



DAY CAMP METAMORPHOSIS WINNIPEG CAMP APPLICATION 2021

When: Every Monday, Wednesday, Friday @9:00-15:00

Week of:

- July 12th – ages 5 - 8
- July 19th – ages 9 - 11
- July 26th – ages 5 - 8

- August 2th – ages 9 - 11
- August 9th – ages 5- 8
- August 16th – ages 9 - 11

Where: St. Demetrios Greek Orthodox Church

Registration

Per day	\$40
Full Week	\$100

Please make cheques payable to:
St. Demetrios Greek Orthodox Church
Memo: Camp Met 2021

Visa/Mastercard also accepted-
see payment form attached (part 6)

Please submit Parts 1, 2, 3, 4, 5 and 6 with the registration fee to:

Fax: (204) – 837 – 4340
By email: campmetwpg@gmail.com
Mail: Day Camp Metamorphosis Winnipeg
c/o St. Demetrios Greek Orthodox Church
2255 Grant Ave
Winnipeg, Manitoba
R3P 0S2

CAMP METAMORPHOSIS WINNIPEG

POLICIES/PROCEDURES/WHAT TO BRING

MEDICINE: Prescription medications will be collected when the children arrive and will be administered by the Day Camp Staff as required. If your child becomes ill during day camp, you will be required to come and pick them up; a staff member will call you with further information.

DISCIPLINE: Your child will be expected to follow all the rules and regulations of day 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 church facilities, you will be required to assume financial responsibility.**

LOST PROPERTY: The day camp is not responsible for any lost or stolen property, so please do not send valuables with your child. Supplies (i.e. markers) are preferred to be labelled.

For emergency purposes or to reach the day camp director, please contact Fr. Nikolaos at 1-204-333-3572 or Angie Houvardas at 1-204-955-2015. Your child will be in activities and sessions throughout the day. Please call only if it is necessary. Fr. Nikolaos will NOT contact you unless it's an emergency.

DROP OFF AND PICK UP: Drop your child off at St. Demetrios Church each scheduled day at **9:00 am**. Please arrange to meet your child/children at St. Demetrios at **3:00 pm**. We ask that you drop off and pick up your child/children outside the MHCC entrance (parents will not be allowed in the building due to CDC guidelines)

WHAT TO BRING CHECKLIST

- | | |
|---|---|
| <input type="checkbox"/> Lunch (snacks provided) | <input type="checkbox"/> Coloured Markers |
| <input type="checkbox"/> Sunscreen | <input type="checkbox"/> Insect Repellent |
| <input type="checkbox"/> Refillable Water bottles | <input type="checkbox"/> Beach Towel |
| <input type="checkbox"/> Casual Summer Clothes | <input type="checkbox"/> Swimsuit (NO 2 piece) |
| <input type="checkbox"/> Running Shoes | <input type="checkbox"/> Prescription Meds |
| <input type="checkbox"/> Hat & Sunglasses | |

DAY CAMP METAMORPHOSIS WINNIPEG

CAMPER REGISTRATION (PART 1)

PLEASE PRINT

Camper's Name:	
Address:	
Home Phone:	Camper's Email Address:
Birth date:	Sex: M F
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 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):	

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

I/We the parent(s) or legal guardian(s) hereby authorize representatives of Day Camp Metamorphosis Winnipeg 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 Day 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 Day Camp Staff, NOT the camper. DO NOT send non-prescription medication as the Day 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 Day Camp Metamorphosis Winnipeg, St. Demetrios Greek Orthodox Church, The Hellenic Greek Orthodox Church of Winnipeg Inc., 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 day camp.

Each camper must have Provincial or equivalent medical insurance.

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

Possession of Tobacco, Alcohol, or other illegal substances is strictly prohibited. During the campers stay at day 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 day camp must be reported to Day Camp Metamorphosis Winnipeg Director at St. Demetrios.

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

Please note that the day camp director's will be working in accordance with the CDC guidelines to ensure that the health and safety of campers is maintained. In addition, the campers will be expected to cooperate with the directors' efforts to prevent the spread of Covid-19. These efforts will include regular washing/sanitization of hands, personal belongings and surfaces.

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

Parent or guardian's signature

Date

Name of camper (please print)

DAY 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 Day Camp Policies/Procedures document and have informed my child as to the policies and procedures of Day Camp.
2. I will bring my child/children to the MHCC no later than **9:15am on the scheduled days** without entering the building.
3. I will pick up my child/children from the MHCC **at 3:00pm on the scheduled days** without entering the building.
4. At the discretion of the day camp clergy or directors, I agree to pick up my camper, if he/she becomes ill or for reasons of behavioural disruption.
5. The Day Camp Registration, Medical/Legal Waiver and this Contract must be signed and completed. I understand that my child(ren) cannot be enrolled into the day camp without a signature from a parent or guardian on the Medical/Legal Waiver and this Contract Form.
6. I agree to contact the Day Camp Director before day 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 Day Camp Director's instructions. I agree to maintain the cleanliness of the church hall, grounds, washroom facilities, multipurpose room, and classrooms as if they were my own home.
2. I agree to have all medication administered by the day 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 agree not to leave the church grounds unsupervised.
4. **I understand that there will be no tolerance of any profanity, alcoholic drinking, cigarettes, inhalants, illegal substances, fireworks, lighters, matches, or the possession of any weapons while I am at day camp.**
5. **I agree to behave in the manner that reflects my Orthodox Christian faith.**
6. **I agree to follow the rules set out by the Day 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

OFF-SITE RELEASE FORM – CAMP METAMORPHOSIS

(Part 5)

PLEASE READ THIS ENTIRE DOCUMENT CAREFULLY BEFORE SIGNING.

By signing below, I acknowledge that any off-site activities carried out by Day Camp Metamorphosis staff, is an outdoor activity which may involve the risk of personal injuries or in rare cases death.

I hereby agree for _____, to be effective to the greatest extent permitted by law, to release the Day Camp Metamorphosis staff, from any and all liability claims, losses, and/or damages for personal injuries or death which may occur during participation in any off-site activities throughout 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 Day 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 Day Camp Metamorphosis staff and any connected with any off-site activity. 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 off-site.

*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 Day 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 any off-site activities.

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 an off-site activity 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 any off-site activities.

MINOR'S NAME

GUARDIAN SIGNATURE

DATE

GUARDIAN NAME (PRINT)

Payment Information (Part 6)

Child's Name: _____

Week/Days attending (check all that apply)	Monday	Wednesday	Friday	Total
July 12 th – 16 th				
July 19 th – 23 rd				
July 26 th – 30 th				
August 2 nd – 6 th	<i>No camp</i>			
August 9 th – 13 th				
August 16 th – 20 th				
Total Cost				

I plan to make this payment in the form of: Visa Mastercard

Credit card type	
Credit card number	
Expiration Date	
Authorized signature	
Total Amount	