

# Ukrainian Youth Association Werchowyna Camp Registration 2009



## CAMPER INFORMATION (IN ENGLISH)

Child's First Name	_____	Last Name	_____
		Date of Birth (mm/dd/yyyy)	_____
Street Address	_____	Sex	_____
City	_____	Grade Completed	_____
Province/State	_____	Home Phone	_____
Postal/Zip Code	_____	Work Phone	_____
Country	_____	Emergency Contact/Phone	_____
CYM Branch	_____	Parent's e-mail	_____
Speaks Ukrainian:	_____	T-Shirt Size:	_____

## ДАННІ ПРО ТАБОРОВИКА

Ім'я таборовика \_\_\_\_\_ Прізвище таборовика \_\_\_\_\_

## CAMP REGISTRATION SECTION

Age Group: \_\_\_\_\_ Duration at Camp: \_\_\_\_\_

I, the undersigned parent/guardian, assume full responsibility for payment of all camp fees, related expenses and all medical expenses incurred by my child. I understand that camp fees and registration costs are not refundable.

I understand that I am liable for all costs related to, but not limited to, damages caused by my child, or for additional costs incurred by the UYA as a result of my child's actions, be they intentional or unintentional (e.g. telephone, damages, kiosk, etc.) I give the UYA the right and permission to copyright, and/or use, and/or publish photographic portraits, pictures or likenesses of my child depicted during his/her stay at camp, throughout any media, including, but not limited to newspapers and/or the Internet and, for art, advertising or any other lawful purpose.

Further more, I understand that for unbecoming conduct my child can be expelled from camp, without reimbursement of cost, at the absolute discretion of the management and/or Camp Komendant.

My child has been made aware of the rules and regulations of the UYA Camp at Werchowyna in Chertsey, Québec and both my child and I agree to abide by them.

I hereby give permission for my child to participate in field trips planned during camp.

I hereby give permission for my child to participate in the air rifle activity planned during the camp with the understanding that this event will be conducted under the strict supervision of a qualified instructor only after participating and attending a mandatory safety course.

Parent/Legal Guardian First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Signature of Parent/Legal Gaurdian: \_\_\_\_\_

Date (mm/dd/yyyy) \_\_\_\_\_

**\$100 DEPOSIT & PAYMENT MUST BE RECEIVED NO LATER THAN MAY 15, 2009.**

Camp Costs:	_____	Deposit Received:	_____
Less Discount:	_____	Balance due:	_____
Actual Cost:	_____	Cheque #:	_____

# Ukrainian Youth Association

## Werchowyna Medical Form 2009



### CAMPER INFORMATION (IN ENGLISH)

Child's First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Age \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_  
 Sex \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_  
 Province/State \_\_\_\_\_ Postal/Zip Code \_\_\_\_\_  
 Country \_\_\_\_\_

### EMERGENCY USE

Mother's First Name \_\_\_\_\_ Mother's Last Name \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell or Emergency Phone \_\_\_\_\_  
 Place of work \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Father's First Name \_\_\_\_\_ Father's Last Name \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell or Emergency Phone \_\_\_\_\_  
 Place of work \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Parent's e-mail \_\_\_\_\_

### MEDICAL INFORMATION

Medicare Number: \_\_\_\_\_

Pediatrician's Name and phone number: \_\_\_\_\_

Please check if the child has had the following: German Measles Chicken Pox Mumps  
 Any previous serious illnesses or operations? Yes No Please Specify: \_\_\_\_\_

Any known allergies? Yes No Please Specify: \_\_\_\_\_

Is the child taking any medication? Yes No Please Specify: \_\_\_\_\_

Does the child have any physical limitations which may prevent him/her from participating in any camp activity?  
 Yes No Please Specify: \_\_\_\_\_

Any additional information? \_\_\_\_\_

### PHYSICIAN CERTIFICATION OF GOOD HEALTH

I have examined the above camp applicant on (mm/dd/yyyy) \_\_\_\_\_ and feel that he/she is healthy and able to participate in an active camp program. This child has all immunization vaccines up to date.

Office Phone Number: \_\_\_\_\_

Physician's signature and stamp \_\_\_\_\_

### CONDITIONS

The signature of the parent or guardian shall give the Ukrainian Youth Association (hereinafter called "UYA") and its Directors, Officers, helpers and assigns the right to arrange for any special services or other requirements necessary, in the best interest of your child and shall give the UYA the right to obtain or approve medical attention necessary to your child's welfare and good health and the parent or guardian hereby agrees to pay for all such services as may be required as indicated above.

While every precaution shall be taken to ensure the good welfare and protection of your child, the UYA, its Directors, Officers, staff Members, Employees, Volunteers or facilities used by the UYA to deliver programs, are hereby released from all and any liability, in the event of any accident or misfortune that may occur to your child.

Parent/Legal Guardian First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Signature of Parent/Legal Gaurdian: \_\_\_\_\_

Date (mm/dd/yyyy) \_\_\_\_\_