



Episcopia Ortodoxă Română din America
Vicariatul Canadei

"The Valley of the Mother of God"

953376 - 7th Line, Mono, Orangeville, On, L9W 2Z2

www.valleyretreat.cccnet.ca

10 iulie, 7 pm
16 iulie, 12 pm



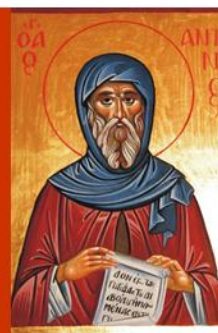
Cursuri
religioase
interactive

Activități
artistice



TABĂRA DE VARĂ 2016

SF. ANTONIE CEL MARE



Barbeque



Rugăciune
dimineata
și seara



Programe
sportive



Teatru
religios



**Pentru copii
între 9 și 16 ani,
la prețul de 300 CAD,
totul inclus**



Foc de tabără

**Informații și înscrieri
la preotul paroh sau la
următoarele numere
de telefon:**

647-271-6161

416-564-7503



Tabara de Vara "Sf. Antonie cel Mare" 2016

"The Valley of the Mother of God"
Centru Crestin al Bisericii Ortodoxe Copte
953376 – 7th Line, Mono, Orangeville, Ontario, L9W 2Z2

Duminica, 10 iulie – Sambata, 16 iulie
Varsta: 9 – 16 ani

COST: \$300 CAD - all inclusive

Formular de Inregistrare

NUMELE PARTICIPANTULUI: _____
Prenume Nume

ADRESA: _____
Strada Apartment #
Orasul Provincia Codul Postal

DATA NASTERII: : _____ Marime tricou: _____
Ziua Luna Anul

PAROHIA: _____

+++++

Numele Parintilor: _____

Membri ai parohiei: _____

ADRESA: _____

TELEFON: ACASA () _____ SERVICIU: () _____ (in caz de urgenta)

MOBIL: () _____ EMAIL: _____

In caz de urgenta, daca nici unul dintre parinti nu poate fi contactat, o persoana de incredere care poate fi contactata:

Nume: _____ Telefon: () _____

INFORMATII MEDICALE

VACCINUL (TB) TEST sau TETANOS _____ YES _____ NO

ALERGII CUNOSCUTE _____

MEDICAMENTE: _____

CONDITII MEDICALE CUNOSCUTE

_____ ASTMA _____ DIABET _____ EPILEPSIE _____ AUTISM _____ INIMA

_____ RINICHI _____ ALTELE (specificati): _____

+++++

Sosirea in tabara pana la cina, in **jurul orei 7 pm, duminica,**
10 iulie 2016, dar **nu mai devreme** de ora 5 pm.

La sfarsitul taberei, **sambata, 16 iulie 2016**, plecarea va fi dupa
masa festiva de incheiere, in jurul orei 12 pm.

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***NOI, SUBSEMNATII, CERTIFICAM CA AM CITIT SI INTELES INFORMATIILE DE MAI SUS
SI TOT CEEA CE AM SCRIS ESTE ADEVARAT SI CORECT***

Semnatura participantului: _____ Data: _____

Semnatura Parintilor : _____ Data: _____

Aviz de la Parohie:

Numele Preotului Paroh: _____

Semnatura _____ Data: _____

RELEASE AND WAIVER OF LIABILITY

By our signatures below, we certify that we are the parents or legal guardians of (NAME:) _____, 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 (NAME:) _____ to the Camp St. Anthony of the Vicariate of Canada (RODOC) of the Romanian Orthodox Episcopate of America and Canada, held at the Valley of the Mother of God Coptic Camp in Mono, Ontario.

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 St. Anthony. For ourselves, each other, our child, our other children, and the heirs, successors, personal representatives, and assigns of each of us,

IN CONSIDERATION OF (NAME:) _____ BEING ACCEPTED FOR REGISTRATION AS A CAMP STUDENT, WE AND EACH OF US DO HEREBY WAIVE, RELEASE AND INDEMNIFY all Sponsor(s) of Camp St Anthony or otherwise: The Romanian Orthodox Episcopate of America and the Vicariate of Canada (RODOC), Valley of the Mother of God Coptic Camp and 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 (NAME:) _____'s attending at Camp St Anthony, for injuries on or off camp property from the time our child leaves home for camp until his/her return home from camp.

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 also understand that the Romanian Orthodox Episcopate of America, the Vicariate of Canada (RODOC) and/or its auxiliary organizations and departments may take photographs and/or video of camp activities and use those images for promotional purposes, and we consent to our child's photographic image being used for such purposes.

We understand and agree that this Waiver and Release shall be interpreted according to the laws of the Province of Ontario and Canada. All of the language in this document is contractual. We each give our consent that our child named above attend Camp St Anthony.

IN WITNESS OF THE ABOVE AGREEMENT, we have signed our names this _____ day of _____, in the year _____.

FATHER'S SIGNATURE: _____ DATE: _____

MOTHER'S SIGNATURE: _____ DATE: _____

WITNESSES:

_____ DATE: _____

_____ DATE: _____

THIS IS A LEGALLY BINDING FORM

FILL IN ALL BLANKS AND READ IT BEFORE SIGNING

KEEP A COPY FOR YOUR RECORDS

**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 (*NAME:*)_____ attend Camp "St. Antony the Great". Our child is in good health and has not had any serious illness or injury since his/her last health examination on (*DATE:*)_____.

During the duration of the Camp St Anthony held at the Valley of the Mother of God Coptic Camp in Mono, Ontario, we can be contacted in the event our child needs major medical care at:

Mother's Daytime Address: _____	Phone () _____
Evening Address: _____	Phone () _____
Father's Daytime Address: _____	Phone () _____
Evening Address: _____	Phone () _____

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

Name: _____ Address: _____ Phone () _____
 Relation to Student: _____

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/guardians 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 Director, Camp Health Officer/Nurse, or other duly authorized staff member, to act in our behalf as parents/guardians, to authorize and consent to medical treatment for our child (*NAME:*)_____ **including authorizing surgery**. 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.

The above 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 St Anthony. This form shall be interpreted according to the civil laws.

WITNESS: _____ DATE: _____ SIGNED: _____ DATE: _____
Father / Guardian

WITNESS: _____ DATE: _____ SIGNED: _____ DATE: _____
Mother / Guardian

FAMILY MEDICAL/HOSPITAL INSURANCE COMPANY: _____
 Policy or Group Number: # _____

***** A PHOTOCOPY OF THE FRONT AND BACK OF HEALTH CARD MUST BE ATTACHED TO THIS FORM *****

If no insurance, who will be responsible for any medical costs?

Name: _____ Address: _____ Phone () _____

If no insurance, please mention the OHIP registration _____

LISTA DE SUGESTII PENTRU TABARA

Acestea sunt doar cateva sugestii; fiecare se pregateste cum considera necesar pentru o saptamana de tabara:

Prosop mare de baie si propop mic de fata.

Pasta si periuta de dinti, sapun, sampon, deodorant...etc.

Haine suficiente de schimb: tricouri, pantaloni scurti, sosete, pijama, set training...etc.

Incaltaminte sport, sandale si papuci de casa.

Jacketa de ploaie, bluze...etc.

Pantaloni lungi, blue-jeans, costum de baie...etc.

NU TRIMITETI COPIII IN TABARA CU LUCRURI VALOROASE CARE POT CAUZA PROBLEME SAU NEINTELEGERI. TREBUIE SA DAM DOVADA DE MODESTIE SI BUNAVOINTA PENTRU A NU CREA GANDURI SI ISPITE ALTORA.

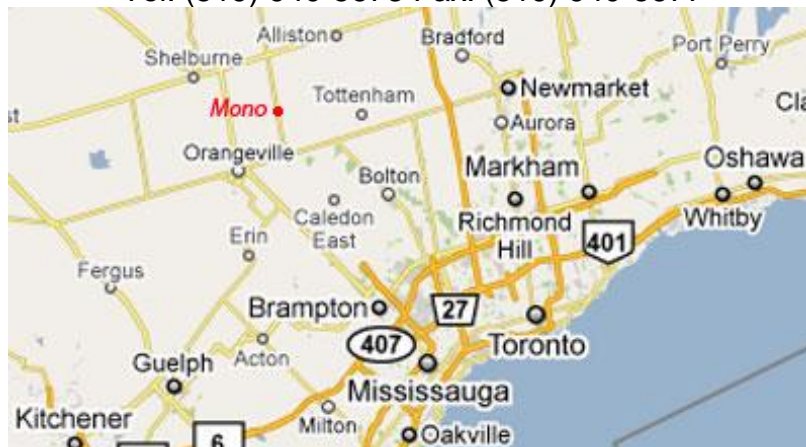
TELEFOANELE CELULARE NU SUNT BINEVENITE IN TABARA DEOARECE DISTRAG ATENTIA COPIILOR DE LA PROGRAMUL ZILNIC.

COPIII CARE NU DAU DOVADA DE RESPECT SI COOPERARE SI SE VOR ARATA NEASCULTATORI FATA DE PERSONAL VOR FI TRIMISI ACASA.

The Valley of the Mother of God

Address: 953376 – 7th Line, Mono, Orangeville, Ontario, L9W 2Z2

Tel: (519) 940-5678 **Fax:** (519) 940-5677



Coming from West: Take HWY 410 North till Mayfield rd; Turn right (East) and take Mayfield rd to Airport rd; Turn left (North) and take Airport rd to 7th Line; Turn right (North/East) and take 7th Line to the Valley.

Coming from Toronto: Take HWY 400 North till HWY 9; Turn left (West) and take HWY 9 till Mono Adjala Townline; Turn right (North) and take Mono Adjala Townline till Side 5 Rd.; Turn left (West) and take Side 5 Rd. till 7th Line; Turn right (North) and take 7th Line to The Valley of the Mother of God (it si on the left side).

REGISTRATION FORM

PLEASE complete one form per person to be signed by individual who is over 18 or by the parent/legal guardian for others.

Date of Retreat/Conference
Church/School/Organization conducting the event

Church attended

Guest Name: Gender: M / F

Street Address:
City: Postal code: Province

Home Phone: cell phone
Email:

Birthdate:

PARENT INFORMATION (if participant is under 18):

Parent/Guardian 1 : Parent/Guardian 2:

Home Phone: Home Phone:
Business Phone: Business Phone:
Cell Phone: Cell Phone:
Email: Current Email:

Guest Resides Primarily with: Both Parents Parent1 Parent2 Other
[Specify]:

If anyone other than those authorized here will be picking up your child, we will require written/signed permission prior to departure

By signing this form, after reading the Valley' regulations , I accept the conditions of enrollment and cancellation policies of Valley.

Individual/Parent/Guardian

Signature Date

HEALTH & MEDICAL FORM

Each guest MUST have a Health Form and waiver filled out and signed by individual or a parent or guardian.

Guest Name:

Health Card Number:

Date of Event:

Name of Church/school/organization

Contact Name: Phone #:

Doctor's Name: Phone #:

Ontario health card #:

version code:

exp.

Date

Or other insurance provider & policy #:

Non-residents will be billed for the costs of hospital out-patient visits [emergency room, X-rays, etc.].

Do you/your child have any of the following medical conditions:

Asthma Diabetes Recent surgery Recent serious Injury

Convulsions/Seizures Allergies infectious disease

condition limiting participation in scheduled activities

Please provide details of above and/or other medical concerns, and current medication:

Special Diet

For use in case of food allergy or dietary restriction due to medical reasons only.

Please complete and return the form to the Valley one week prior to date of event.

Please identify the allergy or diet restriction and indicate the specific food items you can not eat.

Fish: Milk: Cheese: Chicken:

If you have prescription medication, it must be in the original prescription container. If it requires refrigeration, please bring it to the office and we will take care of it for you.

Consent to Treatment, Waiver, Release

I agree to pay for any service not covered under OHIP and seek reimbursement from my own insurance company for all such expenses. I hereby give permission to the physician and nurses selected by Valley’s Directors to assess and give medical/surgical treatment, diagnostic services, including prescriptions oral or injection as deemed necessary to myself/ my child.

Parents/Guardians will be contacted if child experiences any serious illness or major injury.

Liability: While every precaution is taken for the safety and good health of our guests, some sports and activities carry with them the inherent risk of personal injury. I understand and accept these risks and agree that by allowing my child to participate in those activities, he/she may be taking part in a recreational activity that presents the potential for personal injury. Also, while I understand that the Valley does its best to protect against exposure to nut products where there are allergies of which I have given written notice, I recognize that Valley does not accept responsibility or liability and I hereby release the **Valley** for any illness or injury which may occur as a result of exposure by my child to any such food or other item to which my child has an allergy. By signing below, you are releasing the employees, Directors, and Officers, staff and volunteers of the **Valley** from any and all actions, causes of action, claims and demands resulting from any loss, injury or damage to person or property which has arisen or may arise from any and all use of Valley, notwithstanding that any such loss, injury or damage may have arisen by reason of negligence of the **Valley**. This release constitutes a waiver of legal rights and by signing below, you are also indicating that you have read carefully and understand the contents of this waiver and release.

Jurisdiction:

I understand that any and all actions arising out of this agreement or the use of the **Valley** will be governed by the laws of Ontario, Canada and I consent to the exclusive jurisdiction of the courts in Ontario, Canada.

Dismissal and Behaviour: The Director reserves the right to dismiss a guest, without a refund, who, in his opinion, is a hazard to the safety or rights of others or who appears to him to have rejected the reasonable controls of the resort.

I certify that I have no knowledge of any physical or mental impairment that would affect the named guests participation in the Valley’s program, endanger self or others. I also give permission to the Director of Valley to search my child’s belongings for items prohibited by camp, if suspected. I agree to reimburse Valley for any intentional damage or defacement of Valley property caused by participant named on this form.

Valuables: We encourage you not to bring valuable items. The **Valley** is not responsible for personal items that are lost, stolen or damaged, and reserves the right to check belongings in search of missing items.

Name of Person with signing authority _____

Individual over 18/parent/guardian

Signature

Date

General Regulations

1. Regulations concerning the facility

- Stay within boundaries as indicated by signs.
- No wandering on grounds before sunrise or after sunset, unless it is your group's schedule
- Be a Godly steward of sports facility, furniture, and all common utilities.
- Maintain cleanliness of the place (both outdoor and indoor)
- Washrooms/showers to be maintained clean, respecting other users'
- Conservation of water, heat, electricity benefits all users. Please consider the Valley more than you would even at home.
- Reorganize rooms to original condition, after usage.
- No open fire for maximum safety (candles, fireworks), camp fire to be arranged for with administration, depending on weather conditions.
- Accommodation is strictly separated by gender.

2. Regulations concerning attendants

- Control of level of sound for both individuals or Audio Visual
- Music/videos displayed should honour our Christian values
- Abide by your groups schedule both in time and whereabouts
- Respect of others' rights and maintaining discipline of the Valley.
- In reverence to Chapel/sanctuary/church no food or drink is allowed.
- In compliance with our Christian beliefs, smoking, use of illegal drugs/alcoholic beverage, profane or vulgar language is not allowed on all premises, otherwise dismissal without refund will apply.
- Dress code is to be governed by Christian modesty, non-revealing, and no inappropriate logos. Keep your purity and don't be a stumbling stone to others.
- No physical contact (intimate or rough)

3. Miscellaneous Regulations

- For personal safety and well being of the group, please report any injuries to your group leader/administration.
- No pets are allowed.
- Any damage to property caused by a member of your group will be charged back to the group with consequences on future booking.
- Forgotten and misplaced items are kindly delivered to the reception desk (lost and found)
- Check in/check out times are to be respected unless previous request is approved
- No outside food allowed; all meals are served by the Valley
- Weapons: sharp items, arms, or instruments that are used to endanger others' safety are not allowed on the premises

The on-site Director of the Valley will use personal discretion as to how to handle any breaches either through group leader or directly with individuals depending on gravity or urgency.