batteries |
| <input type="checkbox"/> Bath Towels | <input type="checkbox"/> Beach Towel | <input type="checkbox"/> Personal Toiletries |
| <input type="checkbox"/> Casual Summer Clothes | <input type="checkbox"/> Socks & Underwear | <input type="checkbox"/> Pants |
| <input type="checkbox"/> Jacket or Sweatshirts | <input type="checkbox"/> Sleeping Bag | <input type="checkbox"/> Swimsuit (NO 2 piece) |
| <input type="checkbox"/> Running Shoes | <input type="checkbox"/> Sandals | <input type="checkbox"/> Sunscreen |
| <input type="checkbox"/> Hat & Sunglasses | <input type="checkbox"/> Prescription Meds | <input type="checkbox"/> Photo Camera (Option) |
| <input type="checkbox"/> Small amount of money | <input type="checkbox"/> Bible & Icon | <input type="checkbox"/> Notepad & Pencil |

CAMP METAMORPHOSIS WINNIPEG CAMPER REGISTRATION (PART 1)

PLEASE PRINT

| | |
|--|--|
| Camper's Name: | |
| Address: | |
| Home Phone: | Camper's Email Address: |
| Birth date: | Sex: M F T-SHIRT SIZE: |
| Mother's Name: Work Phone: Cell Phone: Email Address: | Father's Name: Work Phone: Cell Phone: Email Address: |
| Emergency Contact Person's Name: | |
| Phone #: | Relationship: |
| Family Physician/Pediatrician: | Phone #: |
| Dentist/Orthodontist: | Phone #: |
| Health Card # (PHIN): | Province of Issue: |
| Operations or serious injuries (please give dates): | |
| Chronic or recurring illness or medical condition: | |
| Medications Name: Dosage: Health History (circle all that apply and give approximate dates): Frequent Ear Infections Heart Defect/Disease Convulsions/Epilepsy Diabetes Bleeding/Clotting Disorders Hypertension Mononucleosis Asthma Bedwetting Sleepwalking Other: | |
| Diseases (circle all that apply and give approximate dates): Chicken Pox Measles German Measles Mumps Other: | |
| Allergies (circle all that apply): Hay Fever Ivy Poisoning, etc. Insect Stings Penicillin Other Drugs: Food (please list): Other (specify): | |

**CAMP METAMORPHOSIS WINNIPEG
MEDICAL/LEGAL WAIVER (PART 2)
(2 pages)**

I/We the parent(s) or legal guardian(s) hereby authorize representatives of Camp Metamorphosis Winnipeg/Camp Wasaga to make such arrangements as they consider necessary for the child mentioned below to receive medical, hospital care or first aid, including necessary transportation. This authorization is given in advance of any specific diagnosis, treatment or hospital care required but is given to provide authority and power to render care which is deemed advisable in the best judgment of the Camp Health Staff. It is understood that an effort will be made to contact the undersigned prior to rendering treatment, but that treatment will not be withheld if the undersigned cannot be reached. The Undersigned will be responsible for any additional costs involved.

All medications must arrive in their original packaging and in sufficient supply. Medication not in its original packaging will NOT be administered. ALL medication will be administered by Camp Health Staff, NOT the camper. DO NOT send non-prescription medication as the camp infirmary has sufficient supply.

The Undersigned gives Camp Health Staff the right to administer NON-prescription drugs for the medical well-being of the camper. As well, the Undersigned gives Camp Health Staff permission to administer an EpiPen, if needed for the good of the camper.

I acknowledge that some of the activities that my child(ren) will engage in involve some risk of personal injury. I hereby knowingly and voluntarily waive any right or cause of action of any kind against the members, directors, agents, volunteers, or staff of Camp Metamorphosis Winnipeg, St. Demetrios Greek Orthodox Church, The Hellenic Greek Orthodox Church of Winnipeg Inc., Camp Wasaga and affiliated staff, from all liability from injury to in any manner arising out of, or incident to participation, including without limitation all consequential damages, whether or not resulting from the negligence of any of the above-noted parties or their agents. Nor shall they be liable for any personal injury occurring during the transportation of campers and staff to and from camp.

Each camper must have Provincial or equivalent medical insurance.

Camp Metamorphosis Winnipeg/Camp Wasaga Camp Director reserves the right to dismiss a camper, who in the opinion of the camp is a hazard to the safety of themselves or others or who appear to have rejected the reasonable controls of the camp. If this occurs, no fees will be refunded, and the camper may not be allowed to return to the camp.

Possession of Tobacco, Alcohol, or other illegal substances is strictly prohibited. During the campers stay at camp, their personal property may be searched if due cause is warranted that they may be in possession of a contraband substance or in the event they are suspect in a dispute or disagreement that would require their belongings to be searched.

The Undersigned certifies that all information given in this application form is complete and accurate to the best of their knowledge. ANY changes in medical history within 4 weeks of the start of camp must be reported to Camp Metamorphosis Winnipeg Director at St. Demetrios.

The person herein described has permission to engage in all camp activities except as noted.

I have read the above information and AGREE to the above.

Parent or guardian's signature

Date

Name of camper (please print)

CAMP METAMORPHOSIS WINNIPEG PARENT/CAMPER CONTRACT (PART 3)

In order to promote an enjoyable and safe week of camping, I agree to the following guidelines:

PARENT:

1. I have read and agree to the Camp Policies/Procedures document and have informed my child as to the policies and procedures of Camp.
2. I will bring my child/children to the Church no later than **7:45am Monday, August 22, 2022**, to board the chartered bus to camp.
3. Camp will conclude **Saturday, August 27, 2022**. Transportation back to St. Demetrios will be by chartered bus. I will pick up my child/children at St. Demetrios on **Saturday, August 27, 2022 at 2:30pm**. I understand that the bus may be early or late in returning to St. Demetrios.
4. At the discretion of the camp first aid administrator, clergy or directors, I agree to pick up my camper, day or night, if he/she becomes ill or for reasons of behavioural disruption.
5. The Camp Registration, Medical/Legal Waiver and this Contract must be signed and completed. I understand that my child(ren) cannot be enrolled into the camp without a signature from a parent or guardian on the Medical/Legal Waiver and this Contract Form.
6. I will not visit the Camp, unless there is an advertised Community Liturgy or event.
7. I agree to contact the Camp Director before camp begins if I have any questions or if I do not understand any of these guidelines.

CAMPER:

1. I agree to attend all religious activities daily. I agree to fully respect Orthodox Life and to abide by the Clergy and Camp Director's instructions. I agree to maintain the cleanliness of the camp's dining hall, grounds, washroom/shower facilities, arts and crafts room, and cabins as if they were my own home.
2. I agree to have all medication administered by the camp medical staff. I also agree to have my medical requirement(s) brought to the attention of the staff first aid administrator with specific instructions at the time of registration.
3. I understand that cabin assignments are made with regard only to the camper's age and gender. I agree to be in my assigned bunk by the nightly curfew hours and to obey my counsellor's directions.
4. I agree not to leave the campgrounds.
5. I agree not to bring food, snacks, candy or drinks into the cabins.
6. **I understand that there will be no tolerance of any profanity, alcoholic drinking, cigarettes, vaping, inhalants, illegal substances, fireworks, lighters, matches, cell phones, iPods, other personal electronics, or the possession of any weapons while I am at camp.**
7. **I agree to behave in the manner that reflects my Orthodox Christian faith.**
8. **I agree to follow the rules set out by the Camp Director and staff.**

Parent or guardian's signature

Date

Name of camper (please print)

CAMPER PHOTO RELEASE FORM (Part 4)

PLEASE FILL OUT ONLY ONE SECTION

I, _____, give permission to Camp Metamorphosis Winnipeg to take photographs of _____ and use them for media and promotional purposes.

I hereby waive any right to inspect or approve the finished photograph or advertising copy or printed matter that may be used. I release the Camp Metamorphosis directors, its staff, and employees, from any and all claims of harm and liability as a result of any distortion, blurring, or alteration, optical illusion, or use in composite form, either intentionally or otherwise which may occur from making, showing, using or distributing these photographs/video.

OR

I, _____, DO NOT give permission to Camp Metamorphosis Winnipeg to take photographs of _____ and use them for media and promotional purposes.

I HAVE READ THIS RELEASE AND CONSENT FORM BEFORE AFFIXING MY SIGNATURE BELOW, AND I UNDERSTAND AND AGREE TO ITS TERMS.

PARENT/GUARDIAN

SIGNATURE

DATE

HIKE RELEASE FORM – CAMP METAMORPHOSIS (Part 5)

PLEASE READ THIS ENTIRE DOCUMENT CAREFULLY BEFORE SIGNING.

By signing below, I acknowledge that the hike carried out by Camp Metamorphosis staff, is an outdoor activity which may involve the risk of personal injuries or in rare cases death. The trip organizers are volunteers. They are not paid professional guides or leaders.

I hereby agree for _____, to be effective to the greatest extent permitted by law, to release the Camp Metamorphosis staff, from any and all liability claims, losses, and/or damages for personal injuries or death which may occur during participation in the day/night hike and any activities associated with the hike conducted during the duration of the stay.

To the fullest extent allowed by law, I agree to **WAIVE, DISCHARGE CLAIMS, AND RELEASE FROM LIABILITY**, and to **INDEMNIFY AND HOLD HARMLESS** the Camp Metamorphosis staff, from **any and all liability** on account of, or in any way resulting from injuries and damages, even if caused by **negligence** of the Camp Metamorphosis staff and any connected with this day/night hike. I understand and intend that this assumption of risk and release is binding upon my heirs, executors, administrators and assigns, and includes any minors accompanying me on the hike.

*I intend this release and agreement not to sue to be effective whether or not the injury or death results, in whole or in part, from the negligence of the Camp Metamorphosis staff.

*I understand that “negligence” means a failure to do an act, which a reasonably careful person would do, or the doing of an act, which a reasonably careful person would not do, under the same circumstances, to protect another from injury or death.

I _____ are to be solely responsible for my own safety and to take every precaution to provide for my own safety and well-being while participating in the hike.

I understand that on this outing there may not be rescue or medical facilities or expertise necessary to deal with serious injuries and damages to which I may be exposed.

I agree to remain with the group and not separate and understand that a hike will not take place in dangerous circumstances.

I have read this document in its entirety and I freely and voluntarily assume all risks of such injuries and damages and notwithstanding such risks, I agree to participate in the hike.

MINOR'S NAME

GUARDIAN SIGNATURE

DATE

GUARDIAN NAME (PRINT)