



Coptic Orthodox Diocese of the Southern United States

ST. JOHN THE BAPTIST ORTHODOX CHURCH

7851 Riviera Blvd
Miramar, FL 33023

SUMMER CAMP DRESS CODE

All attendees are to follow the church's dress code and grooming guidelines as follows:

- **Summer Camp Fee:** Please make sure you have paid for the summer camp, if you didn't, please do so as soon as possible. Your fee covers food, drinks, snacks, field trips, transportation, camp supplies, crafts, games, and activities. **If you are able to sponsor a child or donate towards the cost of the camp, please add it on your check.**
- **First Day**, unless if you signed **ALL** required paperwork, child **MUST** be dropped off by either parents to sign.
- **Appearance** should be neat and acceptable with basic grooming; combed hair and brushed teeth.
- **Clothing** is to be neat, safe, clean, and non-distractive to the learning environment.
- **No Short Shorts.** Shorts must be knee-length or longer and clothing must conceal undergarments and shoulders at all times. See-through, off the shoulder, or low cut tops are prohibited.
- **No shorts on liturgy days.**
- **Clothing and jewelry** shall be free of writing, pictures, and any other insignia or indications which are profane or obscene.
- **No Cell phones**, iPads, tablets, iwatches or any electronic devices will be permitted. Devices found will be collected as soon as they arrive and will be given back at dismissal. In case of an emergency, contact to the parents will be made through a servant's phone.
- **A sick child** needs to rest at home until complete recovery. **No child will be allowed to stay with any symptoms of sickness** such as; fever, runny nose, cough...etc.. Please let us be considerate to the child's needs as well as others. A child showing symptoms of sickness will sit in isolation and will not participate in any of the camp activities until the parent or guardian picks him/her up.



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- **FOOD ALLERGY:** Is a **very serious issue**, and we do not have the resources to monitor food ingredients. For your child's safety, if your child has food allergy, please notify us and kindly send food for the child for we wouldn't want to risk your child's health. We will NOT be able the child.
- **No outside food, drink or snacks** (except for medically needed) will be permitted, NO EXCEPTION.
- **Text Messages** We may be sending you reminders of field trips via **text messages**, Let us know if you can't accept texts OR if you prefer paper reminder!
- **Pre-K & Kindergarten Parents:** Please send a mat for your child to use for napping, we do not have any at church. Your child should be potty trained, but in case of accidents, please send extra set of change.
- **3rd – 8th Grade:** Please send one item requiring simple sewing/alteration.
- **What will your child learn at summer camp?**
 - **Prek -2nd:** Bible, Hymns, Coptic, Personal Hygiene, Teeth brushing, bed making, shoe laces, fire safety, Proper church behavior.
 - **3rd-8th Grade:** Bible, Hymns, Coptic, Knitting, sewing & alteration, Orban Making, wood work, art & craft, Internet Safety & CPR, Fire safety through City of Miramar Police Dept.,
- **Field Trip Days:**
 - ALL Children must be dropped off no later than 9:00, unless otherwise announced.
 - **Field trip forms will be send out on Monday, Please ask your child about the form.**
 - A form not returned by Tuesday, will consider the child not going on the trip and cannot be changed due to transportation arrangements.
- **Pick Up:** Must notify a servant when you pick your child up, pick up is 5:00 Sharp.

***ALL CHILDREN NOT ABIDING BY THE DRESS CODE AND RULES WILL BE SEND HOME TO BE PROPERLY PREPARED FOR CHURCH.**

Thank you for your cooperation



COPTIC ORTHODOX DIOCESE OF THE SOUTHERN UNITED STATES

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ST JOHN THE BAPTIST

Coptic Orthodox Church
2020 Summer Camp
June 22nd – July 16th
Registration Form

CHILD'S NAME: _____

DATE OF BIRTH: _____ GRADE this school year: _____

ADDRESS: _____

CITY: _____ ZIP: _____

HOME PHONE: _____

FATHER'S NAME: _____

FATHER'S PHONE NUMBERS:

WORK: _____ CELL: _____

MOTHER'S NAME: _____

MOTHER'S PHONE NUMBERS:

WORK: _____ CELL: _____

Camp will be open from 9:00 am – 5:00 pm Monday, June 22nd -- Thursday, July 16th. Camp will be closed on weekends and on the 4th of July. Children may NOT be dropped off before 8:45 am (other than liturgy days) and must be picked up no later than 5:00 pm. Please plan accordingly.

***Camp fee: \$150 for the first child, \$120 for the second child and \$75 for the third.**



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MEDICAL INFORMATION

NAME OF PHYSICIAN: _____

PHONE: _____

INSURANCE COMPANY: _____

POLICY NUMBER: _____

ANY SPECIAL NEEDS/CIRCUMSTANCES REGARDING THE PARTICIPANT:

I, _____ (parent or legal guardian) give my permission for

_____ to attend the 2020 St John the Baptist Summer Camp at St John the Baptist Coptic Church located at 7851 Riviera Blvd. Miramar, FL 33023 from June 22nd- July 16th, 2019, and to participate in all the field trips and the activities included. (A schedule of the camp program and field trips will be available at the church once camp begins)

1. I hereby give my permission for medical attention to be given to my son/daughter in the event of injury, illness, or accident. I realize that I will be contacted at the earliest possible moment in case of such circumstances.
2. I hereby release St John the Baptist Church, The Coptic Orthodox Diocese for the Southern United States and any other parties, including but not limited to chaperones, teachers, students, drivers and volunteers from liability in case of accident or injury.

Signature of parent or legal guardian: _____ Date: _____



ST. JOHN THE BAPTIST ORTHODOX CHURCH

St. John the Baptist Coptic Orthodox Church

Release of Liability

IN CONSIDERATION of being given the opportunity to participate in any St. John the Baptist Coptic Orthodox Church activities, including scheduled, supervised activities, and other activities (including but not limited to, SUSBC – basketball competition), Summer Camp activities, Sunday School related activities as well as any other sponsored activities, I, for myself, my personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree and represent that I understand the nature of these Activities, and that I am qualified, in good health, and in proper physical condition to participate in such Activity.

2. FULLY UNDERSTAND that: (a.) SOME ACTIVITIES INVOLVE RISKS AND DANGERS of serious bodily injury, including permanent disability, paralysis and death (“Risks”); (b.) these Risks and dangers may be caused by my own actions, or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place, or the negligence of the Release named below; (c.) there may be other risks and social and economic losses either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation in the Activity.

3. AGREE AND WARRANT that I will understand each Activity in which I take part and that, if I observe any condition which I consider to be unacceptably hazardous or dangerous, I will notify the proper authority in charge of the Activity and will refuse to take part in the Activity until the condition has been corrected to my satisfaction.

4. HEREBY RELEASE, discharge, and covenant not to sue St. John the Baptist Coptic Orthodox Church, their administrators, directors, agents, officers, volunteers and employees, other participants, other participating organizers, any sponsors, advertisers, and if applicable, owners and lessors of premises, on which the Activity takes place, (each considered one of the Releases herein) from all liability, claims, demands, losses or damages on my account Caused or alleged to be caused in whole or in part by the negligence of the Release or otherwise, including negligent rescue operations; and I further agree that if, despite this release and waiver of liability, assumption of risk, and indemnity agreement, I, or anyone on my behalf, makes a claim against any of the Releases, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releases from any litigation expenses, attorney Fees, loss, liability, damage, or cost which any may incur as a result of such claim, to the fullest extent permitted by law.

5. CAMP RULES AND DISMISSAL: I further acknowledge and understand that ST. JOHN THE BAPTIST COPTIC ORTHODOX CHURCH has established rules and regulations pertaining to conduct, behavior and activities of all participants, by which Minor and I agree to abide during the activity/retreat/camp, and that Minor and I will be responsible for his/her/my failure to abide by those rules and regulations. Minor and I have received, read and understand the rules. Minor and I understand that violation of the rules can result in dismissal from Camp with no refund and further possible disciplinary consequences. Parent and Participant understand that ST. JOHN THE BAPTIST COPTIC ORTHODOX CHURCH reserves the right to dismiss participant from further participation in the program if the Church and/or its Representatives determine, in its sole judgment that Participant has

Initials _____



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violated activity/retreat/camp/church rules and traditions, or has otherwise acted in a manner detrimental to the best interests of the activity/ retreat/ camp/ church and/or other Participants.

6. LOSS OF PROPERTY: Parent understands that neither St. John the Baptist Coptic Orthodox Church nor any other Released Party is responsible for loss or damage to Participant's personal property or possessions in the absence of willful misconduct by such persons. Mobile communication devices (including cell phones), and any device with the capability of digital photography are strictly prohibited. Parent and Participant understand that St. John the Baptist Coptic Orthodox Church STRONGLY discourages participants from bringing valuables such as cell phones, I-pods/pads, laptops, and expensive jewelry, etc.. If Participant chooses to bring such items, Participant does so at his or her sole risk.

7. MEDICAL RELEASE: I agree to allow the ST. JOHN THE BAPTIST COPTIC ORTHODOX CHURCH volunteer staff to render care to, arrange transportation for and administer over-the-counter medications to, the named minor, within the volunteer staff scope of practice, and as deemed beneficial to the health and well-being of the named minor. I further agree that all over-the-counter and prescription medications brought to camp will be collected by and then only administered by the ST. JOHN THE BAPTIST COPTIC ORTHODOX CHURCH volunteer staff, in accordance with all applicable prescriptive directions and/or on an as needed basis. No medications having reached an expiration date will be accepted or administered.

In the event I cannot be reached by phone at the time of an injury or illness to the named minor, I hereby give, as parent/legal guardian, my permission to the doctor selected by ST. JOHN THE BAPTIST COPTIC ORTHODOX CHURCH to hospitalize, access and procure necessary medical records, and secure appropriate treatment, including but not limited to injections, anesthesia, testing, radiology, or surgery for the named minor as deemed necessary. I understand and am aware that ST. JOHN THE BAPTIST ORTHODOX CHURCH does not provide any form of medical insurance coverage for the named minor. I release ST. JOHN THE BAPTIST COPTIC ORTHODOX CHURCH from any and all medical costs and expenses rendered in the treatment on named minor. Furthermore, I accept complete financial responsibility for any medical expenses incurred for the named minor through the usage of my policy.

I understand that in signing this form that I am providing both a Medical and Liability Release to the ST. JOHN THE BAPTIST COPTIC ORTHODOX CHURCH for the minor named below. I hereby acknowledge that during his/her attendance at a camp session certain risks exist, which may be known or unknown at this time, and may result in physical injury or illness. In signing this Liability Release, I assume full responsibility for mitigation of such an incident, and I am granting permission for the participation of the named minor in all session related activities, unless specifically noted on this form. Should the named minor elect to participate in an activity off of the grounds of ST. JOHN THE BAPTIST COPTIC ORTHODOX CHURCH, it is understood and agreed that transportation, to and from the activity shall be the responsibility of individuals as designated by the parent/legal guardian. This release is intended to stand on the behalf of the named minor, and in place of all claims by any family member or agent. These releases of ST. JOHN THE BAPTIST COPTIC ORTHODOX CHURCH shall be in effect only for the duration of the camp session as indicated and only while the named minor is on the grounds of ST. JOHN THE BAPTIST COPTIC ORTHODOX CHURCH, and/or under the directed supervision of ST. JOHN THE BAPTIST COPTIC ORTHODOX CHURCH volunteer staff.

I, in my own behalf and on behalf of Minor, acknowledge and agree that such participation subjects Minor to possibility of physical illness or injury (minimal, serious, catastrophic and/ or death) and that I, in my own behalf and on behalf of Minor, acknowledge that Minor is assuming the risk of such illness or injury by participating in the Activities. Initials _____



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In the event of such illness or injury, I authorize ST. JOHN THE BAPTIST COPTIC ORTHODOX CHURCH to obtain necessary medical treatment of Minor and hereby, in my own behalf and on behalf of Minor, release and hold harmless Releases in the exercises of this authority. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred on behalf of Minor for any illness or injury that Minor may sustain during the Activities and while traveling to and from the site for the Camp whether or not the Camp actually occurs.

8. DAMAGE TO ST. JOHN THE BAPTIST COPTIC ORTHODOX CHURCH AND OTHER'S

PROPERTY: Parent and Participant understand that Parent shall be liable for any damage to the property and/or facilities of ST. JOHN THE BAPTIST COPTIC ORTHODOX CHURCH or of the property and/or facilities of others, including other participants, resulting in whole and/or in part from acts of Participant.

9. Appearance Release: I understand that ST. JOHN THE BAPTIST COPTIC ORTHODOX CHURCH from time to time may produce promotional material relating to its programs. I understand as a participant and/or a spectator, that Minor may be included in videotapes and/or photographs taken during the Activities. Furthermore, Parent, for himself or herself and on behalf of the Participant, gives permission and consents to the taking of photographs, videotapes, and interviews of Participant, and agrees that such photographs, videotapes, and/or interviews may be published and used for advertising, promotion, publicity, or recreational viewing by Parent, other Participants and their families, as well as other persons, in publications and/or internet web sites related to ST. JOHN THE BAPTIST COPTIC ORTHODOX CHURCH. Therefore, without reservation and/or limitations, I, in my own behalf and on behalf of Minor, hereby assign, transfer and grant to ST. JOHN THE BAPTIST COPTIC ORTHODOX CHURCH, its successors, assignees, licensees, sponsors, any television networks, and all other commercial exhibitors the exclusive right to photograph and/or videotape Minor and to utilize such videotapes and photographs and Minor's name, face likeness, voice and appearance as part of the Activities, in advertising and promoting the Activities and/or advertising and promoting similar Activities. I further understand that neither ST. JOHN THE BAPTIST COPTIC ORTHODOX CHURCH nor any third party is under any obligation to exercise any of the foregoing rights, licenses and privileges.

AND I, the minor's parent and/or legal guardian, understand the nature of these activities and the minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby release, discharge, covenant not to sue, and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releases from all liability, claims, demands, losses, and/or damages on the minor's account caused and/or alleged to be caused in whole or part by the negligence of the Releases or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above Release, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS each of the Releases from any litigation expenses, attorney fees, loss liability, damage, and/or cost any may incur as the result of any such claim, to the fullest extent permitted by law.

I agree that, in the event of dispute between myself as guest or parent/legal guardian of, or on behalf of, the named minor, I will submit to arbitration by an organization sanctioned for this purpose, in lieu of pursuing litigation in a court of law. I further agree as parent/ or legal guardian, to absolve and hold harmless the ST. JOHN THE BAPTIST COPTIC ORTHODOX CHURCH, a non-profit religious organization, its board of Directors and Trustees, agents and employees, volunteers against liability for damages, losses, and/or injuries or illnesses to, myself, my property, or the named minor.

Initials _____



ST. JOHN THE BAPTIST ORTHODOX CHURCH

I have read this agreement, fully understand its terms, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

Printed Name of Participant:

Father Name:

Mother Name:

Address:

City: _____ State: _____ Zip: _____

Father's Signature:

Mother's Signature:

Date: _____