



# INFORMATION AND POLICIES FOR CAMP VATRA FOR SENIORS

To attend Camp Vatra for Seniors, you must do ALL of the following:

- a) Fill out ALL registration, policy and medical forms completely and return them with payment (and make copies for yourself).
- b) Be a baptized Orthodox Christian.
- c) Be at least 14 years of age, or entering 9<sup>th</sup>-12<sup>th</sup> grade in Fall, 2009
- d) Be in good health.
- e) Participate in all camp activities and comply with all policies for the full term of the camp.
- f) Have taken a TB test or chest X-ray within the past three years. If you were vaccinated in Romania using the BCG vaccine, you must have a chest X-ray.
- g) Pay the fee of \$200 USD (for one week session) or \$350 USD (if attending both sessions). Payment must accompany your forms. If your parish is paying for you, their payment must accompany your forms. Cheques should be made out to "ROEA." We also accept VISA and MasterCard.
- h) Have your parents or guardians complete and sign the POLICY, CONSENT, WAIVER, AND MEDICAL forms. Your doctor must complete the back page of the Medical form. Your parish priest must sign, affirming you are a member of the parish.

**Send all forms with payment to:** Attn: Richard Grabowski  
Camp Vatra for Seniors  
P.O. Box 309  
Grass Lake, MI 49240-0309

**For any other information, you may contact:**

Fr Calinic Berger, Director  
Phone: 724-356-3151  
Email: [revcalinic@yahoo.com](mailto:revcalinic@yahoo.com)

**Telephone number during Camp (Camp Office): 517-522-6555**

**Registration Dates:** Registration for campers from parishes of The Romanian Orthodox Episcopate of America will be taken until **June 28**. Registration is on a first-come, first-served basis, and is only guaranteed once all completed forms and payment are received by the administration. In all cases, preference will be given to students who have not previously attended Senior Camp.

**Travel and arrival:** Students must be at the Vatra **no earlier than 2:00 PM and no later than 7:00 PM on Sunday, July 12**. Students traveling by car are permitted to arrive at camp on Sunday ONLY. Arrangements to pick-up students at the airport, train station and bus depot will be made for Sunday starting at 2:00 PM ONLY. You must provide exact arrival information, including arrival location, time and flight/train/bus number.

**Traveling by train or bus:** use Jackson, Michigan, as your destination.

**Traveling by airplane:** use Detroit Metropolitan Airport. Canadians may use Windsor airport –have all your travel documents handy, including passport and birth certificate, before attempting to enter the U.S.

Notify the **Camp Director, Fr Calinic Berger, or Mr Richard Grabowski** (at the Chancery) as soon as your travel plans are made. If your plans change, inform the director immediately. If your plans change unexpectedly on the day of arrival, call the Camp Office (517.522.6555) or ARFORA House (517.522.6554).

**Traveling by car:** Take I-94 to Exit #150 "Grass Lake." Take Mt Hope Rd south to Michigan Ave (stoplight) and turn right. Go through town, turn left onto Wolf Lake Rd. Go one mile to Page Ave and turn right. Turn left onto Grey Tower Rd (first road on the left). The camp is on the right.

**Visitors and lodging:** No student may leave the campgrounds during Senior Camp Vatra. There are no overnight accommodations available for guests at the Vatra grounds during the camp. Those who wish overnight accommodations may call any of the area motels. Unannounced visitors who are not parents or guardians of students at Camp Vatra may be asked to leave the grounds immediately. Parents and guardians are welcome at any time.

**Receiving Mail:** Those who wish to receive mail while attending the camps should leave the correct mailing address with family and friends. Failure to use the correct mailing address will only delay the mail.

FEDERAL EXPRESS & UPS  
"Student's Name"  
Camp Vatra for Seniors  
2535 Grey Tower Road  
Jackson, Michigan 49201-9120

OTHER MAIL  
"Student's Name"  
Camp Vatra for Seniors  
PO Box 309  
Grass Lake, Michigan 49240-0309

**Telephones and Email:** There is no email or Internet service for students at Camp Vatra. Telephone calls to and from the Vatra will be allowed only in case of an EMERGENCY. Cell phones are not to be used at camp. Usage will be permitted only with permission on a case-by-case basis. This will be strictly regulated.

**Medicines:** All medicines must be **given to the camp nurse upon arrival** at Camp Vatra. The nurse will oversee all medication during camp. Students who take medication for ADD during the school year must take their medications while at camp.

**Personal food and drink:** Students should not bring, purchase or receive food, candy, snacks or beverages, as these attract mice and insects in the dorms. This includes care packages sent through the mail. Our capable cooks will provide plenty of food.

**Personal Valuables:** Items such as expensive jewelry, clothing, or electronic equipment are safer if left at home. Camp Vatra will not be responsible for missing or stolen items.

**Personal Electronic Items:** Strictly **prohibited** are ipods, mp3 players, radio/cassette/CD players, stereos, walkmans, televisions and any electronic appliances. Use of cell phones, while not prohibited, will be strictly regulated. We recommend that these be left at home, as well.

**Closing program:** On **Saturday, July 18** Camp Vatra will close with a Divine Liturgy at 9:30AM, followed by a "farewell brunch" and the distribution of certificates. Parents, relatives and friends are invited and encouraged to participate. Students must be **picked up no later than 4:00PM** (see waiver).

**Personal articles checklist for camp:** This checklist is for your personal use when preparing to come to camp. Please label all belongings, and bring no more than two suitcases.

- Two sets of single-size bed sheets and pillow cases (We supply pillows and wool blankets; if allergic, please bring your own)
- Towels and washcloths (at least 2 of each)
- Toothbrush/toothpaste, comb/brush, soap, shampoo, deodorant, Kleenex, sunscreen, sunglasses, hat
- Laundry bag (for dirty laundry)
- Underwear, socks
- Pajamas/sleep clothes, bathrobe
- Shoes (athletic & dress), slippers, shower shoes
- Sweater or jacket, raincoat (suggested)
- Long pants/jeans, shorts (walking length preferred, but in NO CASE shorter than fingertips)
- T-shirts, blouses, sweatshirts, athletic clothing (boys may not play sports shirtless)
- Modest bathing suit (one-piece for girls, no Speedos). Campers who violate this requirement may not participate in water activities.
- Pencils/pens, notebook for classes, letter-writing materials
- Combination or key lock for personal basket
- Money - \$20 per week, suggested.
- Any medicines (over-the-counter or prescription), band-aids, insect repellent, etc., must be given to the camp Health Director upon your arrival to the Camp

**CAMP BEHAVIOR GUIDELINES, REGULATIONS AND DRESS CODE  
FOR PARENTS AND CAMPERS**

Please note that this form **must be read and signed by both the camper and the parent**. Applications will not be considered if this form is not signed and returned.

Camp Vatra is an Orthodox Christian Camp for youth. Thus, behavior in conformity with the ideals of Orthodox Christianity is the norm for all activities and at all times. The dormitory should be kept neat and presentable by campers. Please stress to your child(ren) to be respectful towards others and towards camp property.

**Unacceptable Behavior:** A student may be **sent home at parents' expense** if he/she does not participate in all activities, does not obey camp rules, does not follow directions of its staff, or displays any of the behaviors listed below. No refunds will be given.

The following behaviors will result in **immediate dismissal** from Camp Vatra:

1. Use or possession of tobacco, alcohol or drugs.
2. Possession of knives, weapons or other contraband articles.
3. Lewd, immoral or inappropriate behavior, including possession of pornography.
4. Inciting others to disobey rules or policies of Camp Vatra, or the directions of its staff.
5. Disrespectful, aggressive or violent language or behavior, towards another camper or staff member.
6. Theft or vandalism of camp property.
7. Leaving the Camp grounds at any time, or the dormitory during lights out.

Any other inappropriate behavior, such as disrespectful behavior in chapel or class, will result in warnings and may also lead to dismissal.

**Items not permitted**, in addition to those listed above:

- Food, candy, or drink in the dormitory, as these can attract mice and insects
- **ipods, radios, stereos, boom boxes, walkman tape players**, walkie-talkies, televisions or any electronic appliances **are not allowed** at Camp. This will be strictly enforced.
- **Cell phones may not be used during camp**. Usage will be permitted only with permission on a case-by-case basis. This will be strictly enforced. If abused, cell phones will be confiscated until the end of camp.  
We reserve the right to search luggage, lockers and bed areas at any time.

**Dress Code:** All students shall observe the **following guidelines for dress**. If there is any question about the appropriateness of your clothing, it probably should be left at home. Use modesty as your guideline, as appropriate for Orthodox Christians and dignity of the Vatra grounds.

*For Chapel and classes:*

BOYS: Collared shirts and dress pants (Dockers, etc.; no jeans); you must have at least one solid white dress shirt and tie for the picture and Divine Liturgy.

GIRLS: Skirts and casual dresses suitable (length of dresses/skirts must be below the knee).

**The following attire is not permitted at Camp Vatra for Seniors:**

- Clothing that is judged by the staff to be too short, too tight, too revealing, or that exposes cleavage, abdomen or underclothing.
- Tank tops, spaghetti straps, ripped tops or ripped shorts
- Items displaying derogatory language, crude pictures, or other questionable decoration.
- Immodest bathing suits (one-piece for girls only; no two-piece or Speedos). Campers who violate this requirement may not participate in water activities.

**I HAVE READ THE ABOVE POLICIES AND DRESS CODE AND AGREE TO COMPLY WITH THEM:**

**STUDENT'S SIGNATURE:** \_\_\_\_\_

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

**Parents please note:** In signing below, you are agreeing that your child(ren) will adhere to the rules and guidelines of Camp Vatra. Your endorsement is your consent for inspection for/of prohibited articles. Your signature also affirms that you have gone over these items with your child(ren).

**PARENT'S SIGNATURE:** \_\_\_\_\_

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

**RELEASE AND WAIVER OF LIABILITY**  
PLEASE PRINT CLEARLY IN ALL BLANK SPACES

By our signatures below, we certify that we are the parents or guardians of \_\_\_\_\_, a minor child, and we have the authority and intention to bind ourselves and our child by this legal agreement. EACH OF US UNDERSTANDS that attending a Summer Camp in a country setting involves possible risks of serious injury. Open and uneven terrain, stairways, building fires, recreational sports and swimming accidents, and adults and child campers and staff may accidentally or deliberately pose or create hazards of injury or death INCLUDING DANGERS NOT STATED ABOVE. WE UNDERSTAND THAT the camp Sponsors have made reasonable provision for campers' safety, but NONETHELESS THE RISK OF INJURY DOES EXIST. With the above facts in mind, we have decided to send our child to the Camp Vatra for Seniors.

WE HAVE EACH READ THIS AGREEMENT AND UNDERSTAND IT. We and each of us agree to assume ALL RISK OF PERSONAL INJURY OR DEATH or other physical or emotional ailment to our child and ourselves arising in any way from our child's attendance at Camp Vatra for Seniors. For ourselves, each other, our child, our other children, and the heirs, successors, personal representatives, WE AND EACH OF US DO HEREBY WAIVE, RELEASE AND INDEMNIFY all of the following, Sponsor(s) of Camp Vatra for Seniors or otherwise: The Romanian Orthodox Episcopate of America, AROY, ARFORA, The Orthodox Brotherhood of the USA, The Orthodox Brotherhood of Canada, and ARCOLA, and all the individual staff members FROM ANY AND ALL CLAIMS, DAMAGES AND COSTS FOR ALL INJURIES, AILMENTS, AND DAMAGES which our child or either of us may experience, arising in any way out of attending Camp Vatra for Seniors, for injuries on or off Episcopate property from the time our child leaves home for camp until his/her return home from camp.

This Release and Waiver shall be binding regardless of whether there is any evidence of negligence on the part of any Camp Sponsor or of any of its duly authorized staff personnel. We understand and agree that this Waiver and Release shall be interpreted according to the laws of the State of Michigan. All of the language in this document is contractual. We each give our consent that our child named above attend Camp Vatra for Juniors

ON THE LAST DAY OF CAMP, OUR CHILD NAMED ABOVE IS TO BE RELEASED INTO THE CARE OF THE FOLLOWING PERSON, WHO WILL PICK UP OUR CHILD BETWEEN THE HOURS OF NOON AND 4:00PM THAT DAY:

NAME: \_\_\_\_\_ RELATION: \_\_\_\_\_

**IN WITNESS OF THE ABOVE AGREEMENT, AND TO VERIFY THAT WE HAVE READ, UNDERSTAND AND AGREE TO THE POLICIES AND REGULATIONS OF CAMP VATRA FOR SENIORS, AND THAT ALL THE INFORMATION ON THESE FORMS IS TRUE, WE HAVE SIGNED OUR NAMES BELOW:**

FATHER'S NAME (PRINT) \_\_\_\_\_ SIGNATURE \_\_\_\_\_

DATE: \_\_\_\_\_

MOTHER'S NAME (PRINT) \_\_\_\_\_ SIGNATURE \_\_\_\_\_

DATE: \_\_\_\_\_

WITNESS: \_\_\_\_\_

WITNESS: \_\_\_\_\_

**THIS IS A LEGALLY BINDING FORM – FILL IN ALL BLANKS AND READ BEFORE SIGNING – KEEP A COPY FOR YOUR RECORDS**

**PASTORAL ENDORSEMENT**

I verify that the student whose name appears on this application is a member of my parish:

PRIEST'S SIGNATURE: \_\_\_\_\_

PARISH: Name: \_\_\_\_\_ City: \_\_\_\_\_

MEDICAL FORM 1 OF 3  
**PARENTAL AUTHORIZATION FORM AND APPOINTMENT OF ADULT  
TO CONSENT TO MEDICAL AND SURGICAL TREATMENT FOR CHILDREN  
17 YEARS OLD AND YOUNGER**

We have given permission and consent that our child \_\_\_\_\_ attend Camp Vatra for Seniors. Our child is in good health and has not had any serious illness, communicable disease or injury since his/her last health examination on \_\_\_\_\_. During the duration of the Camp Vatra for Seniors we can be contacted in the event that our child needs major medical care at the contact information on Page 1 of this application (list preferred emergency phone number here):

Mother's Name/Emergency Phone Number: \_\_\_\_\_

Father's Name/Emergency Phone Number: \_\_\_\_\_

If we, the parents, cannot be reached in the event of an emergency, the following person is to be notified of the situation:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

**WE HEREBY CONSENT:**

1. We and each of us consent and authorize the Camp Health Officer/Nurse to provide treatment, whether on or off the Camp grounds, for any first aid, whether routine or emergency, including, without limitation, injury, illness, choking, etc.
2. We and each of us consent and authorize the Lifeguard/Water Safety Instructor to provide treatment, including cardiopulmonary resuscitation (CPR) in the event of a water sports accident or other need.
3. If we parents cannot be reached in case our child has emergency or other medical need, we and each of us hereby appoints, authorizes, and constitutes the Camp Vatra for Seniors Directors, Camp Health Officer/Nurse, or other duly authorized staff member, to act in our behalf as parents, to authorize and consent to medical treatment for our child, including authorizing surgery.
4. In case of need, we authorize any family or specialist physician, dentist, or other licensed health care professional, and also any health care facility to provide any and all necessary treatment to our child.
5. This consent and authorization includes routine, emergency, inpatient and outpatient care. Any health care professional or health care facility is authorized to accept and rely upon the Camp Staff's representation in the event that we cannot be reached. The original of this form shall be displayed to a health care provider, but this original shall remain in the custody of the Director of Camp Vatra for Seniors. This form shall be interpreted according to the laws of the State of Michigan.

SIGNED (Father): \_\_\_\_\_ Date: \_\_\_\_\_

SIGNED (Mother): \_\_\_\_\_ Date: \_\_\_\_\_

SIGNED (Witness): \_\_\_\_\_ Date: \_\_\_\_\_

SIGNED (Witness): \_\_\_\_\_ Date: \_\_\_\_\_

**ATTACH PHOTOCOPY OF THE FRONT AND BACK OF YOUR INSURANCE CARD TO THIS FORM.**

FAMILY MEDICAL INSURANCE COMPANY: \_\_\_\_\_ Policy/Group #: \_\_\_\_\_

IF NO INSURANCE, WHO WILL BE RESPONSIBLE FOR MEDICAL COSTS? Name: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

MEDICATIONS TAKEN: \_\_\_\_\_

CONDITIONS (circle):

Asthma

Heart Disease

Diabetes

Kidney Disease

Epilepsy

Other (please specify): \_\_\_\_\_

MEDICAL FORM 2 OF 3  
**HEALTH HISTORY RECORD**  
 As Required by the Michigan Department of Social Services

Child Name (Last)	First	Middle	Sex	Date of Birth
Address (Street)	City	State	Zip	Home Phone
Parent Name (Last)	First	Middle	Home Phone	Work/Cell Phone
Address (Street)	City	State	Zip	Emergency Phone

Does your child have any of the following conditions? (Check all that apply.)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Hay fever, asthma, wheezing | <input type="checkbox"/> Diabetes               | <input type="checkbox"/> Speech impairments           |
| <input type="checkbox"/> Exzema or skin rashes       | <input type="checkbox"/> Menstruel problems     | <input type="checkbox"/> Frequent colds, sore throats |
| <input type="checkbox"/> Convulsions/seizures        | <input type="checkbox"/> Urinary/bowel problems | <input type="checkbox"/> Dental problems              |
| <input type="checkbox"/> Heart problems              | <input type="checkbox"/> Shortness of breath    | <input type="checkbox"/> Other                        |

Please explain:

Operations or injuries:
History of Emotional or Behavioral Disturbance:
Has girl been told about menstruation, or has menstruated? (Answer if appropriate) Yes No

**MEDICATIONS NEEDED OR USED (include Psychiatric):**

Kind	Frequency	Dosage	Currently given? (Yes or No)

**Special conditions to be watched for, such as allergic reactions (food, penicillin, other drugs), bedwetting, ADD, fainting, sleep walking, etc.**

**IMMUNIZATION:**

	Polio	Mumps	Diphtheria	Tetanus	Pertussis (Whooping cough)	Measles	Rubella	Other
Date of Initial Immunization								
Date of most recent booster								

Should this child's activity be restricted because of any physical condition? YES NO If yes, explain degree of restriction.

AS THE PARENT OF THIS CHILD, I VERIFY THAT MY CHILD DOES NOT HAVE A COMMUNICABLE DISEASE AND THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

MEDICAL FORM 3 OF 3  
**PHYSICAL EXAMINATION**  
 To be completed by a licensed Physician

LAST NAME	FIRST NAME	MIDDLE NAME
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Weight	Height	Head Measurements (if appropriate)	Blood Pressure
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Essential findings that are deviations from normal:

Recommendations and suggestions to check as follows:  <input type="checkbox"/> Dental <input type="checkbox"/> Immunization needed (specify): <input type="checkbox"/> Ear <input type="checkbox"/> Other (specify): <input type="checkbox"/> Eye
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**TEST RESULTS:**

	Tuberculin (skin test)	Chest X-ray If positive skin test	Serology (if indicated)	Hemoglobin Hematocrit	Urinalysis	Other
<b>DATE</b>						
<b>RESULTS</b>						

**PHYSICIAN STATEMENT:**

I have on this date examined the person named above in order to determine physical fitness and/or apparent evidence of communicable diseases. In my opinion, the applicant

IS physically and emotionally able to participate in the indicated camp program, and shows no evidence of communicable disease.

IS NOT physically and/or emotionally able to participate in the indicated camp program.

PARTIALLY ABLE to participate (please specify restrictions)

Name of licensed physician: \_\_\_\_\_

Signature of licensed physician: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Date of examination: \_\_\_\_\_

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

**CAMP VATRA FOR SENIORS**

**CREDIT CARD PAYMENT FORM**

Select payment type:  MASTERCARD  
 VISA

Card Number + "V" Number (last 3 digits after number on back of card)

\_\_\_\_\_ V# \_\_\_\_\_

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

Cardholder Information:

Name on card: \_\_\_\_\_

Card Billing Address: \_\_\_\_\_

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

Phone number: \_\_\_\_\_

Payment amount:

FOR ONE WEEK SESSION: \$250 (per student) X \_\_\_\_\_ students = \$\_\_\_\_\_ TOTAL

I authorize the administration of Camp Vatra to charge my credit card for the TOTAL amount shown above.

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