

YOUTH PILGRIMAGE 2010  
AUGUST 20-22, 2010 CAMP NAZARETH, MERCER, PA  
REGISTRATION FORM  
Registration Fee: \$50.00  
*Please return no later than August 10, 2010*

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

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

Home Parish: \_\_\_\_\_ City & State: \_\_\_\_\_

Parent or Guardian/Emergency Contact \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**PARENT/GUARDIAN AUTHORIZATIONS PERMISSIONS AND AGREEMENT:**

This application is correct and complete as far as I know. Both I and the child under my care agree to comply with the high standards of Camp Nazareth regarding order, safety and good health. The person herein described has permission to engage in all pilgrimage 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 any expenses not covered by my insurance. I understand all reasonable safety precautions will be taken at all times by Camp Nazareth and its agents during the Pilgrimage. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold the American Carpatho-Russian Orthodox Diocese, Camp Nazareth, 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 of the rules and guidelines set forth by Camp Nazareth for the safety and good health of the pilgrimage participants. I also agree that if my child has to return home due to discipline violations, it will be at my own expense. I agree to indemnify and hold harmless, the American Carpatho-Russian Orthodox Diocese, Camp Nazareth, their leaders, employees and/volunteers from any expenses, losses claims, or damages incurred as a result of the acts or omissions of the subject of this form. This completed form may be photocopied for emergency trips out of camp.

Signature of Parent or Guardian (or Participant if age 18 or over)

\_\_\_\_\_ Date of Signature: \_\_\_\_\_

Medical History

- \_\_\_\_ Frequent Ear Infections
- \_\_\_\_ Convulsions
- \_\_\_\_ Bleeding Disorder
- \_\_\_\_ Mononucleosis
- \_\_\_\_ Measles
- \_\_\_\_ Mumps

- \_\_\_\_ Allergies
- \_\_\_\_ Ivy Poisoning
- \_\_\_\_ Penicillin Reaction
- \_\_\_\_ Asthma
- \_\_\_\_ Heart Defect
- \_\_\_\_ Diabetes

- \_\_\_\_ Hypertension
- \_\_\_\_ Chicken Pox
- \_\_\_\_ German Measles
- \_\_\_\_ Hay Fever
- \_\_\_\_ Insect Reaction
- \_\_\_\_ Drug Reaction

Other:

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Operations or Serious Illness:

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Chronic or Recurring Illness or Medical Condition:

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Restricted Activities:

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Dietary Restrictions:

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Current Medications:

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This is to certify my child is in Good Health and has no known recent exposure to any contagious disease. (IF CHILD HAS HAD A SERIOUS ILLNESS OR SURGERY SINCE LAST EXAM, WRITTEN PERMISSION MUST BE OBTAINED FROM A PHYSICIAN TO ATTEND THE RETREAT.)

Signature of Parent or Guardian (or participant if age 18 or over):

\_\_\_\_\_ Date: \_\_\_\_\_

## ADDITIONAL REGISTRATION INSTRUCTIONS

ITEMS TO BRING: Dress Clothing for Divine Services, Personal Toiletries; Casual Clothes; Swimsuit; Sneakers; Sweater or Sweatshirt; Sleeping Bag or Sheets, Pillow & Blanket, Insect Repellent, Baseball Glove, Extra Spending Money. A GOOD ATTITUDE!!

ITEMS NOT TO BRING: Cell Phones and Pagers; Laser Pointers;. Roller Blades, Sneaker Skates, Roller Skates; Alcoholic Beverages; Cigarettes or any Tobacco Products; Illegal Drugs; Knives; Guns; Fireworks; Shaving Cream; Clothing with suggestive or obscene imagery or words; or any other item NOT deemed appropriate. A BAD ATTITUDE!!

Please return two page registration form by August 10, 2010 with the \$50 registration fee to:

To:

Fr. Miles Zdinak  
141 Hoffman Farm Road  
Windber, PA 15963

*Checks Should be Made Payable to The American Carpatho-Russian Orthodox Diocese*