Сеньорський Курінь «Спартанки»

Проголошує вписовий листок на

Кінний Табір

Цей табір є для пластунів, від 11 до 17 років. Табір відбудеться за адресою: Norrie State Park, 9 Old Post Road, Staatsburg, New York 12380 від неділі 7-го серпня до суботи, 13-го серпня, 2016 р. Табір є обмежений до 14 учасників.

**Кошт табору: $550.00**

Просимо виповнити подану анкету до 15 червня і прислати разом із чеком в сумі $100.00 (незворотний завдаток) виписаним на “Plast-Spartanky” на адресу:

Oksana Hnatczuk, 233 Hamilton Ave, Clifton NJ 07011

Імя учасника \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Дата народження \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ вага \_\_\_\_\_\_\_\_\_\_\_ висота \_\_\_\_\_\_

Адреса (латинкою) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Телефон \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ е-почта\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Імена батьків \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Станиця/Осередок \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Телефон \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Чи вже їхав верхи? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ скідьки років? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Чи вмієш їхати галоп? \_\_\_\_\_\_\_\_\_\_\_\_ Чи вмієш їхати рис? \_\_\_\_\_\_\_\_\_\_\_\_**\_**

**UKRAINIAN LANGUAGE PROFICIENCY** camps are 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 oral instructions, and take part 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 below**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Питання? Прошу дзвонити до Оксани Гнатчук 973-546-8093

Кінний Табір

Registration – Page 2 Camper Record

Camper’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Allergy Information**:

Allergies to Medicine: Epi-Pen?

Medicine: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reaction \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medicine: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reaction \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medicine: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reaction \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies to Foods: Epi-Pen?

Food Item: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reaction \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Food Item \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reaction \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Food Item: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reaction \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Allergies Epi-Pen?

Item: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reaction \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Item: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reaction \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Item: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reaction \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Acute/Chronic Medical Conditions**:

Does applicant have any of the following? Asthma diabetes enuresis epilepsy

Does applicant have any behavioral problems? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does applicant have any psychiatric problems? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Does applicant have any **medically necessary dietary needs**? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_