



# CAMP METAMORPHOSIS 2010 REGISTRATION

**JULY 3RD - JULY 10TH, 2010**

**AGES 10 - 18**

**ALL INFORMATION BELOW MUST BE COMPLETED BY A PARENT OR LEGAL GUARDIAN OF THIS APPLICANT**

CAMPERS NAME	LAST	FIRST	MIDDLE	GENDER	AGE*	BIRTH DATE MM/DD/YYYY
				M <input type="checkbox"/> F <input type="checkbox"/>		

HOME STREET ADDRESS	CITY	POSTAL CODE
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HOME TELEPHONE NUMBER (      )	CAMPERS EMAIL ADDRESS
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HOME PARISH/CHURCH
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PARENTS/GUARDIANS NAMES	PARENTS/GUARDIANS EMAIL ADDRESS
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**T-SHIRT SIZE:**    XS     SM     M     LG     XL     XXL

Camp Metamorphosis fees will be \$479.00 (including GST), which also covers bus transportation to and from Deer Lake Christian Centre. Payments can be made in full or a non-refundable deposit of \$200 per camper must be made with the registration form in order to secure a spot. **All balances remaining must be received by June 11th 2010.**

**NO REFUNDS AFTER JUNE 11th 2010. Please make all cheques payable to Camp Metamorphosis.**

Payment Fee \$200.00 DEPOSIT     Payment Fee \$479.00 FULL   
Payment form: CASH  or CHEQUE  (Payable to Camp Metamorphosis)

Please send registration form, medical forms, and a copy of Birth Certificate (\*Proof of age required) along with deposit/payment to:  
**Camp Metamorphosis c/o 233 East 15th Street, Hamilton, Ontario L9A 4G1**

**In order to promote an enjoyable and safe week of camping, I agree to the following guideline:**

**PARENT:**

1. Camp will begin at 1pm Saturday, July, 3rd, 2010 at Deer Lake Christian Centre. Camp will conclude at 10am Saturday, July 10th, 2010.
2. At the discretion of the camp medical supervisor, clergy or directors, I agree to pick up my camper, day or night, if he/she falls ill.
3. The Camp Registration and Medical Forms A & B must be completed. I understand that I cannot be enrolled into the camp without a signature from a parent or legal guardian on all forms.
4. I agree to call Father Theologos (Camp Director) at (905) 906-7675 if I have any further questions or if I do not understand any of these guidelines.

**CAMPER:**

1. I agree to attend all religious studies, vespers and matins daily. I agree to fully respect Orthodox Life and to abide by the Clergy and camp director's instructions. I agree to maintain the camps dining hall, bath facilities and cabins as if they were my own home.
2. I agree to have all medication administered by the camp medical supervisor. I also agree to have my medical requirement(s) brought to the attention of the camp medical supervisor with specific instructions at the time of registration.
3. I understand that cabin assignments are made with regard only to the camper's age and gender. I agree to be in my assigned bunk by the nightly curfew hours and to obey my counselor's directions.
4. I agree not to leave the campgrounds.
5. I agree to give all snacks to my counselor to hold for me until snack time each day.
6. I understand that there will be no tolerance of any alcoholic drinking, cigarettes, inhalants, illegal substances, fireworks, lighters, matches, or the possession of any weapons while I am at camp.
7. I agree to behave in the manner that reflects my Orthodox Christian faith.
8. I agree to follow the rules set out by the Camp Director and Staff.

CAMPERS NAME (PRINT)	CAMPERS SIGNATURE	DATE:
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PARENTS/GUARDIANS NAMES (PRINT)	PARENTS/GUARDIANS SIGNATURE	DATE:
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**REGISTRATION FORM & MEDICAL FORMS A & B MUST BE SUBMITTED TOGETHER WITH PAYMENT.**

VISIT [www.campmetamorphosis.org](http://www.campmetamorphosis.org)

PLEASE, MAKE ADDITIONAL COPIES AS NEEDED

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# CAMP METAMORPHOSIS 2010 MEDICAL FORM - A

ONLY ONE CAMPER  
PER FORM

PLEASE ENSURE THAT ALL INFORMATION ON MEDICAL FORMS "A" & "B" ARE COMPLETE.  
PLEASE SUBMIT MEDICAL FORMS "A" & "B" WITH CAMPER REGISTRATION FORM.

**ALL INFORMATION BELOW MUST BE COMPLETED BY A PARENT OR LEGAL GUARDIAN OF THIS APPLICANT**

CAMPERS NAME	LAST	FIRST	MIDDLE	GENDER	AGE*	BIRTH DATE MM/DD/YYYY
				M <input type="checkbox"/> F <input type="checkbox"/>		

HOME STREET ADDRESS	CITY	POSTAL CODE
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HEALTH CARD NUMBER #	EXTENDED HEALTH COVERAGE PLAN:
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COMPANY NAME:	POLICY NUMBER #
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FAMILY PHYSICIAN	TELEPHONE NUMBER (EXTENSION IF REQUIRED)
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DENTIST	TELEPHONE NUMBER (EXTENSION IF REQUIRED)
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ORTHODONTIST	TELEPHONE NUMBER (EXTENSION IF REQUIRED)
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OTHER: (PLEASE SPECIFY)	TELEPHONE NUMBER (EXTENSION IF REQUIRED)
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**\*IN CASE OF EMERGENCY PLEASE CONTACT \*MANDATORY\***

PARENT/GUARDIAN NAME (RELATIONSHIP)	HOME TELEPHONE NUMBER ( )	WORK OR CELL NUMBER (EXTENSION IF REQUIRED) ( )
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HOME STREET ADDRESS (IF SAME AS ABOVE PLEASE CHECK BOX) YES <input type="checkbox"/>	CITY	POSTAL CODE
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WORK ADDRESS (OR WHERE YOU CAN BE REACHED WHILE CHILD IS IN CARE)	CITY	POSTAL CODE
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PARENT/GUARDIAN NAME (RELATIONSHIP)	HOME TELEPHONE NUMBER ( )	WORK OR CELL NUMBER (EXTENSION IF REQUIRED) ( )
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HOME STREET ADDRESS (IF SAME AS ABOVE PLEASE CHECK BOX) YES <input type="checkbox"/>	CITY	POSTAL CODE
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WORK ADDRESS (OR WHERE YOU CAN BE REACHED WHILE CHILD IS IN CARE)	CITY	POSTAL CODE
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**OTHER PEOPLE TO NOTIFY IN CASE OF EMERGENCY (OPTIONAL)**

NAME (RELATIONSHIP)	HOME TELEPHONE NUMBER ( )	WORK OR CELL NUMBER (EXTENSION IF REQUIRED) ( )
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HOME STREET ADDRESS	CITY	POSTAL CODE
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NAME (RELATIONSHIP)	HOME TELEPHONE NUMBER ( )	WORK OR CELL NUMBER (EXTENSION IF REQUIRED) ( )
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HOME STREET ADDRESS	CITY	POSTAL CODE
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**ALL INFORMATION MUST BE COMPLETE BEFORE PROCEEDING TO MEDICAL FORM - B**

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