



Annunciation Cathedral Youth Day Camp 2017



The camp is open to all children who have completed Kindergarten through graduating 12th graders.

MONDAY, JUNE 26th – FRIDAY, JUNE 30th, 2017
9:15 AM – 3:00 PM

- ✓ Outdoor Activities
- ✓ Bible Study
- ✓ Sports
- ✓ Hot Lunches
- ✓ Special Presentations
- ✓ Arts & Crafts
- ✓ Teen Activities
- ✓ Music
- ✓ And Much More!!

Tuition Fee: **\$65.00** for 1st child
 Additional children Fee: **\$55.00** per additional child
LATE REGISTRATION FEE: \$75.00 (after June 21st)

CHILD'S NAME <small>Please list all children attending</small>	Birthdate <small>(mm/dd/yy)</small>	Grade completed as of June 2017 <small>Must have completed Kindergarten</small>

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: () _____ Cell Phone # () _____

Contact E-mail Address: _____

YES I can volunteer: Teacher Teacher Assistant Craft room (1:30 - 3:00) *Help needed in each class* Other

YES I hereby give permission to have the Annunciation Greek Orthodox Cathedral use photos/images of my child/children in any publication affiliated with the Annunciation Greek Orthodox Cathedral, such as the Annunciation Observer, Cathedral's website, Facebook Page, Youth Camp flyers, etc. _____

NO _____ **PARENT/GUARDIAN SIGNATURE**

TO REGISTER: Mail completed forms (registration & medical) along with your check payable to:
Annunciation Greek Orthodox Cathedral
c/o Youth Day Camp
7220 Granby St., Norfolk, VA 23505

For more information, please contact Linda Meares at (757) 424-9662 or email agocyouthcamp@gmail.com.

FOR YOUTH CAMP TEAM ONLY

Cash/Check #/Credit Card:		Date Payment Rec'd:		Amount:	
<input type="checkbox"/> MEDICAL FORMS NEEDED FOR:					

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Medical Release & Permission Form

THE FOLLOWING LISTED CHILDREN HAVE MY PERMISSION TO PARTICIPATE IN ALL ACTIVITIES, including field trips, of the ANNUNCIATION CATHEDRAL YOUTH DAY CAMP from Monday, June 26th – Friday, June 30th, 2017.

I release the Annunciation Greek Orthodox Cathedral, Norfolk, Virginia and/or any of its employees or volunteers for this program of any responsibility or liability in the case of an accident on the premises or in transportation to or from the Church. _____ PARENT/GUARDIAN INITIALS

MEDICAL INFORMATION – Please include any medical issues/concerns, for example: food allergies, diabetic, asthmatic, special medicines, etc.

	CHILD'S NAME	ALLERGIES	MEDICAL ISSUES
1.	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	If YES, please explain: _____		
2.	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	If YES, please explain: _____		
3.	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	If YES, please explain: _____		
4.	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	If YES, please explain: _____		

Phone number where parent can be reached if necessary:		
Parent Name: _____	Health Insurance Company: _____	
Phone #: () _____	Home/Cell/Work Plan #:	

Doctor to be called in case of an emergency: _____

Doctor's telephone number: () _____

Please list the names and telephone numbers of person **authorized to pick up** your child/children:

	()	()
NAME	PHONE #	CELL #
	()	()
NAME	PHONE #	CELL #

SIGNATURE: _____	DATE: _____
<i>Parent/Guardian</i>	