

Sokol 'Campers Give Back' Weekend

- Who:** Children aged 11 years - high school graduation: Must be child of Sokol Member or 2017 camper
- What:** A weekend of fun spent sprucing camp
- When:** August 19th 2017 at 9:00 a.m. to August 20th 2017 at 12:00 noon
- Where:** Sokol Camp – 6270 Highway 61/67, Imperial MO 63052
- Why:** Contribute to the organization you love so much! Keep the future generation of Sokol members involved and doing their part to preserve the organization! Have fun!
- Cost:** Children of Sokol Members: \$10 per participant, plus one snack per family to share
Children of Non Sokol Members who camped in 2017: \$20 per participant, plus one snack per family to share
Cost of participation includes: lunch and dinner on Saturday and Breakfast on Sunday.

Registration packet and fee due by Monday, August 14th!
No registration accepted after Monday, August 14th. ZERO EXCEPTIONS!

Participants may be dropped off beginning at 8:30am on Saturday, August 19th. They must be ready to start activities at 9:00 a.m. ****Participants who do not arrive by 9:00 am will not be allowed to participate.****

All participants are expected to remain at Sokol Camp from the time they sign in until 12:00n on Sunday, August 20th. **Some exceptions may be considered on a case by case basis, but participants are expected to be present for the majority of the weekend and volunteer activities. All exceptions must be approved by the registration deadline.**

Any participants who drive themselves will turn in their keys to a chaperone.

All participant carpooling will be prearranged to include approval of parents. (see registration form)

All participants will place their cell phone in a lock box at the beginning of the event. Cell phone use will be allowed during meal time. Cell phone use will not be allowed at bed time.

Unless otherwise noted (i.e. cell phones) standard camping rules apply. If you need another copy, please ask!

Packing list:

- Water bottle (to cut down on use of disposable products)
- Snack to share (1 per family) *Please consider something other than chips – join the “Group Me” Chat to coordinate snack ideas with other attendees!*
- Bedding, pillow (we will be sleeping on cots as during 2017 Children's Camping)
- Toiletry items
- Casual Clothes, tennis shoes – We may be painting; please dress accordingly.
- Swimwear/ Towel
- Pajamas

Sokol 'Campers Give Back' Weekend Registration Form

Name: _____ Age on August 19, 2017: _____
Address: _____ Birthdate: _____
City: _____ State: _____ Zip: _____

Parent/Guardian Name: _____
Phone: _____ Alt. Phone: _____

Parent/Guardian Name: _____
Phone: _____ Alt. Phone: _____

Emergency Contacts (other than parent/guardian listed above)

Name: _____ Relation: _____
Phone: _____ Alt. Phone: _____

Name: _____ Relation: _____
Phone: _____ Alt. Phone: _____

Arrival

- Child will ride with parent.
- Child will drive themselves.
- Child will ride with participant _____ - I have arranged with their parent.

Departure

- Child will ride with parent
- Child will drive themselves
- Child will ride with participant _____ - I have arranged with their parent.

By signing this form, I release Gymnastic Association Sokol and its members from all responsibility to injury sustained by my child during the event period at Sokol Camp, Imperial, MO. I also understand that any pictures or video of my child may appear in promotional materials including but not limited to a Sokol Camp Website, social media, DVD, or brochure. I understand that my participant will follow all rules and regulations and any failure to comply may result in dismissal from the event without a refund.

Parent/Guardian Signature: _____ Date: _____
Printed Name: _____

REQUIRED

- Registration Form
- Health Information
- Liability Waiver
- Registration Fee enclosed: Check Check#: _____ Cash

Return required information and payment ***NO LATER THAN AUGUST 14th**** to:

Leslie Echterhoff
4509 Tholozan Avenue
St. Louis, MO 63116
cell. 314-608-5196

**Please allow time for the mail. If registration and payment are not in our possession by August 14th, your child will not participate.*

Participant Health Information

****IN THE EVENT OF MEDICAL EMERGENCY, THIS INFORMATION WILL ACCOMPANY YOUR CHILD TO THE HOSPITAL – PLEASE ANSWER ACCURATELY AND COMPLETELY****

Camper's Name _____ Age _____ Weight _____ Height _____

Physician's Name _____ Phone Number _____

Health Insurance Carrier _____ Policy Number _____

Policy Holder's Name _____ Policy Holder's DOB _____

ALLERGIES: No Known Allergies Allergy (Include reaction/treatment): _____

PHYSICAL/MENTAL HEALTH HISTORY: Please list all diagnoses, conditions, surgery, etc. in detail: _____

****ALL MEDICATIONS WILL BE TURNED IN TO A CHAPERONE AT TIME OF ARRIVAL. PARTICIPANTS WILL NOT KEEP ANY MEDICATIONS WITH THEIR BELONGINGS (including but not limited to prescription medications, pain relievers, etc.)****

I give my permission for staff to give my camper the following as needed:

Acetaminophen Yes No

Benadryl Ointment/Spray Yes No

Ibuprofen Yes No

Hydrocortisone Ointment Yes No

Benadryl Tablet Yes No

Tums/Calcium Carbonate Yes No

Will your child be bringing medication to this event? Yes (Detail below) No (Skip to bottom)

Medication	Dose	Reason	Side Effects/ Comments	Time					
				<input type="checkbox"/> Breakfast	<input type="checkbox"/> Lunch	<input type="checkbox"/> Dinner	<input type="checkbox"/> Bedtime	<input type="checkbox"/> As Needed	<input type="checkbox"/> Other - make note
Medication	Dose	Reason	Side Effects/ Comments	Time					
				<input type="checkbox"/> Breakfast	<input type="checkbox"/> Lunch	<input type="checkbox"/> Dinner	<input type="checkbox"/> Bedtime	<input type="checkbox"/> As Needed	<input type="checkbox"/> Other - make note
Medication	Dose	Reason	Side Effects/ Comments	Time					
				<input type="checkbox"/> Breakfast	<input type="checkbox"/> Lunch	<input type="checkbox"/> Dinner	<input type="checkbox"/> Bedtime	<input type="checkbox"/> As Needed	<input type="checkbox"/> Other - make note

All information included in this form is complete and accurate. I understand failure to disclose information about my child's health may result in restriction of activity or in extreme cases, removal from camp. In signing this form, I authorize the event chaperons to act in the best interest of my child in case of illness or injury. I understand this may include transportation to and treatment by hospital staff.

Parent/Guardian Signature: _____ Date: _____

Printed Name: _____

SOKOL ST. LOUIS WAIVER OF LIABILITY & MEDICAL RELEASE FORM

As the parent or legal guardian of (camper's name) _____
I hereby give consent for my camper to participate in the program offered by Sokol St. Louis. I recognize that potentially severe injuries, including but not limited to sprains, strains, broken bones, permanent paralysis, or death, can occur in any activity. I understand and accept that risk.

I further understand that while the payment of the registration fee and membership dues constitute a part of the consideration due to Sokol St. Louis, an additional and important part of the consideration due to Sokol St. Louis, the Children's Camping Program, and associated events is this signed release form.

Therefore, in consideration for allowing my child to use Sokol St. Louis's equipment and facilities, I hereby forever release Sokol St. Louis, its owners, officers, instructors, counselors, coaches and volunteers from all liabilities and for any and all damages and injuries suffered by my child while under the instruction, supervision or control of Sokol St. Louis, its officers, instructors, counselors, coaches, or volunteers.

As the parent or legal guardian of the aforementioned person, I hereby agree to personally provide for the possible future medical expenses which may be incurred by my child as a result of any injury sustained while participating at, for, or under the direction of Sokol St. Louis. This acknowledgment of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

Release, waive, discharge and covenant not to sue **THE AMERICAN-CZECH EDUCATIONAL CENTER, GYMNASTIC ASSOCIATION SOKOL, SOKOL ST. LOUIS, or its affiliated clubs**, their respective administrators, directors, agents, coaches, and other members of the organization, other participants, sponsoring agencies, sponsors, and if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "releasees", from any and all liability to each of the undersigned, his or hers and next of kin for any and all claims, demands, losses, or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasees or otherwise.

Subject to the provisions of this Agreement, each signing party has remised, released and forever discharge and by these presents, does himself and herself and his or her heirs, legal representatives, executors, administrators and assigns remise, release and forever discharge Gymnastic Association Sokol of all cause or causes of action, claims, rights or demands whatsoever in law or in equity, which said party hereto ever had or now has or may have against Gymnastic Association Sokol.

Parent or Guardian (Signature/Relationship) _____ (Date) _____

Parent or Guardian (Signature/Relationship) _____ (Date) _____

Printed names of parent or guardian: _____

Printed names of participant: _____