

REGISTRATION FORM



LEADERSHIP WORKSHOP 2008
Ruskoka Russian Orthodox Youth Camp
ORPR Russian Orthodox Youth Camp



June 20 – June 23, 2008

Ruskoka Camp, 1312 Colony Rd., Bracebridge, Ontario (705) 645 3783

This form is to be filled out by the leadership workshop delegate (or the parent/guardian if the delegate is less than 18 years of age). Delegates must be at least 16 years of age, with previous attendance at a Russian Orthodox camp. The registration fee is CND\$50 for Canadian delegates, US\$80 for US delegates. Registration fee includes: all meals, regular accommodation & attendance in the workshop. A Confirmation Package will be e-mailed to each delegate upon receipt of registration fee & completed registration form.

For more information, in Canada call Alik Sakuta 416-232-0829, or in the US call Nikolai Ignatiev 713-667-0610.

In Canada, please mail the completed form (with attached cheque or VISA information) to:
Leadership Workshop Registration, c/o 18 Fernalroy Blvd., Toronto ON M8Z 3V8, Canada

In the US, please mail the completed form (with attached check) to:
Leadership Workshop Registration, c/o 4130 Grennoch Lane, Houston TX 77025, USA

Delegate's Name _____
Last First

Delegate's Birth Date _____ Male Female
Year Month Day

Address _____
Number/Street City State/Province ZIP/Postal Code

Delegate's E-mail: _____

Delegate's swimming abilities: Non swimmer Swimmer Good swimmer Certified Lifeguard

Delegate's singing voice: Soprano Alto Tenor Bass Don't know

Delegate's previous Russian camp experience:
 Camper Number of years: _____
 Junior Counselor / Cabin Leader / Zvenovoi Number of years: _____
 Senior Counselor / Director / Nachalstvo Number of years: _____

Does the delegate have any allergies? Please check NO YES *If yes, please indicate below:*
 Medicine Food Insect Bites
 Plants Toxins Animals
 Smoke Other Details: _____

Payment in Canada:
Either Include cheque for \$50.00 payable to "Ruskoka" to 18 Fernalroy Blvd., Toronto, ON M8Z 3V8 OR
or Fill in: VISA or MC Credit Card # _____ Expiry Date _____
Signature of Cardholder _____ Name on card _____
Your credit card will be billed \$50.00 on receipt of this application form.

Payment in the United States:
 Include check for \$80.00 payable to "ORPR Camp" to 4130 Grennoch Ln, Houston, TX 77025, USA



MINOR'S PARENT/GUARDIAN CONSENT FORM



If Leadership Workshop Delegate is less than 18 years of age, please complete the following page:

Parent/Guardian's Name _____

Home Phone: (_____) _____ Parent/Guardian Work Phone (_____) _____

Parent/Guardian Cell Phone: (_____) _____ Parent/Guardian E-mail: _____

Physician's name _____ Physician's phone _____

Medical Plan or OHIP card number _____

Has the delegate had any of the following? Please check NO YES *If yes, please indicate below:*

- | | | |
|--|--|--|
| <input type="checkbox"/> Appendicitis | <input type="checkbox"/> Mumps | <input type="checkbox"/> Chicken Pox |
| <input type="checkbox"/> Measles | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Scarlet Fever |
| <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Other |

Is the delegate subject to any of the following? Please check NO YES *If yes, please indicate below:*

- | | | | | |
|---------------------------------|---|--|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Motion Sickness | <input type="checkbox"/> Ear Problems | <input type="checkbox"/> Headaches | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Hernia | <input type="checkbox"/> Convulsions | <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Sleepwalking | <input type="checkbox"/> Nightmares |
| <input type="checkbox"/> Cramps | <input type="checkbox"/> Bleeding Disorders | <input type="checkbox"/> Back Problems | <input type="checkbox"/> Other | |

Does the delegate require special care, medication or diet?

Details: _____

Date of most recent physical examination (month and year): _____

Date of last Tetanus shot (month and year) _____

Has it ever been necessary to restrict the delegates activities for medical reasons? YES ___ NO ___

If yes, please provide details: _____

For Delegates under 18 years of age, Parent/Guardian Consent:

During workshop activities there are times when illness or accident may occur and immediate surgical or medical attention is necessary. This is my permission for the director in charge, or designate, to make arrangements for qualified surgical or medical attention for my child in the event of an emergency, without necessity of my prior approval. I understand that I will be notified by the quickest means possible if this authority is exercised.

Permission to travel and participate:

I, the undersigned, after having read, understood and completed the above, hereby give my permission for my child to travel to Ruskoka Camp, Bracebridge, Ontario, Canada to attend the Leadership Workshop 2008, held at 1312 Colony Rd., Bracebridge, Ontario, Canada from June 20 to June 23, 2008.

Date (Month / Day / Year) _____ **Signature of Parent/Guardian:** _____



**LEADERSHIP WORKSHOP 2007
Ruskoka Russian Orthodox Youth Camp
ORPR Russian Orthodox Youth Camp**

**June 20 – June 23, 2008
Ruskoka Camp, 1312 Colony Rd., Bracebridge, Ontario (705) 645 3783**



This waiver is to be completed by the delegate if 18 years of age or older (or parent/guardian if delegate is less than 18 years of age).

Acknowledgement of responsibility and liability waiver.

In consideration of approval to participate in the Leadership Workshop, the delegate (or his/her parent/guardian) hereby releases and holds harmless Ruskoka Orthodox Retreat, its Board of Directors, directors, officers, agents and employees, successors, ORPR Camp, its Board of Directors, directors, officers, agents and employees, successors, and assigns from any and all liability for any loss, damage, injury or expense that the participant may suffer, or that next of kin may suffer, as a result of the participant's participation in this program due to any cause whatsoever including, but not limited to, negligence, breach of contract or breach of any statutory or other duty of care, delay, expense resulting from events beyond their control, acts of God, war, civil unrest, sickness, transportation, scheduling and government restrictions or regulations.

The delegate (or parent/guardian) agrees to hold harmless Ruskoka Orthodox Retreat and ORPR Camp from any and all liability for any damage to property of, or personal injury to, any third party, resulting from participation in the program.

It is understood that it is the responsibility of the participant to abide by the Leadership Workshop and Ruskoka rules and, having read this document, the delegate and/or his/her parent/guardian agrees to and is bound by its conditions.

The delegate (or parent/guardian) has read and understands this agreement.

Date (Month / Day / Year)

Signature of delegate (or parent/guardian)

Signature of Ruskoka Camp/ORPR representative

Print name of delegate (or parent/guardian)

Print name of Ruskoka Camp/ORPR representative