

Rocky Mountain Orthodox Youth Camp RMOYC

Information Sheet

Please keep this sheet as a reminder of Camp Details!

1. Dates: ONE CAMP SESSION!

Due to logistics and circumstances of this coming year, we are returning to a "one session" camp that will encompass all the grade levels.

1st - 12th Grades: July 25 - July 28, 2018

Weds. arrive by 6:00p.m. (dinner at camp!) - Sat., 12:00p.m. (*brunch following liturgy!*)

2. Location:

Buckhorn Camp

P.O. Box 125 (*mailing*)

381 Old Camp Rd. (*driving*)

Bellvue, CO 80512

970.484.2508

(approx. 30 min. west of Ft. Collins)

3. Fee:

All campers and staff **\$185 / person**

4. Applications:

All applications and fees must be received by **July 10th**, mailed to:

Holy Theophany Orthodox Church

2770 N. Chestnut St.

Colorado Springs, CO 80907

Make checks out to "Holy Theophany Church". Note change: *You are asked to send payment directly to Holy Theophany this year.*

Deadline for applications is July 10th!!!

5. **Staff:**

We require a sizable staff (clergy and laity) to operate the camp in an effective and safe manner for the children. We strive to have at least a 5:1 staff ratio. If you would like to join the RMOYC camp staff, please contact the Camp Director, Fr. Anthony Karbo.

Applications and fees are required for staff (*this is what keeps our camp fees low for kids*). **Staff and counselors receive a \$50 “campership”** (i.e. \$135 fee). In accordance with state regulations, all staff must complete, in addition to the normal camp forms, the “Camp Staff Application” and will be subject to a mandatory background check.

The most important, needed, and valuable role of RMOYC staff is to serve as “cabin counselor” to a group of campers. *In addition,* talented staff are utilized in the following areas: crafts, sports/games, music, nurse. Additional programs may be offered dependent on staff expertise so please indicate your special skills and interests on the staff application.

6. **Activities:**

Outdoor team-building games, sports, hiking, crafts, cabin talent show (*one “talent” skit per cabin*).

A general code of good behavior will be announced at the opening session. Severe behavior problems will be dealt with in consultation with parents / legal guardians and parish priest.

7. **Cabins:**

Cabins are furnished with bunk beds (***bring own sleeping bag and pillow***), and have closet space. Bathroom facilities are in each of the cabins and lodge rooms.

8. **What to Bring:**

Warm sleeping bag and pillow, towel, toothbrush, toothpaste, soap, comb, bug spray, pajamas, flashlight, **water bottle**; Bible, notebook, pen, permanent marker (to sign shirts); changes of clothes including long pants, a warm sweater and/or jacket, rain jacket, sturdy shoes or hiking boots. All clothing is to be modest and appropriate to an Orthodox Christian witness (no “stretch pants”, mid-riff shirts, etc.). **No “electronic devices”** (*Those discovered will be confiscated and returned at end of camp*). No spending money is necessary. Please mark personal items with your name, as many things get displaced and have no owners to claim them.

9. **Transportation:**

Transportation to and from camp is the responsibility of each camper’s parents and/or parish.

Camp begins Weds., 6:00p.m., ends Saturday, 12:00p.m.

The camp is approximately 30 min. from Ft. Collins. Map to camp is enclosed.

10 **For Further Information:**

If you have any questions or require additional information, please contact:

Fr. Anthony Karbo
Holy Theophany Church
2770 N. Chestnut St.
C.S. CO 80907
(719) 473-9238
frkarbo@theophany.org

Rocky Mountain Orthodox Youth Camp, 2018

Fill out and mail this registration form to Holy Theophany, or your parish's Youth Leader / Clergy (if applicable). All forms and payment must be mailed in by July 10th to guarantee your space.

1st - 12th Grade (Fall '18), July 25 - July 28, 2018

Weds, 6p.m. arrival (dinner at camp!) - Sun., 12:00p.m. (brunch served)

****Everyone (Campers and Staff) Must Complete This Section****

Name: _____ Male _____ Female _____

_____ Age _____ B-Day _____

(street address)

_____ Grade, Fall '18 _____

(city, state, zip)

Email: _____

T-shirt Size: Child S ___ M ___ L ___ Adult S ___ M ___ L ___ XL ___ XXL ___ XXXL ___
(shirts will be ordered and distributed according to what is checked)

Mr. and/or Mrs. _____
(parents or guardians)

(address)

(city)

(state)

(zip)

Phone: Hm. _____ Wk. _____

Cost per camper: \$185

Parish _____ Diocese _____

Carefully read and sign below:

- ◇ I acknowledge that during participation at the Rocky Mountain Orthodox Youth Camp certain risks and dangers may occur. These include, but are not limited to, loss or damage of personal property, physical or other injury due to accidents that may occur during the course of normal camp operations. As part of the right to participate in the RMOYC I do hereby assume all ordinary risks incidental to the nature of camp activities which are not specifically foreseeable, and will hold the Orthodox Church in America, RMOYC, and others providing service to the camp, harmless from any and all liability actions, causes of action, debts, claims, and demands which may arise in connection with participation in this Orthodox Camp.
- ◇ I agree to uphold Christian virtue in my words, actions, dress, and attitude. I pledge to treat my fellow campers, staff, and clergy with respect and concern for their well-being. I promise to abide by all rules of the camp, such as stated curfews, "off-limits" boundaries and activities, time schedules, etc. Violation of such stated rules may include restriction from participating in activities, being sent home, being prohibited to return to camp in future years... and having less of a good time!
- ◇ In the event I cannot be reached in an emergency, nor other emergency contacts be reached, I hereby give permission to the physician selected by the Camp to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child named above. I consent and authorize the Camp Nurse to provide treatment for any first aid deemed necessary.

Camper signature

Date

Parent Signature

Date

Please note: there is an additional "Buckhorn Camp" Liability Release Form to fill out as well....

Health History and Emergency Information

Name: _____ Nickname: _____

If parents are not available in an emergency, please contact:

Name: _____ Relationship: _____ Phone: _____

(address)

(city)

(state)

(zip)

Health Insurance Carrier: _____

Policy #: _____

Primary Physician: _____

Phone: _____

Family Dentist: _____

Phone: _____

Allergies and / or preexisting conditions: _____

Date of last immunization: Tetanus _____ Diphtheria _____ Polio _____ Smallpox _____

Whooping Cough _____ Measles _____ Rubella _____ Mumps _____

History of serious lacerations, injuries or illness: _____

Penicillin or other drug reactions: _____

Special medications or diet: _____

This camper may participate fully in camp's program except: _____

Parent's suggestions, comments: _____

All staff and campers must turn in medications, which will be professionally labeled, to the camp nurse to be held and administered as directed. If you require medication, please complete the table below, including use of an inhaler:

Medication	Indications	Dosage	Times / Day

RMOYC will have on hand the following medications, please initial if you approve for this person:

____ Tylenol 250 mg for complaints of minor pain such as headache or muscle strain.

____ Benadryl 25 mg for complaints of itching, coughing and sneezing or sinus drain.

____ Ibuprofen for complaints of minor pain such as headache, muscle strain or menstrual pain.

____ Antibiotic ointment for application to minor abrasions or scratches

*****ALL STAFF MUST COMPLETE THIS SECTION*****

Date: _____

Personal Information:

Full Legal Name: _____

Social Security Number: _____

Driver's License # : _____

Date of Birth: _____

Title - if any (Parish Youth Coordinator, etc.) _____

Permanent Address: _____

Parish Information:

Parish: _____

Address: _____

Diocese: _____ Parish Priest: _____

How long have you been attending?: _____

Legal Information:

In accordance with the State Department of Social Services Manual Vol. 7, Regulation 7.711.21, all camp staff must answer this question: Have you ever been charged with, or convicted of, any felony, child abuse, or unlawful sexual offense so specified in 18-3-411 (11), C.R.S. 1973 as amended?

Yes: _____

No: _____

Reference Information (to be signed by parish priest):

I verify that _____ is of high character and is suitable to work with youth as a counselor for this camp.

Does this person have a "background check" on file with the parish/diocese? Yes _____ No _____

(parish priest)

(date)

Staff areas of interest (label top 5, using 1 as most important - near all staff will serve as cabin counselor)

____ Archery

____ Arts / crafts

____ Talent Show

____ Hiking

____ Music

____ Nurse

____ Religious Ed.

____ Sports

____ Other

Staff Signature: _____

Date: _____