

# Camp Counselor Application

Volunteers Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ Grade \_\_\_\_\_ M/F \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone/s \_\_\_\_\_ Email Address \_\_\_\_\_  
Emergency Contact:  
\_\_\_\_\_ Contact Phone \_\_\_\_\_

## Medical History

Doctor \_\_\_\_\_ Phone \_\_\_\_\_ Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

FOOD ALLERGIES  
ALLERGIES

MEDICINAL ALLERGIES

ENVIRONMENTAL

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**Permission to Treat**

Consent for Medical Treatment

I, \_\_\_\_\_,

Volunteer's full name

hereby authorize the Medical Director of All Saints Summer Camp or such designee(s) as the Medical Director may appoint, to provide for the giving of routine and/or emergency medical care or treatment, including but not limited to medicines, immunizations, basic diagnostic tests, and transportation home due to illness, behavioral concerns or homesickness. If the injury or illness requires additional emergency treatment, I authorize the Medical Director or designee(s) to issue consent for transport to the hospital and/or summon professional emergency personnel to attend, treat, and transport me to the hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which in his/her best judgment is deemed advisable. I understand that information pertaining to my health may be shared with/released to appropriate personnel for the purpose of my treatment and/or supervision (including, but not limited to camp staff, referral centers and/or insurance companies).

I do hereby release, waive, discharge, and covenant not to sue All Saints Summer Camp, Akiva Camp (its affiliates, Board of Directors, officers, agents, employees, and volunteers) for any and all liability, claims, demands, damages, causes of action, losses, or expenses (including attorneys fees, costs, and expenses) to the undersigned arising from or related to any medical care given, pursuant to this authorization, or arising out of or related to a decision to take me to a particular hospital or other health care facility.

I hereby assume responsibility for any medical costs as a result of participating in Camp through adequate insurance. All Saints Summer Camp or Holy Nativity Orthodox Church will not be responsible for any medical costs incurred. I understand that in the event of accident or illness my medical insurance will be the first provider of coverage.

In addition, I agree that in the case of a health or accident emergency, or any other situation which might arise en route to and from camp, or while attending camp, that none of the facilitators, staff or sponsors of the All Saints Summer Camp including but not restricted to The Orthodox

Church in America, The Diocese of the South, St. Seraphim Orthodox Cathedral, Holy Nativity of the Lord Mission or its staff, volunteers or representatives will be held liable in any way.

Parent/ Guardian Signed \_\_\_\_\_

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

## Camp Counselor Application Cont'd

The undersigned acknowledges that, during participation at All Saints Summer Camp, at the site of Akiva Camp, and at other facilities used for supervised camp-related activities, certain risks and dangers may occur. These include, but are not limited to, loss or damage to personal property, physical or psychological damages and/or injury, not excluding fatality, due to accidents, which may occur. I also acknowledge that participants may be transported off the camp for supervised camp-related activities.

In consideration, and as a part of the right to participate in this All Saints Summer Camp Program, I have and do hereby assume all of the above risks and any other ordinary risk incidental to the nature of these activities which are not specifically foreseeable, and will not hold liable the Orthodox Church in America, the Diocese of the South, All Saints Summer Camp, St. Seraphim Orthodox Cathedral, Holy Nativity of the Lord Mission, Volunteers, Agents or Participants. I agree that any person/s providing service to the Camp, harmless from any and all liability actions, causes of action, debts, claims, and demands of every kind and nature whatsoever, whether for bodily injury, property damage or loss, which may arise in connection with any participant's activities and participation in All Saints Summer Camp.

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Please mail all registration packets and payment to: Holy Nativity; c/o

Fr. Jason Foster;

588 Oneonta Street;

Shreveport, LA 71106

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