



# UKRAINIAN YOUTH ASSOCIATION

## CAMP WESELKA

|                |
|----------------|
| _____          |
| Cabin \Паланка |

### A. РЕЄСТРАЦІЯ - ЗАГАЛЬНІ ІНФОРМАЦІЇ (Просимо чітко вивповняти) REGISTRATION - GENERAL INFORMATION (Please Print Clearly)

1. Ім'я та Прізвище: \_\_\_\_\_

First Name & Surname: \_\_\_\_\_  Юнак/Male  Юначка/Female

2. Дата народження / Date of birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(день, місяць, рік - day, month, year)

3. Адреса / Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

| Розмір Спортивної Сорочки / T-Shirt Size |                              |                             |                             |                             |
|--|------------------------------|-----------------------------|-----------------------------|-----------------------------|
| Adult / Дорослий                         |                              |                             |                             |                             |
| XXL- <input type="checkbox"/>            | XL- <input type="checkbox"/> | L- <input type="checkbox"/> | M- <input type="checkbox"/> | S- <input type="checkbox"/> |
| Child / Дитина                           |                              |                             |                             |                             |
| XL- <input type="checkbox"/>             | L- <input type="checkbox"/>  | M- <input type="checkbox"/> | S- <input type="checkbox"/> |                             |

4. Телефон домашній / Home phone: ( ) \_\_\_\_\_

5. Емейл / Email: \_\_\_\_\_

6. Ім'я батька / Father's name: \_\_\_\_\_ Телефон праці / Work phone: ( ) \_\_\_\_\_

7. Ім'я матері / Mother's name: \_\_\_\_\_ Телефон праці / Work phone: ( ) \_\_\_\_\_

8. Родина / Other relative: \_\_\_\_\_ Телефон / Phone: ( ) \_\_\_\_\_

9. Медичне число / Health Card # (OHIP): \_\_\_\_\_

10. Чи існує проблема щодо легальної опіки над дитиною/Are there any child custody issues? Yes  No   
Якщо так, прошу пояснити / If yes, please provide details:

\_\_\_\_\_  
\_\_\_\_\_

11. Осередок і Рій / UYA Branch & Group: \_\_\_\_\_

12. Говорить українською мовою / Speaks Ukrainian:  Дуже добре/Fluently  Добре/Fairly  Слабо/Poorly

13. Реєстрація на Виховно-відпочинковий табір:  
Registering for Recreational Camp:

- 3 тижні \ 3 weeks  
 14 липня до 3 серпня 2019 р. /  
14 July to 3 August 2019

|  |
|--|
|  |
|--|

14. Зауваги - Додаткові інформації:  
Comments - Special Requirements:

**Просимо вивповнити таборову, медичну і анкету відповідальности для кожної дитини**  
**Please Complete a Registration, Medical, Permission and Release Forms for Each Child**

**АДМІНІСТРАТИВНІ ІНФОРМАЦІЇ / ADMINISTRATIVE INFORMATION \for office use only\**

Ціна за таборування / Cost of camp: \_\_\_\_\_

Додаткова оплата для не-членів / Non member fee: \_\_\_\_\_

Додаткова оплата за недотримання реченця / Late fee: \_\_\_\_\_

Разом до заплати / Total cost: \_\_\_\_\_

**Фінансове розчислення / Payment history:**

Сума / Amount:      Дата / Date:      # квитка / Receipt#:      Спосіб заплати / Method of payment

|       |       |       |   |
|-------|-------|-------|---|
| _____ | _____ | _____ | <input type="checkbox"/> Готівка / Cash <input type="checkbox"/> Чек / Cheque |
| _____ | _____ | _____ | <input type="checkbox"/> Готівка / Cash <input type="checkbox"/> Чек / Cheque |
| _____ | _____ | _____ | <input type="checkbox"/> Готівка / Cash <input type="checkbox"/> Чек / Cheque |

**Дата вибуття з табору / Dates child was signed out of camp:**

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

**Зауваги команди / Other comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**АПЛІКАЦІЮ ОДЕРЖАНО / DATE OF APPLICATION** \_\_\_\_\_

**ПІДПИС ЧЛЕНА ТАБОРОВОЇ КОМІСІЇ /  
SIGNATURE OF CAMP COMMITTEE MEMBER** \_\_\_\_\_



## UYA CAMPS ASSUMPTION OF RISK AND RELEASE FORM

Participants and Parents\Guardians for participants under 18 years of age are asked to read the following information **carefully**

### C. ASSUMPTION OF RISK AND RELEASE

1. While every reasonable precaution shall be taken to ensure the safety and protection of your child, the UKRAINIAN YOUTH ASSOCIATION OF CANADA (CYM) (hereinafter called "UYA"), its Directors, Officers, Staff Members, Employees, Volunteers and all facilities used by the UYA to deliver its programs, are hereby released from all and any liability, in the event of loss of personal property or any accident or misfortune that may occur to your child.

### D. CODE OF CONDUCT

2. It is understood that should your child in any way endanger the safety and/or well-being of another individual or continually disrupt activities while attending a UYA Camp, said child will be immediately suspended from further participation in the camp program and parents will be required to take him/her home. Furthermore, fees paid will not be reimbursed.

### E. AUTHORIZATION

3. In signing this form, the parent or guardian certifies that the information correctly portrays your child's medical profile and habits, and is amenable to necessary discipline if required.

4. The signature of the parent or guardian shall give the UYA and its Directors, Officers, helpers the right to arrange for any special services or other requirements necessary, in the best interest of your child and shall give the UYA the permission to obtain or approve medical interventions necessary for your child's welfare and good health and the parent or guardian hereby agrees to pay for all such services as may be required as indicated above.

5. It is understood that in the course of UYA camp activity, pictures or recordings may be taken. I hereby authorize and release copyright to the UYA to use photographs, digital or other images in which my child appears, for UYA promotional or marketing purposes including UYA brochures, newsletters, annual reports or UYA website.

6. I hereby give permission for \_\_\_\_\_ to participate in field trips planned during all UYA camps wherever they may be held. This includes outdoor adventure (hiking) camps wherever they may be organized.

**Parents \ Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### F. LIABILITY

I, the undersigned parent/ guardian, assume full responsibility for payment of all camp fees and medical expenses not covered by insurance

I understand that I am liable for all costs related to, but not limited to damages caused by my child or children, or for additional costs incurred by the UYA as a result of my child's or children's actions, be they intentional or unintentional (telephone, broken windows, kiosk, etc.)

The safety of each individual is of the utmost importance to the UYA. In order to ensure the safety and well-being of all participants, the UYA reserves the right to alter the program at any time without compensation to participants, parents or guardians.

Furthermore, my child has been made aware of rules and regulations as found in the *Handbook for parents and campers*, and has agreed to abide by them.

*I have carefully read, understand and freely and voluntarily accept Assumption of Risk, Code of Conduct, Authorization and Liability information outlined above.*

**Parents \ Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Parents \ Guardian's Name:** \_\_\_\_\_

The above noted signatures certify acceptance of all conditions contained hereon.

## КОНТРОЛЬНИЙ СПИСОК Checklist

Будь ласка, обов'язково перевірте всі нижче перелічені пункти списку. Будемо приймати лише заповнені пакети реєстрації.

*Please be sure to check off all the boxes below. Only completed registration packages will be accepted.*

Camper's name/ Ім'я та Прізвище:

\_\_\_\_\_

| Registration Form  |   |
|--|---|
|  | ОНІР#   |
|  | Contact information for both parents or guardians                       |
|  | Payment – cheques should be made payable to Ukrainian Youth Association |
|  |   |
| Medical Form – please be sure to provide a copy of the following items with your registration package. |   |
|  | ОНІР #  |
|  | Additional Insurance (if applicable)                                    |
|  | Photograph of your child  |
|  | Recent immunization   |
|  | Emergency Contact Information   |

If you are interested in helping out during tabir (ie. Stijka in the evenings, arts & crafts, sport activity, etc.), please provide us with your contact information below.

Якщо ви можете допомогти під час табору (наприклад, вечірня стійка, самодіяльність, спорт, і т.д.), просимо вказати свою контактну інформацію.

Name: \_\_\_\_\_

Contact phone #: \_\_\_\_\_

Email: \_\_\_\_\_