



Табори для УПН і УШО

4-17 серпня, 2019 р.

Camp Sheppard, Enumclaw, WA

Таборова Оплата:

Новацтво і Юнацтво: **\$925 + \$50 (реєстрація) за першу дитину**
\$825 + \$50 (реєстрація) за кожну додаткову дитину
таборова оплата та реєстрація - незворотна

включає нічліг, їжу, таборову програму, прогульки, сорочинку і відзнаку

Реченець * 1-го травня

Число таборовиків **БУДЕ ОБМЕЖЕНЕ!**

Зголошення приймаємо в ТАКІЙ ЧЕРГОВОСТІ В ЯКІЙ ПРИХОДИТИМУТЬ

Якщо поштова печатка є після 1го травня, реєстраційна оплата буде \$100

Оплату та всі таборові анкети висилати на адресу:

Anya Hnateyko
3015 142nd PL NE
Bellevue, WA 98007

*Чеки випускати на
Plast Seattle*

З додатковими запитаннями прошу звертатися до:

Tabir@plastseattle.org * (206) 305-9497

www.plastseattle.org/tabir



Пласт Сіетл Табір 2019



@plastseattle.tabir

Прошу цю частину виповнити та вислати з оплатою і реєстраційною формою до 1го травня, 2019р.

Зголошую таборовика/ів та включаю оплату і реєстраційні карти для:

Ім'я таборовика

табір

оплата



КАРТА ЗГОЛОШЕННЯ НА ПЛАСТОВИЙ ТАБІР

ВІД 4-ГО ДО 17-ГО СЕРПНЯ 2019 р.
в Camp Sheppard, BSA, Enumclaw WA

| | | | |
|--|--|--|---|
| Цю частину заповнюють БАТЬКИ / ОПІКУНИ: | | | <input type="checkbox"/> Новак <input type="checkbox"/> Новачка <input type="checkbox"/> Юнак <input type="checkbox"/> Юначка |
| | | Рік вступу до Пласту _____ | |
| Ім'я і прізвище (по українськи) | | Ім'я і прізвище (по англійськи) | |
| Домашня адреса (по англійськи) | | Закінчена кляса в американській школі: _____ | |
| Місто, Штат, Поштовий код | | Дата народження: місяць/день/рік | |
| <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> Youth <input type="checkbox"/> Adult | | | |
| Розмір таборової сорочки | | | |
| Імена і прізвища батьків / опікунів (по англійськи) | | Електронна адреса (опікун #1) | Електронна адреса (опікун #2) |
| Домашній телефон | | Мобільний телефон (опікун #1) | Мобільний телефон (опікун #2) |
| Дитину з табору можуть виписати (крім опікунів): | | | |
| | | | Телефон |
| | | | Телефон |
| Завваги: | | | |
| ЗАЯВА: Зголошую сина/доню на пластовий табір та даю згоду щоб він/вона брав/брала активну участь у таборовій програмі <input type="checkbox"/> на повний табір ← ЧИ → <input type="checkbox"/> від ____ VII. до ____ VII. (вчасне листовне пояснення комендантові й ОТК примусове) | | | |
| ПІДПИС ОПІКУНА | | | |
| Цю частину заповнює ГНІЗДОВИЙ / ЗВ'ЯЗКОВИЙ: | | | |
| Пластова станиця: | | Улад: | Ступінь: |
| НОВАЦТВО | | 3 початком табору буде мати закінчену/і: | |
| <input type="checkbox"/> 0 (прихильник) <input type="checkbox"/> 1 (орля) <input type="checkbox"/> 2 (сильне орля) | | <input type="checkbox"/> 3 (красне орля) <input type="checkbox"/> 4 (обережне орля) <input type="checkbox"/> 5 (бистре орля) | |
| | | <input type="checkbox"/> Захис. рідн. вогнища <input type="checkbox"/> Отрок <input type="checkbox"/> Джура <input type="checkbox"/> Звідун | |
| ЮНАЦТВО | | | |
| <input type="checkbox"/> 0 (пл. прихильниї) <input type="checkbox"/> I (пл. учасник) <input type="checkbox"/> II (пл. розвідувач) <input type="checkbox"/> III (пл. скоб/вірл.) | | | |
| НА ТАБОРІ таборовик повинен зокрема здобувати: | | | |
| Точки # до проби: _____ | | | |
| Історичні гри: _____ | | | |
| Вмілості: _____ | | | |



Дата

Телефон

Електронна адреса

ПІДПИС ГНІЗДОВОГО / ЗВ'ЯЗКОВОГО

Самітники в УПН і УПО мусять мати підпис Впорядника Самітників з дорученням, що можуть чи повинні здобувати.



Табори для УПН і УШО
4-17 серпня, 2019 р. Camp
 Sheppard, Enumclaw, WA

МЕДИЧНА КАРТА
2019 Health History by Parent
2 Week Overnight Camp

ПРОСИМО ДОКЛАДНО ДРУКОМ ВИПОВНИТИ.
 PLEASE PRINT CLEARLY.

| | |
|-----------------------------------|--------------------------------|
| <input type="checkbox"/> Novachka | <input type="checkbox"/> Novak |
| <input type="checkbox"/> Yunachka | <input type="checkbox"/> Yunak |
| <input type="checkbox"/> Bulava | |

(This side to be filled by parents/guardian of minors or by adult campers/staff members themselves.)

Name _____ Birth date _____ Sex _____ Age _____
First Middle Initial Last

Parent(s) or Guardian(s) _____

Home Address _____ Home Phone _____
Street & Number City State ZIP Area/Number

Do you carry family medical/hospital insurance? Yes No **PLEASE ATTACH FRONT AND BACK COPY OF INSURANCE & PRESCRIPTION CARD**

Operations or serious injuries (dates) _____

Name of dentist/orthodontist _____ Phone _____

Name of primary physician _____ Phone _____

Address of primary physician _____ Fax #: _____

Suggestions on health related information for camp personnel _____

For Female: Has this person menstruated? _____ If not, has she been told about it? _____

MENINGOCOCCAL MENINGITIS VACCINATION RESPONSE

Meningococcal disease, is a potentially fatal bacterial infection commonly referred to as meningococcal meningitis. New York State Public Health Law requires all parents of children attending overnight camps of 7 or more nights to be informed of this serious bacterial infection. If not treated early, meningitis can lead to swelling of the fluid surrounding the brain and spinal column as well as severe and permanent disabilities, such as hearing loss, brain damage, seizures, strokes, limb amputation, and even death. Meningococcal conjugate vaccine (MCV4) is the preferred vaccine for people 55 years of age and younger. Two MCV4 vaccines are Menactra™ and Menveo™. Information about meningitis, the vaccine, and cost of the vaccine can be obtained from your health care provider or you can visit the following websites: www.meningitisvaccine.com and the website of the Center for Disease Control and Prevention (CDC), www.cdc.gov/vaccines/vpd-vac/mening/default.htm;

Parents, you must CHECK ONE BOX:

- My child has had the meningococcal conjugate vaccine (MCV4), for example Menactra™ or Menveo™.
 Date received: _____ Note: The CDC recommend 2 doses of MCV4 for all adolescents 11-18 yrs. of age.
- I have read, or have had explained to me, the information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine. I have decided that my child will **not** obtain immunization against meningococcal meningitis disease.

This health history is correct so far as I know, and the person herein described has permission to engage in all camp activities except as noted. Authorization for Treatment: I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests, treatment, to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

Signature of parent or guardian or adult camper/staffer _____ Date _____

If for any reasons you cannot sign this, please contact camp authorities as soon as possible.

OTK 2019

2019 Health History by Licensed Physician

**Physician please note this is a
2 week overnight camp**

Camper's Name: _____

Novachka Novak Yunachka Yunak Bulava

Date of Examination: _____ Age of Camper _____ Height _____ Weight _____ Blood Pressure _____

Date of last Tetanus immunization: _____ Any limitations to activities? _____

Medical History/additional info: _____

Explanation of any reported loss of consciousness or concussion: _____

Does applicant have any of the following: asthma diabetes enuresis epilepsy last seizure: _____

Does applicant have any behavioral problems? (i.e. ADD, ADHD, autism, autism spectrum, OCD) _____

Does applicant have any psychiatric problems? (i.e. anxiety, depression) _____

Any treatment to be continued at camp? _____

Any medically-prescribed meal plan or dietary restrictions? _____

***** DOCTOR: PLEASE ATTACH IMMUNIZATION HISTORY *****

ALLERGIES: (food, NUTS, plants, insects, etc.) _____

REACTION: _____

**PLEASE ✓
IF CAMPER
REQUIRES EPI PEN**

STANDARD O-T-C MEDICATIONS PROVIDED PRN

The following medications will be administered as first aid as directed on packaging, based on child's weight and age, at the discretion of the RN or doctor on duty: burn jel, calamine lotion, hydrocortisone cream, bacitracin ointment, Neosporin, betadine antiseptic, medicaine swab, benadryl spray, zinc oxide, artificial tears, eye irrigating solution, swimmers ear, orajel.

DOCTOR APPROVAL NEEDED – approval must be indicated with a check mark (✓) below:

| DRUG NAME/ROUTE | DOCTOR: PLEASE ✓ MEdS BELOW CAMPER MAY RECEIVE | DRUG NAME/ROUTE | DOCTOR: PLEASE ✓ MEdS BELOW CAMPER MAY RECEIVE |
|------------------|--|------------------------------|--|
| Loratidine | | Topical Anti-fungal ointment | |
| Cetirizine HCl | | Antacid/Antigas | |
| Diphenhydramine | | Stool Softener | |
| Acetaminophen | | Tums chewable | |
| Ibuprofen | | Midol | |
| Dextromethorphan | | Throat Spray/lozenges | |
| Decongestant | | Pepto Bismol | |

Camper may not have the following medications: _____

PRESCRIPTION MEDICATIONS Allergy to Meds: _____ Reaction: _____

| DRUG NAME | ROUTE | DOSAGE | INDICATIONS | COMMENTS |
|-----------|-------|--------|-------------|----------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

In my opinion, the above camper's condition, does does not preclude his/her participation in an active camp program.

Licensed Physician's Signature _____

Address: _____
Street & Number City State ZIP

Phone _____ Date of Completion: _____ Please initial if completed by nurse or PA: _____



Registration - Page 2 PLAST CAMP – CAMPER RECORD

Camper's Name: _____

| | |
|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Novachka | <input type="checkbox"/> Novak |
| <input type="checkbox"/> Yunachka | <input type="checkbox"/> Yunak |
| <input type="checkbox"/> U-2 | <input type="checkbox"/> Ptashatko |

Guardian's Name: _____

1. ALLERGY INFORMATION: *If NO allergies please check box→ skip down to section 2.*

Allergies to Medications (e.g. penicillin, sulfa, etc.) **EPI Pen?** **Please check for yes**

Medicine: _____ Reaction: _____

Medicine: _____ Reaction: _____

Medicine: _____ Reaction: _____

Allergies to Foods (e.g. peanuts, fish, berries, etc.) **EPI Pen?** **Please check for yes**

Food Item: _____ Reaction: _____

Food Item: _____ Reaction: _____

Food Item: _____ Reaction: _____

Other Allergies (e.g. bees, poison ivy, latex, etc.) **EPI Pen?** **Please check for yes**

Item: _____ Reaction: _____

Item: _____ Reaction: _____

Item: _____ Reaction: _____

2. ACUTE/CHRONIC MEDICAL CONDITIONS: *If NONE please check box→ skip down section 3.*

Does applicant have any of the following: asthma diabetes enuresis epilepsy last seizure: _____

Does applicant have any behavioral problems? (i.e. ADD, ADHD, autism, autism spectrum, OCD) _____

Does applicant have any psychiatric problems? (i.e. anxiety, depression) _____

3. DIETARY RESTRICTIONS: *If NO dietary restrictions please check box→ skip down to section 4.*

ANY DIETARY RESTRICTIONS MUST BE RECORDED BY YOUR PHYSICIAN ON YOUR CHILD'S MEDICAL RECORD.
You MUST contact the campground's medical staff to discuss dietary restrictions to ensure that these needs can be accommodated.

Please check if your child is a vegetarian vegan

Medically necessary dietary needs (please explain):

4. UKRAINIAN LANGUAGE PROFICIENCY

The Plast camp program is conducted exclusively in the Ukrainian language. For the program's sake and for your child's safety and enjoyment, your child must understand/comprehend the Ukrainian language. If it is determined by camp staff and administration that your child does not have sufficient comprehension of the Ukrainian language, which enables them to understand verbal instructions and participate in the camp program, your child may be sent home.

My child's Ukrainian language proficiency/comprehension and oral expression: fluent average other – please explain

By signing below, I certify that the above information is correct.

Guardian's Signature: _____

Date: _____



PLAST CAMP – EMERGENCY CONTACT

Camper's name: _____ D.O.B. _____

Home address: _____ Height _____

_____ Weight _____

Guardian's address during camp (if different): _____ Eye color _____

_____ Hair color _____

| | |
|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Novachka | <input type="checkbox"/> Novak |
| <input type="checkbox"/> Yunachka | <input type="checkbox"/> Yunak |
| <input type="checkbox"/> U-2 | <input type="checkbox"/> Ptashatko |

Attach
THIS SIZE
photograph
of camper
here
(taken within the
last 6 months)

| | Guardian # 1 | Guardian # 2 |
|------------|--------------|--------------|
| Name | | |
| Home phone | | |
| Cell Phone | | |
| Work phone | | |
| Email | | |

In case of emergency, guardians will be called first. If guardians are unavailable, these people should be contacted in this order:

1. Name: _____ Relationship to camper: _____

Home: _____ Cell: _____ Work: _____

2. Name: _____ Relationship to camper: _____

Home: _____ Cell: _____ Work: _____

3. Name: _____ Relationship to camper: _____

Home: _____ Cell: _____ Work: _____

If the above information should change, I will notify the camp immediately.

Guardian signature

Date



RELEASE OF LIABILITY AND HOLD HARMLESS AGREEMENT

Participant Name _____ Birthdate _____ Age _____
 Parent/Guardian _____ Cell Phone _____
 Home address _____ Home Phone _____
 Plast Event Name _____ Date(s) of Event _____

THIS AGREEMENT AFFECTS YOUR LEGAL RIGHTS - READ IT CAREFULLY BEFORE SIGNING IT

“Participant” refers to the named Participant and the parents and/or guardians of the foregoing. “Plast” refers to Plast, Ukrainian Scouting Organization (USA), its branches, affiliates, employees, agents and volunteers (to the extent not a Participant). “Plast Event” refers to the event written above.

Acknowledgement of Risk. Participant acknowledges and fully understands the inherent risks of serious injury or death associated with Plast Events. Plast Events may include hiking, backpacking, biking, swimming, canoeing, rappelling, rock climbing, cooking on an open fire, construction and/or erection of tents, shelters and other camp structures, and other activities associated with the outdoor experiences. These inherent risks include encountering natural dangers such as falling rocks or objects, irregular or uneven ground, unseen and unmarked objects, drowning or serious injury in and around water, water impurities, severe weather, sunburn, contact with plants, animals or insects and the like. Inherent risks also include acts or omissions of other participants, Participant’s own acts and omissions, availability of first aid and emergency treatment and consumption of food or drink by Participant.

Plast Events may include activities conducted away from the event location (“Off-site Activities”). These may include overnight or day hikes, canoeing excursions, trips to museums, amusement parks and other similar activities. Plast may arrange for bus, van or private car transportation to facilitate such activities and Participant acknowledges that such Off-site Activities, including transportation to and from such activities by whatever means are deemed reasonable and appropriate by Plast are deemed a part of the Plast Event.

Waiver of Rights and Release of Liability. Participant, hereby releases, waives and discharges Plast from any and all actions or claims from Participant, heirs or personal representatives for any loss damage, injury, or liability arising out of or in connection with participation in the Plast Event, including use of Plast facilities and equipment.

Indemnification and Hold Harmless. Participant agrees to indemnify and hold harmless Plast and its insurance carriers from and against all losses, damages, monetary awards and expenses, including all costs and attorney’s fees incurred by Plast in connection with any and all claims asserted against Plast by any third party in connection with Participants participation in the Plast Event.

Photographs and Audio/Digital Recordings. Participant grants Plast permission to take and use for any lawful purpose and without additional compensation photographs and audio/digital recordings of him or her while participating in any activities during the Plast Event. Participant name or any other personal information will not be disclosed with the photograph without Participant’s permission.

Medical treatment. Participant authorizes any medical treatment deemed necessary in the event of injury while participating in the Plast Event. Participant either has appropriate insurance or, in its absence, agrees to pay all costs of rescue and/or medical services that may be incurred on Participant’s behalf.

Miscellaneous. If any provision of this Agreement is found invalid or unenforceable by a court of competent jurisdiction, the remaining portions will remain in full force and effect. When the term “including” is used in this Agreement, it is not meant to be limiting – the list that follows is always non-exhaustive. The terms of this Agreement constitute the entire agreement and understanding between the parties. This Agreement is made pursuant to and shall be construed under the laws of the State where the Plast Event is taking place.

I HAVE READ THIS AGREEMENT AND UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS AND ASSUMING SUBSTANTIAL RESPONSIBILITIES BY SIGNING IT. I HAVE RECEIVED, REVIEWED, AND UNDERSTAND THE “CODE OF CONDUCT”. I CERTIFY THAT I SIGN IT VOLUNTARILY WITH THE AUTHORITY TO DO SO. IF YOU ARE UNDER 18 YEARS OF AGE, BOTH PARENTS/LEGAL GUARDIANS MUST SIGN.

 Parent/Legal Guardian or Participant if over 18 Print Name Date

 Second Parent/Legal Guardian Print Name Date

CODE OF CONDUCT

Every member of PLAST is entitled to a safe, caring and respectful environment.

All Scouts must review the Code of Conduct.

Scouts under 18 shall review the Code of Conduct with their Parents/Guardians.

I will:

1. Follow the directives of Plast staff.
2. Speak Ukrainian to the best of my ability. I understand that non-Ukrainian printed matter is permitted when required to fulfill Plast programming (i.e., scouting handbooks, reference materials).
3. Abide by:
 - federal and state laws and not bring or use cigarettes or other tobacco products, alcohol, and illicit drugs to and at camp and/or any Plast activity;
 - the Plast Oath and Scout Law.
4. Abide by Plast safety policies and procedures, which include:
 - remaining inside the designated camp/program boundary;
 - not leaving the camp/program area without the permission of Plast staff;
 - not burning fires within or beyond camp/program boundaries without the permission of camp staff;
 - not having an open flame (candles, matches, lighters or gas lamps) in tents or barracks;
 - not having any foodstuffs in tents/barracks so as not to attract wild animals;
 - reporting any illness or injury to Plast staff.
5. Respect others. I will treat other scouts and staff (administrative, medical and cooking) with courtesy and respect. I understand that bullying, of any sort, is not tolerated at camp or during any Plast activities. This includes:
 - Direct Bullying:
 - **Physical** (hitting, shoving, kicking, etc.);
 - **Verbal** (taunting, degrading comments, put-downs, slurs, name-calling).
 - Indirect Bullying:
 - **Social** (spreading rumors, public embarrassment, intentionally leaving someone out of activities/conversations);
 - **Cyber** (using any form of electronic technology such as cell phones, computers, texts, videos, photos, social media sites to taunt, embarrass, threaten).
6. Respect other's property and not steal or borrow other people's possessions without their consent. Any found items will be turned in to Plast staff.
7. Respect the natural environment, camp/program property and equipment. I will only use Plast equipment with the permission of Plast staff.
8. Actively participate in all Plast activities (unless exempt for medical reasons).
9. Refrain from bringing electronic devices such as cell phones, laptop computers, tablets, and/or electronic games to camp/program. If found, these devices will be confiscated by Plast staff and returned at the end of camp/program.
10. Depending on circumstances, the **Code of Conduct** can be modified.

*Any scout that breaks any of the rules MAY be sent home based on the seriousness of the offense.
There will be NO refund or credit on paid fees and transportation home will be at the parents' expense.*