



Diocese of the Armenian Church of America (Eastern)
Department of Youth and Young Adult Ministries
Hye Camp



CIT PACKET AND INSTRUCTIONS

CIT & STAFF TRAINING: JULY 23 - 26
TWO-WEEK CAMP SESSION: JULY 26 - AUGUST 8, 2015
1ST WEEK ONLY: JULY 26 – AUGUST 1, 2015
(RECOMMENDED FOR ALL CAMP PARTICIPANTS)
2ND WEEK ONLY: AUGUST 2 – 8, 2015
(AVAILABLE FOR THOSE UNABLE TO ATTEND WEEK 1)

To: Prospective Hye Camp CITs
From: Fr. Aren Jebejian, Hye Camp Director (773) 637-1711
Jennifer Morris, Director of Youth and Young Adult Ministries (248) 648-0702
Kenarr Chiodo, Hye Camp Board Chair (773) 205-6455

The expansion of our program to a two-week camp session is a continuing great success! We are pleased to announce that Hye Camp will continue as a two-week program in 2015. If this is your first Hye Camp experience, we welcome you to our family. For all those returning, we can't wait to see you!

One beautiful aspect of Hye Camp has always been the opportunity to meet Armenian peers for one shared experience. The Hye Camp Board strives to maintain this tradition and recommends that all one-week participants attend during the first week. If it is impossible for you to attend during the first week, then the second week is available as a one-week option. We hope that with your continued support our camp program will continue to grow and expand to reach out to the Armenian youth of the Midwest.

Mark your calendars for an exciting *two-week camp season*. Our CIT and Staff training will run from Thursday, July 23 – Sunday, July 26 followed by the two-week camp session from Sunday, July 26 – Saturday, August 8. A one-week camp experience will be offered Sunday, July 26 - Saturday, August 1 for our entire camp community. For those unable to attend the first week, they may sign up for the second week which runs from Sunday, August 2 – Saturday, August 8.

All interested CITs, staff and volunteers are responsible for submitting their application and clergy recommendation form by **June 1**. All other forms must be completed and submitted by **July 1**. We thank you in advance for your cooperation, so that we properly staff and accommodate all of our campers.

We appreciate your commitment and dedication to the Hye Camp program, and expect you to meet the high standards and expectations that we have for you. Your role at Hye Camp will help to provide an opportunity for the Hye Campers to learn about their Armenian faith and heritage, while making lifelong friends.

Diocese of the Armenian Church of America (Eastern)
Department of Youth and Young Adult Ministries
Hye Camp



HYE CAMP CIT CHECKLIST

**PLEASE REVIEW THE CHECKLIST BELOW TO ENSURE ALL
MATERIALS ARE COMPLETED PROPERLY.**

Please mail *CIT Application Packet* to:
Jennifer Morris
Attn: HYE CAMP
4978 Green Road
West Bloomfield, MI 48323

CIT REGISTRATION CHECKLIST

Complete and submit CIT Application Packet no later than June 1.

- ☐ **Application and Hye Camp Tuition Calculator Worksheet**
- ☐ **Clergy Recommendation Form**
- ☐ **Tuition payment for CITs is \$275.00 for one week and \$525.00 for two weeks.**
Please make checks payable to *Hye Camp*, or you may pay online at
www.diocesansummercamps.org.

Complete and submit CIT Acceptance Packet no later than July 1.

- ☐ **Form A1 & A2:** Health History & Examination Form. This must be completed by the parent/guardian. *Photocopied Insurance Card (front & back)* affixed to the bottom of A1.
- ☐ **Form B1 & B2:** Health History and Examination & Standing Orders (Medical Authorization). This must be given to the physician of the camper for completion and must have the physician's signature. Assure vaccination record is completed and up-to-date and double check if tetanus needs to be renewed. Signatures of both physician and parent/guardian are required for camp personnel to administer any prescription and/or over-the-counter medications at camp.

***Please Note: Both Forms B1 & B2 must be filled out by Licensed Medical Personnel and require two (2) signatures by the physician and one (1) signature by the parent/guardian.**

- ☐ **Form C1 & C2:** These are permission and waiver forms which must be signed in five locations: four by the parent/guardian and one by the camper.
- ☐ **Form D1 & D2:** Online Policies and Media Consent Form. Must be read by camp participants and the parent, guardian or adult staff member and signed accordingly.
- ☐ **Child Pick-up Authorization Form:** Parent/guardian must complete.
- ☐ **Code of Christian Living:** Parent/guardian and camper must read and sign.

Also included for your information:

- ☐ **Driving Directions**
- ☐ **Meningitis Fact Sheet**
- ☐ **Hye Camp Fact Sheet**

Please mail *CIT Acceptance Packet* directly to:
St. Gregory the Illuminator Armenian Church
Attn: HYE CAMP
6700 West Diversey Avenue
Chicago, IL 60707-1715

We are looking forward to a great week at Hye Camp, and celebrating the next 50 years!
Please feel free to call one of the names listed above if you should have any further questions.



HYE CAMP



Diocese of the Armenian Church (Eastern) • Department of Youth and Young Adult Ministries • Hye Camp
Fr. Aren Jebejian, Hye Camp Director • (773) 637-1711 • Email : fraren04@aol.com
Jennifer Morris, Director, Youth and Young Adult Ministries • (248) 648-0702 • Email: jenniferm@armeniandiocese.org
Kenarr Chiodo, Hye Camp Chair • (773) 205-6455 • E-mail: kenarr@comcast.net

COUNSELOR-IN-TRAINING PROGRAM APPLICATION

CIT/Staff Training: July 23 - 26, 2015

Two-week Camp Session: July 26 - August 8, 2015

1st week only: July 26 – August 1, 2015 (recommended for all camp participants)

2nd week only: August 2 – 8, 2015 (available for those unable to attend Week 1)

In order to qualify as a CIT, an applicant must:

Be at least 16 years of age by July 26

Complete and submit no later than June 1st the following:

- this CIT Application with a photo of yourself attached;
- the enclosed Clergy Recommendation Form (to be completed and submitted directly by the applicant's pastor, or if there is no parish priest, parish council chair)
- submit a check, made payable to Hye Camp, in the amount of \$275.00 for one week or \$525.00 for two weeks for your participation in CIT Program

Download (www.diocesansummercamps.org) and submit no later than July 1 the following:

- Form A1 & A2: Health History and Examination Form
- Form B1 & B2: Health History and Examination Form & Individualized Standing Orders [Medication Authorization]
- Form C1 & C2: Permission and Waivers
- Form D1 & D2: On-line Policies and Media Consent Form
- Child Authorization Pick-up Form
- Code of Christian Living

Please attach a recent picture of yourself.

Attend pre-camp onsite CIT/Staff training commencing at 5 p.m. on Thursday, July 23 through Sunday, July 26.

NAME: _____ AGE (at start of Session): _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ CELL PHONE: _____

E-MAIL ADDRESS: _____

BIRTHDATE: _____ SCHOOL GRADE (Fall 2015): _____ SUNDAY SCHOOL (grade completed): _____

PARISH AFFILIATION (include Name and City): _____

(Parent/Guardian Information)

PARENT/GUARDIAN: _____ E-MAIL ADDRESS: _____

WORK PHONE: _____ CELL PHONE: _____

PARENT/GUARDIAN: _____ E-MAIL ADDRESS: _____

WORK PHONE: _____ CELL PHONE: _____

SHIRT SIZE (Adult sizes, please circle choice): S M L XL XXL

I am applying for Hye Camp... _____ for 2 weeks _____ for 1st week _____ for 2nd week
Comments: _____

PAGE TWO

Camp Experience (Armenian/non-Armenian)

Camp Attended

Dates

Status: Camper/CIT/Staff

Why are you applying to be a CIT at Hye Camp this summer?

What contributions do you think you could bring to camp? [Please use more space if needed.]

Please list all Church-related activities/experience: (Sunday School, ACYOA, altar server, choir, etc.)

Please list all extra-curricular activities (school-related, town-related, etc.)

Please list all of your hobbies, interests, and pursuits (even if you think they are not relevant to camp).

CIT ASSIGNMENTS

Please note that we cannot guarantee offering you your preference. However, we are interested in knowing what you are most interested in. Therefore, please check off below all activities you would be interested in assisting in this summer.

General

☐ Armenian language instruction
☐ Chapel Coordinator
☐ Campfires
☐ Arts & Crafts
☐ Music
☐ Nurse's Aide
☐ Armenian Dancing
☐ W-HYE News
☐ Administrative aide (camp office)
☐ Other: _____
(please specify)

Sports

☐ Basketball
☐ Soccer
☐ Swimming
☐ Softball
☐ Volleyball
☐ Olympics
☐ Other: _____

Rank your age group preference in order from 1st, 2nd, 3rd & 4th choice.

Youngest Juniors: Ages 8-10 _____

Oldest Juniors: Ages 11-12 _____

Youngest Teens: Age 13 _____

Oldest Teens: Ages 14-15 _____

Are you certified in: Babysitting _____ CPR _____ First Aid _____ Water Safety/Lifeguarding _____
If yes, please provide copies of certifications with this application.

I understand that I am an ambassador of Hye Camp and the Armenian Church before, during, and after the summer camp season. I also understand that I am expected to both lead a Christian lifestyle and encourage campers to do the same. I will portray myself as an exemplary representative of Hye Camp and the Armenian Church in all social realms including but not limited to: the internet (i.e. Facebook, YouTube, Twitter etc.) social functions where campers, their families, or other staff members may be in attendance (such as Sports Weekend), etc.

Signature: _____

Date: ____/____/____

Applicant's signature _____ Date _____

Parent's signature _____ Date _____

Send application to:

Jennifer Morris
Attn: HYE CAMP
4978 Green Road
West Bloomfield, MI 48323

All statements become part of any future personnel files.

The CIT Application deadline is June 1. You will be notified of your acceptance by email no later than July 1.

HYE CAMP TUITION CALCULATOR

Please complete this worksheet and indicate your desired camp dates to determine your family tuition for Hye Camp and submit it with your application(s). Make checks payable to Hye Camp. This form is not needed if registering online.

Family Name _____

___ Two Week Session July 26 –Aug 8	Postmarked Before June 1	Postmarked After June 1	Amount
1 st Camper	\$875	\$925	\$ _____
Additional Camper	\$850	\$900	\$ _____
Additional Camper	\$850	\$900	\$ _____
Additional Camper	\$850	\$900	\$ _____

___ 1st Week Only - July 26-Aug 3 (recommended for all camp participants)

___ 2nd Week Only - Aug 2-8 (available for those unable to attend Week 1)

1 st Camper	\$475	\$525	\$ _____
Additional Camper	\$450	\$500	\$ _____
Additional Camper	\$450	\$500	\$ _____
Additional Camper	\$450	\$500	\$ _____

___ CIT Two Week Session	\$525	N/A	\$ _____
___ CIT One Week - July 26-Aug 1	\$275	N/A	\$ _____
___ CIT One Week - Aug 2-8	\$275	N/A	\$ _____

TOTAL	\$ _____
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Please mail this worksheet and application(s) along with your tuition payment to:

St. Gregory the Illuminator Armenian Church
Attn.: Hye Camp
6700 West Diversey Avenue
Chicago, IL 60707-1715



HYE CAMP



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CLERGY RECOMMENDATION FORM

Instructions to applicant: Please be sure to fill in your name and circle the position applying for below.

*Instructions to the Clergy: Please return this to the above address by **June 1, 2015**. In the absence of a pastor, then a youth adviser or a parish council chairman may complete this form.*

Name of Pastor _____ Parish _____

_____ is applying for a position at Hye Camp. As his/her pastor, please evaluate the applicant's past performance as well as potential for the position for which they are applying. We would appreciate your feedback as indicated below. The clergy reference is an important part of the application process and your thoughtful and frank comments will be appreciated. Your comments will be kept confidential.

Objective Rating

Under each question, check the phrase that most accurately describes the applicant's habitual behavior. Please remember that it will be the truly exceptional person who ranks high in *all* categories.

1. How long and in what capacity have you known this applicant?

2. In what areas has this applicant been involved in parish life?

- ☐ Sunday School
- ☐ ACYOA Juniors
- ☐ ACYOA Seniors
- ☐ Altar Server
- ☐ Choir
- ☐ Other _____
- ☐ Other _____

3. How well is the applicant able to direct others?

- ☐ Poor leader; incapable of leading others
- ☐ Usually follows lead of others
- ☐ Normally successful in leading others
- ☐ Very successful in leading others
- ☐ Exceptional leader; inspires others along desirable lines of action

4. How well does the applicant work with others for the good of the group?
- ☐ Cooperates grudgingly; makes trouble – obstructionist
 - ☐ Gives limited cooperation; neglects common good
 - ☐ Cooperates with others toward accomplishment of common cause
 - ☐ Cooperates willingly and actively regardless of self-benefit; makes things go smoothly
 - ☐ Exceptionally successful in working with others and inspiring confidence
5. How does this applicant react to suggestions or criticisms of others?
- ☐ Takes criticism as a personal insult or resents suggestions
 - ☐ Listens to suggestions but may act without considering them
 - ☐ Follows suggestions willingly or asks for constructive feedback
6. How responsible is the applicant? Is he/she able to competently get things done independently?
- ☐ Irresponsible even under supervision
 - ☐ With constant supervision will do satisfactory work
 - ☐ Usually needs detailed direction with checks on work
 - ☐ Carries out activity on own responsibility
 - ☐ Exceptionally able to accomplish work without supervision
7. How spiritually mature is the applicant?
- ☐ Rarely expresses or exhibits spiritual maturity
 - ☐ Seems indifferent to spiritual growth
 - ☐ Actively engages in discussions; asks questions about his/her faith
 - ☐ Faith plays an integral part of his/her everyday life
8. How well does this applicant control his/her emotions?
- ☐ Easily depressed, irritated or elated
 - ☐ Tends to be over-emotional
 - ☐ Unresponsive; apathetic
 - ☐ Usually well-balanced

Narrative Report - Please use an additional sheet of paper to share your thoughts on the following:

- Explain why you feel this applicant is a worthy candidate.
- List any concerns you may have that will help us ensure this candidate's success.
- State whether or not you have any concerns about this applicant working with children and why.
- Share any general thoughts or comments.

Signature _____ Date _____

Please mail **directly** to:
Jennifer Morris, Attn: HYE CAMP,
4978 Green Road, West Bloomfield, MI 48323

Health History and Examination Form For All Participants Attending Hye Camp

Modified from: *American Camping Association*
American Academy of Pediatrics

Mail this form to the address below by July 1, 2015:
St. Gregory the Illuminator Armenian Church
Attn: HYE CAMP
6700 W. Diversey Avenue
Chicago, IL 60707-1715

The information on this form is not part of the camper or staff acceptance process, but is gathered to assist in identifying appropriate care. Health history must be filled out by parents/guardians of minors or by adults themselves. Health exam must be completed by approved licensed medical personnel at least every two years, however an updated form is required annually.

Name _____ Birth date _____ Age at camp _____
Last First Middle

Home address _____
Street address City State Zip

Gender: ☐ Male ☐ Female

Custodial Parent/Guardian _____ Home Phone: _____

E-mail: _____ Cell Phone: _____

Home address _____
(If different from above) Street address City State Zip

Business address _____ Phone: _____

Second Parent/Guardian _____ Phone: _____

E-mail: _____ Cell Phone: _____

Address _____
Street address City State Zip

Business address _____ Phone: _____

If not available, Emergency Contact _____

Relationship _____ Phone: _____ Cell: _____

Address _____
Street address City State Zip

Insurance Information: Is the participant covered by family medical/hospital insurance? ☐ Yes ☐ No

If so, indicate carrier or plan name _____ Group # _____

Parent's Name and Date of Birth who carries the plan: _____ DOB: ____/____/19____

A photocopy of both front and back of health insurance card MUST be attached to this form below.

Attach copy of
FRONT
of health card here.

Attach copy of
BACK
of health card here.

Health History and Examination Form For All Participants (cont.)

The following information must be filled in by the parent/guardian, or staff member. The intent of this information is to provide camp health care personnel the background to provide appropriate care. Keep a copy of the completed form for your records. Any changes to this form should be provided to camp health personnel upon participants' arrival in camp. Provide complete information so that the camp can be aware of your needs.

Name _____

ALLERGIES: (List all known)	Describe reaction and management of the reaction:
<u>Medication</u> allergies (list)	
_____	_____
_____	_____
<u>Food</u> allergies (list)	
_____	_____
_____	_____
<u>Other</u> allergies (list) - include insect stings, hay fever, asthma, animal dander, etc.	
_____	_____
_____	_____

General Questions

(Explain "yes" answers below).

Has/Does the participant:	Yes	No		Yes	No
1. Have any recent injury, illness or infectious disease?.....	<input type="checkbox"/>	<input type="checkbox"/>	16. Ever had back problems?.....	<input type="checkbox"/>	<input type="checkbox"/>
2. Have a chronic or recurring illness/condition?.....	<input type="checkbox"/>	<input type="checkbox"/>	17. Ever had problems with joints (e.g. knees, ankles)?.....	<input type="checkbox"/>	<input type="checkbox"/>
3. Ever been hospitalized?.....	<input type="checkbox"/>	<input type="checkbox"/>	18. Have an orthodontic appliance being brought to camp?.....	<input type="checkbox"/>	<input type="checkbox"/>
4. Ever had surgery?.....	<input type="checkbox"/>	<input type="checkbox"/>	19. Have any skin problems (e.g., itching, rash, acne)?.....	<input type="checkbox"/>	<input type="checkbox"/>
5. Have frequent headaches?.....	<input type="checkbox"/>	<input type="checkbox"/>	20. Have diabetes?.....	<input type="checkbox"/>	<input type="checkbox"/>
6. Ever had a head injury?.....	<input type="checkbox"/>	<input type="checkbox"/>	21. Have asthma?.....	<input type="checkbox"/>	<input type="checkbox"/>
7. Ever been knocked unconscious?.....	<input type="checkbox"/>	<input type="checkbox"/>	22. Had mononucleosis in the past 12 months?....	<input type="checkbox"/>	<input type="checkbox"/>
8. Wear glasses, contacts or protective eye wear?.....	<input type="checkbox"/>	<input type="checkbox"/>	23. Had problems with diarrhea/constipation?.....	<input type="checkbox"/>	<input type="checkbox"/>
9. Ever had frequent ear infections?.....	<input type="checkbox"/>	<input type="checkbox"/>	24. Have problems with sleepwalking?.....	<input type="checkbox"/>	<input type="checkbox"/>
10. Ever passed out during or after exercise?.....	<input type="checkbox"/>	<input type="checkbox"/>	25. If female: Age of first menses: _____ yrs		
11. Ever been dizzy during or after exercise?.....	<input type="checkbox"/>	<input type="checkbox"/>	Have an abnormal menstrual history?.....	<input type="checkbox"/>	<input type="checkbox"/>
12. Ever had seizures?.....	<input type="checkbox"/>	<input type="checkbox"/>	26. Have a history of bed-wetting?.....	<input type="checkbox"/>	<input type="checkbox"/>
13. Ever had chest pain during or after exercise?.....	<input type="checkbox"/>	<input type="checkbox"/>	27. Ever had an eating disorder?.....	<input type="checkbox"/>	<input type="checkbox"/>
14. Ever had high blood pressure?.....	<input type="checkbox"/>	<input type="checkbox"/>	28. Ever had emotional difficulties for which professional help was sought?.....	<input type="checkbox"/>	<input type="checkbox"/>
15. Ever been diagnosed with a heart murmur?....	<input type="checkbox"/>	<input type="checkbox"/>			

Please explain any "yes" answers from above, noting the number of the questions.

It is essential that you honestly provide information about the participant's behavior and physical, emotional, or mental health about which the camp should be aware so we can meet their individual needs.

**Licensed Medical Personnel to complete Health History and Examination For
For All Participants Attending Hye Camp**

***This form must be signed by a physician or affixed with equivalent, signed Medical Provider's form!
You may attach an immunization form from your doctor's office, but it must have a signature or stamp.***

Name: _____ was examined on ____/____/____.

Height _____ Weight _____ BP _____

<p>Which of the following Has the participant had?</p> <p><input type="checkbox"/> Measles <input type="checkbox"/> Chicken Pox <input type="checkbox"/> German measles <input type="checkbox"/> Mumps <input type="checkbox"/> Hepatitis A <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hepatitis C</p> <p>TB Mantoux Test Date of last test _____ Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative</p>	<p>Please give all dates of immunization for:</p> <table> <tr> <th>Vaccine:</th> <th>Dates:</th> <th>Mo/Yr</th> <th>Mo/Yr</th> <th>Mo/Yr</th> <th>Mo/Yr</th> <th>Mo/Yr</th> <th>Mo/Yr</th> </tr> <tr> <td>DTP</td> <td></td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>TD (tetanus/diphtheria)</td> <td></td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Tetanus</td> <td></td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Polio</td> <td></td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>MMR</td> <td></td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>or Measles</td> <td></td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>or Mumps</td> <td></td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>or Rubella</td> <td></td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Haemophilus influenza B</td> <td></td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Hepatitis B</td> <td></td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Varicella (chicken pox)</td> <td></td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>	Vaccine:	Dates:	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	DTP		_____	_____	_____	_____	_____	_____	TD (tetanus/diphtheria)		_____	_____	_____	_____	_____	_____	Tetanus		_____	_____	_____	_____	_____	_____	Polio		_____	_____	_____	_____	_____	_____	MMR		_____	_____	_____	_____	_____	_____	or Measles		_____	_____	_____	_____	_____	_____	or Mumps		_____	_____	_____	_____	_____	_____	or Rubella		_____	_____	_____	_____	_____	_____	Haemophilus influenza B		_____	_____	_____	_____	_____	_____	Hepatitis B		_____	_____	_____	_____	_____	_____	Varicella (chicken pox)		_____	_____	_____	_____	_____	_____
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Hepatitis B		_____	_____	_____	_____	_____	_____																																																																																										
Varicella (chicken pox)		_____	_____	_____	_____	_____	_____																																																																																										

Recommendations and Restrictions at Camp

In my opinion, the above applicant ☐ is ☐ is not able to participate in an active camp program.

Describe all conditions for which the applicant may be under the care of a physician. Please note any limitations and/or restrictions while at camp. All medications and treatments prescribed should be listed on form B2.

Any medically-prescribed meal plan or dietary restrictions.

Signature of Licensed Medical Personnel ✓ _____	
Signature of Physician	
Printed _____	Date _____
Address _____	
Phone _____	Fax _____

Name of family dentist/orthodontist _____	Phone _____
Address _____	

This form must be signed by a physician or affixed with equivalent, signed Medical Provider's form!

HYE CAMP AUTHORIZATION FOR THE ADMINISTRATION OF MEDICATIONS INDIVIDUALIZED STANDING ORDERS

B2 (page 2 of 2)
Doctor & Parent Signatures Required

PLEASE NOTE: This form must be signed by both a physician and a parent/guardian in order to administer any prescribed or over the counter medications.

NAME: _____

In order to administer medications at Hye Camp, Illinois State Regulations **require** an authorized prescriber's (MD, PA, APRN) written order **and** parent or guardian's authorization for the nurse or camp personnel with current Medication Administration Training to administer medications. Medications must be in **pharmacy prepared containers** and **labeled with the name of the child**, name of the drug, strength, dosage, frequency, authorized prescriber's name and date of the original prescription.

Prescription Medications and Treatments

Please complete with current regimen for both scheduled and PRN medications and additional orders deemed necessary by healthcare provider to be implemented by an RN, ie blood draws/lab work, dressing changes, cast care, special dietary instructions, etc.

Medication	Dose , route, frequency	Indication, other comment(s)

Standard Over the Counter Medications, First Aid and Preventative Treatment: If medication is listed below, the brand or generic equivalent is available at camp. Therefore, please DO NOT bring the below medications to camp. Over the counter

Over the Counter Medications, First Aid and Preventative Treatment

Review and ✓ Check medication/treatment approved for administration if needed while at camp.

Parent signature required for ALL over the counter medications

<input type="checkbox"/>	Acetaminophen (eg, Tylenol)	<input type="checkbox"/>	Ibuprofen, (eg, Advil/Motrin)	<input type="checkbox"/>	Naproxen (eg, Aleve)
<input type="checkbox"/>	PMS/Menstrual Relief (eg, Midol/Pamprin)	<input type="checkbox"/>	Motion Sickness (eg, Dramamine)	<input type="checkbox"/>	Dietary Fiber (eg, Metamucil, Benefiber)
<input type="checkbox"/>	Cough Medication (eg, Robitussin, Nyquil, Dayquil, Delsym)	<input type="checkbox"/>	Decongestant (eg, Dimetapp, Sudafed)	<input type="checkbox"/>	Antihistamine (eg, Benadryl, Claritin)
<input type="checkbox"/>	Throat Spray (eg, Chloraseptic)	<input type="checkbox"/>	Throat Lozenge, Cough Drops	<input type="checkbox"/>	Airborne (eg, immune system dietary supplement)
<input type="checkbox"/>	Antacid (eg, Tums, Mylanta, Maalox)	<input type="checkbox"/>	Anti-diarrheal (eg, Imodium, Pepto Bismol)	<input type="checkbox"/>	Laxative (eg, Milk of Magnesia, Dulcolax, Glycerin Suppository)
<input type="checkbox"/>	Antiseptic Cleanser (eg, Bacitine, H ₂ O ₂)	<input type="checkbox"/>	Antibiotic Ointment (eg, Neosporin or Bacitracin)	<input type="checkbox"/>	Steroidal Ointment (eg, Hydrocortisone)
<input type="checkbox"/>	Topical Antihistamine (eg, Benadryl, Caladryl)	<input type="checkbox"/>	Sun care, (eg, Sunscreen, Aloe Vera, Solarcaine)	<input type="checkbox"/>	Bug Repellent
<input type="checkbox"/>	Eye Drops/Lubricant (eg, Visine)	<input type="checkbox"/>	Swimmer's Ear Drops (eg, Auro-Dri, Swim Ear)	<input type="checkbox"/>	Cold Sores (eg, Abreva)
<input type="checkbox"/>	Canker Sore Relief (eg, Orajel)	<input type="checkbox"/>	Gold Bond, Talc Powder	<input type="checkbox"/>	Athletes Foot Care (eg, Tinactin)

Signature of Licensed Medical Personnel ✓ _____

Printed _____ **Date** _____

Phone _____ **Fax** _____

I will supply medication prescribed in the original container dispensed with proper label by an authorized prescriber. Over-the-counter medication shall be in original container(s). I understand that medication will be destroyed if not picked up on the last day of my child's stay at camp.

Parent/Guardian Signature or Adult Staff _____

Printed Name/Relationship to Minor _____ **Date** _____

Permission and Consent Form

I hereby give permission and consent for my child, _____ (insert child's name) to travel off-site from the facilities of Hye Camp for transportation to/from the airport or train/bus station. In addition, I give permission for my child to travel off-site from the facilities of Hye Camp for medical treatment. I understand that transportation will be provided by either the Hye Camp vehicle, or by automobiles owned/operated by Hye Camp adult staff personnel.

Hye Camp will not allow or give its permission or consent for a child to travel in a vehicle driven or operated by anyone under eighteen years of age for any reason. Hye Camp will not approve or give its permission or consent for a child to leave the campsite in any vehicle driven or operated for any purpose other than what is stated above.

I understand that participants are not allowed to travel with any adult, other than the child's own parent or guardian, or approved Hye Camp staff, unless written consent by the child's parent or guardian is provided to the camp administration.

I further agree to indemnify and hold harmless Hye Camp and its directors, counselors and other staff, as well as the Diocese of the Armenian Church of America (Eastern) from any and all claims and legal actions for any personal injury to my child or loss of property to me and for any injury to other persons or damage to other property which results from my child's participation in this program.

Date

✓ _____
Signature of Parent/Guardian or Adult Staff

Meningococcal Meningitis Vaccination Response Form

Camper's Name: _____ Date of Birth: ____/____/____

Illinois Public Health Law requires the operator of an overnight children's camp to maintain a completed response form for every camper who attends camp for seven (7) or more nights.

Check one box and sign below:

- ☐ My child has had the meningococcal meningitis immunization (Menomune™) within the past 10 years.
Date received: _____

[Note: The vaccine's protection lasts for approximately 3 to 5 years. Revaccination may be considered within 3-5 years.]

- ☐ I have read, or have had explained to me, the information enclosed regarding meningococcal meningitis disease. I understand the risks of not having the vaccine. I have decided that my child will **NOT** obtain immunization against meningococcal meningitis disease.

Date

✓ _____
Signature of Parent/Guardian or Adult Staff

Permission To Treat Waiver

Name of Participant: _____

I hereby give permission to the camp to provide, seek, and consent to routine health care, administration of prescribed medications, and emergency treatments for me/my child, as may be necessary, including but not limited to x-rays, routine tests and treatment, and/or hospitalization. I also give permission for the camp to arrange related transportation. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes.

It is my intention that the camp be treated as acting *in loco parentis* if the person herein named is a minor. Further, it is my intention that the appropriate representatives of the camp be treated as "personal representatives" for the purposes of disclosing protected health information pursuant to the privacy regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996. I hereby agree (pursuant to 45 CFR § 164.510 (b)) to the disclosure to camp representatives of the protected health information of the person herein described, as necessary: (i) to provide relevant information to camp representatives related to the person's ability to participate in camp activities; and (ii) in the case of minors, to provide relevant information to the camp representatives to keep me informed of my child's health status.

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

Date

✓

Signature of Parent/Guardian or Adult Staff

✓

Printed name

Camper Medical Waiver

I hereby acknowledge that I have primary medical responsibility for _____ and that any insurance provided by Hye Camp, as indicated in the camp brochure, is **secondary** only. I further acknowledge that I have responsibility (in the same manner as if I had medical insurance) for any expenses incurred as the result of illness or injury to my child or myself (if over 18) while a participant at Hye Camp.

Date

✓

Signature of Parent/Guardian or Adult Staff

✓

Printed name

Camper Medical Agreement

I also understand and agree to abide by any restrictions placed on my participation in camp activities.

Date

✓

Signature of Camper, CIT or Adult Staff



Diocese of the Armenian Church of America (Eastern)
Department of Youth and Young Adult Ministries
Hye Camp
Archbishop Khajag Barsamian, Primate



D 1

Diocesan Summer Camps Policy for Online Social Networking and Blogging Websites

In general, Hye Camp views social networking sites (e.g., Facebook, Twitter etc.), personal websites, and weblogs positively and respects the right of participants to use them as a medium of self-expression. If a participant chooses to identify himself or herself as a participant of Hye Camp on such Internet venues, some readers of such websites or blogs may view the participant as a representative or spokesperson of Hye Camp, its programs or activities, its participants, and /or other staff, in a blog or on a website:

- 1) Participants must be respectful in all communications (text and photos) and blogs related to Hye Camp, its employees, and other participants. Any photos or messages that are linked or “tagged” from “friends” and attached to your site(s) or profile(s) that are inappropriate should also be removed.
- 2) Participants must not use obscenities, profanity, or vulgar language.
- 3) Participants must not use blogs or personal websites to disparage Hye Camp, other participants, or staff of Hye Camp
- 4) Participants must not use blogs or personal websites to harass, bully or intimidate other participants or staff of Hye Camp. Behaviors that constitute harassment and bullying include, but are not limited to, comments that are derogatory with respect to race, religion, gender, sexual orientation, color, or disability; sexually suggestive, humiliating, or demeaning comments; and threats to stalk, haze, or physically injure another person.
- 5) Participants must not use these venues to discuss engaging in conduct prohibited by camp policies or an Orthodox Christian lifestyle, including, but not limited to, the use of alcohol and drugs, sexual behavior, sexual harassment, and bullying.

Any participant found to be in violation of any partition of this policy will be subject to immediate disciplinary action, up to and including dismissal at the discretion of the Camp Director.

Camper/CIT/Staff Name *(please print)* _____

Camper/CIT/Staff Signature _____

Parent/Guardian's Signature *(when applicable)* _____

Date _____



**Diocese of the Armenian Church of America (Eastern)
Department of Youth and Young Adult Ministries**

Hye Camp

Archbishop Khajag Barsamian, Primate



Media Consent Form

All camp participants must complete this form

Through your/your child's stay at camp, staff members and other participants will be taking photographs, video and/or audio of you/your child to present to other campers during the camp session. Some of the photographs, video and/or audio may also be posted on our website. Although this will be available primarily for the enjoyment of our participants and their families, it will also be available to anyone that views our website. There will not be any names associated with the photographs, video or audio.

Please complete the following information and sign below:

I understand it is the intention of Hye Camp to have me/my child's participation in the camp records using various visual and audio recordings, which may be posted on the camp's website, used during camp sessions or used in promotional materials. Hye Camp is permitted to use any of these recordings in any and all media reproductions. Such recordings become the sole property of Hye Camp.

Attendee Names (please PRINT legibly):

Participant's name: _____ I [☐ agree ☐ do not agree] **to the above**

Participant's name: _____ I [☐ agree ☐ do not agree] **to the above**

Participant's name: _____ I [☐ agree ☐ do not agree] **to the above**

Participant's name: _____ I [☐ agree ☐ do not agree] **to the above**

Participant's name: _____ I [☐ agree ☐ do not agree] **to the above**

Participant's name: _____ I [☐ agree ☐ do not agree] **to the above**

PRINT name of Parent/Guardian/Adult

SIGNATURE of Parent/Guardian/Adult

Date: ____/____/2015



HYE CAMP 2015
Child Pick-up Authorization Form
Please complete one form per family.



Camper/CIT Name(s): _____

Address: _____

The following individual(s) may pick up my child/children other than his/her parent/guardian:

Please leave blank if you do not wish to designate anyone other than their parent/guardian

Name: _____

Address: _____

Relationship: _____

Home Phone: _____ Cell Phone _____

Name: _____

Address: _____

Relationship: _____

Home Phone: _____ Cell Phone _____

Please list any person(s) **NOT** authorized to pick up my child/children. If there are any custody issues for which Hye Camp should be aware, please attach court documentation, if applicable.

My child will be travelling home by bus chartered by _____. I know and authorize _____ to chaperone my child to the designated drop off point in my community.

Note: Any person unfamiliar to HYE CAMP staff will be required to show proof of identification. Under NO circumstances will the child be released to anyone other than those listed above without VERBAL OR WRITTEN permission from the parent or legal guardian to the Hye Camp Director or Director of Youth and Young Adult Ministries.

Signature of Parent or Legal Guardian

Date



Diocese of the Armenian Church of America (Eastern)
Department of Youth and Young Adult Ministries
Hye Camp



CODE OF CHRISTIAN LIVING

1. We are a Christian camp and expect Christian standards of behavior at all times. This means that campers, CITs, staff, and visitors shall be treated with respect and dignity at all times by the entire camp population.
2. Campers, CITs, and Staff are expected to participate in and be on time for all activities.
3. Curfew is to be strictly observed and respected.
4. Proper dress and language are expected at all times, as well as the care and maintenance of the facilities and living quarters.
5. Campers are to be supervised by staff at all times.
6. The destruction, misuse, or abuse of property will not be tolerated. Those found responsible for such behavior will be held financially liable and may be asked to leave the camp.
7. Alcohol, tobacco, drugs, weapons of any kind, firecrackers, audio/video recordings not conducive to a Christian environment, etc. are not permitted on camp grounds.
8. Campers and CITs are expected to cooperate with counselors, instructors and staff at all times.
9. Campers should be in their cabins only during permitted times and always with staff present. Males are not permitted in female cabins and vice versa.
10. Good sportsmanship and fair play are expected at all times by all participants.
11. Fighting, taunting, hazing, bullying, sexual misconduct or any other kind of inappropriate behavior will not be tolerated.
12. Campers, CITs, and staff must obtain permission from the Camp Director to leave the camp grounds. Campers and CITs will only be released to his/her parent or guardian unless prior arrangements have been made in writing.
13. Cell phones are not permitted for campers. All cell phones must be left at home or collected at registration. Campers will be allowed to access their cell phones as needed to call home only. Cell phones found in camper possession will be immediately confiscated.

Violation of any of these expectations by campers, CITs, or staff will be evaluated on an individual basis and dealt with quickly and firmly *and* may result in disciplinary action and/or expulsion within 24 hours. There will be no refunds for campers or CITs asked to leave camp for disciplinary reasons.

Please note: Depending on the nature of the violation, Hye Camp may be required to contact the local authorities.

ALL CAMPERS, CITs, PARENTS/GUARDIANS AND STAFF ARE REQUIRED TO READ AND SIGN THE CODE OF CONDUCT, ACKNOWLEDGING THEIR RESPONSIBILITY.

Camper/CIT/Staff Name (Please print) _____

Camper/CIT/Staff Signature _____

Parent/Guardian's Signature (when applicable) _____

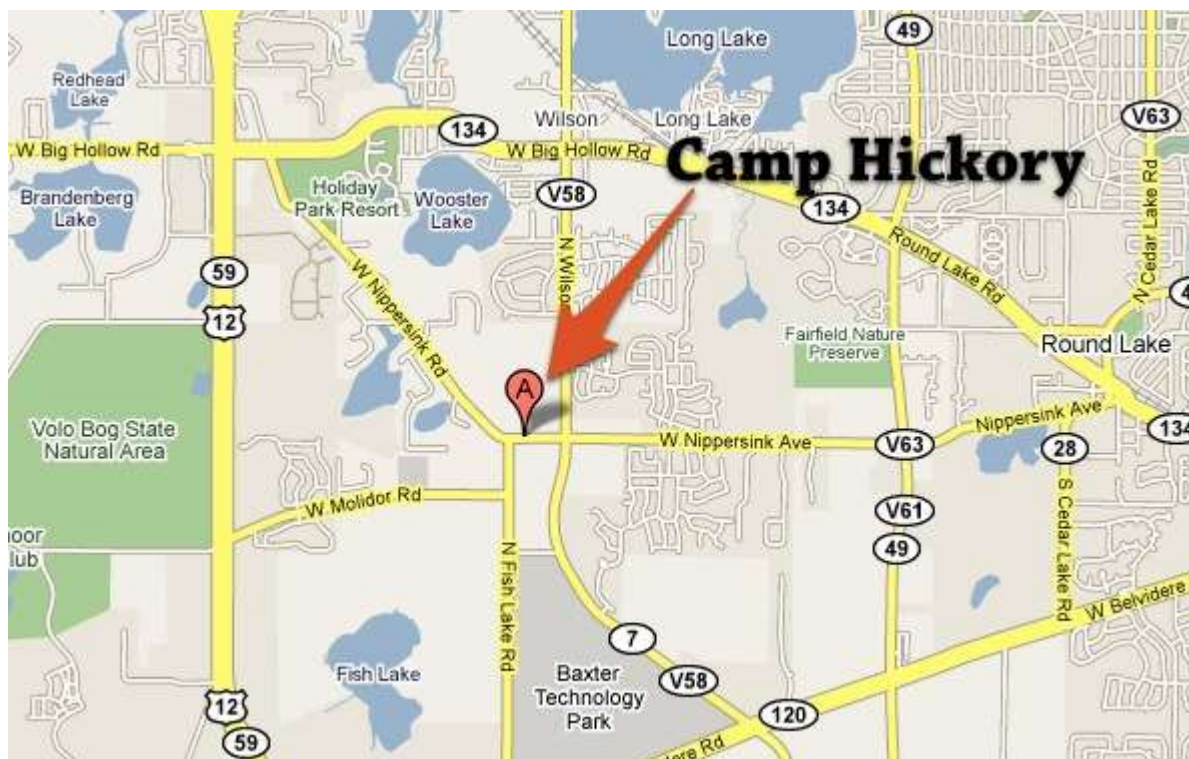
Date _____

Hye Camp is located at...

Camp Hickory

26202 W. Nippersink Rd.

Ingleside, IL 60041



Camp Hickory (Home of Hye Camp) is located...

Approximately, 400 miles west of Cleveland, OH

Approximately, 325 miles west of Southfield, MI

Approximately, 300 miles north of Belleville, IL

Approximately, 60 miles south of Greenfield or Milwaukee, WI

Approximately, 60 miles north of Palos Heights, IL

Approximately, 45 Miles south of Racine, WI

Approximately, 45 miles north of Evanston or Chicago, IL

Approximately, 15 miles west of Waukegan, IL

For specific driving directions from your starting place,
please go to www.maps.google.com or www.mapquest.com.

Just in case...Hye Camp Emergency Cell (248) 648-0702

Meningococcal Disease

Information for College Students and Parents of Children at Residential Schools and Overnight Camps

What is meningococcal disease?

Meningococcal disease is a severe bacterial infection of the bloodstream or meninges (a thin lining covering the brain and spinal cord).

Who gets meningococcal disease?

Anyone can get meningococcal disease, but it is more common in infants and children. For some college students, such as freshmen living in dormitories, there is an increased risk of meningococcal disease. Between 100 and 125 cases of meningococcal disease occur on college campuses every year in the United States; between 5 and 15 college students die each year as result of infection. Currently, no data are available regarding whether children at overnight camps or residential schools are at the same increased risk for disease. However, these children can be in settings similar to college freshmen living in dormitories. Other persons at increased risk include household contacts of a person known to have had this disease, immunocompromised people, and people traveling to parts of the world where meningitis is prevalent.

How is the germ meningococcus spread?

The meningococcus germ is spread by direct close contact with nose or throat discharges of an infected person. Many people carry this particular germ in their nose and throat without any signs of illness, while others may develop serious symptoms.

What are the symptoms?

High fever, headache, vomiting, stiff neck and a rash are symptoms of meningococcal disease. Among people who develop meningococcal disease, 10-15% die, in spite of treatment with antibiotics. Of those who live, permanent brain damage, hearing loss, kidney failure, loss of arms or legs, or chronic nervous system problems can occur.

How soon do the symptoms appear?

The symptoms may appear 2 to 10 days after exposure, but usually within 5 days.

What is the treatment for meningococcal disease?

Antibiotics, such as penicillin G or ceftriaxone, can be used to treat people with meningococcal disease.

Is there a vaccine to prevent meningococcal meningitis?

Yes, a safe and effective vaccine is available. The vaccine is 85% to 100% effective in preventing four kinds of bacteria (serogroups A, C, Y, W-135) that cause about 70% of the disease in the United States.

Is the vaccine safe? Are there adverse side effects to the vaccine?

The vaccine is safe, with mild and infrequent side effects, such as redness and pain at the injection site lasting up to two days.

What is the duration of protection from the vaccine?

After vaccination, immunity develops within 7 to 10 days and remains effective for approximately 3 to 5 years. As with any vaccine, vaccination against meningitis may not protect 100% of all susceptible individuals.

How do I get more information about meningococcal disease and vaccination?

Contact your family physician or your student health service. Additional information is also available on websites such as the Centers for Disease Control and Prevention www.cdc.gov/ncid/dbmd/diseaseinfo; and the American College Health Association, www.acha.org.

7/2003

Source: http://www.health.state.ny.us/nysdoh/immun/meningococcal/fact_sheet.htm



HYE CAMP 2015 Fact Sheet

Get ready for the BEST.SUMMER.EVER!



Please read and discuss the following information with your child!

1. Cell phone policy for campers: All cell phones brought to camp will be collected at registration, labeled and kept in the camp office to be returned on the last day of camp. Designated cabin cell phone use will be provided a couple of times in the camp session during a scheduled free time. CITs will be permitted to keep their cell phone this year to communicate on campus with staff. Hours of use will be established at CIT/Staff Training. Cell phones will be collected from individual CITs if privileges are being abused. *Please note: A goal of camp is to make new friends and to promote self-reliance and confidence. Frequent calls/texts to and from family and friends outside of camp can be counter-productive to this goal. However, in the case of an emergency, the camp director will contact you promptly.*

2. Due to severe food allergies of other participants and to avoid attracting small rodents in the cabins, DO NOT SEND/BRING any food, gum or candy from home. This will also help control excessive snacking which interferes with healthful meal eating and may lead to illness that can diminish the enjoyment of camp. A well-stocked canteen is provided and campers will have daily opportunities to purchase snacks and drinks. All canteen money will be collected at registration. Any money unclaimed on the closing day of the session will be considered a donation.

3. Only ONE PIECE (respectful) bathing suits will be allowed for all females.

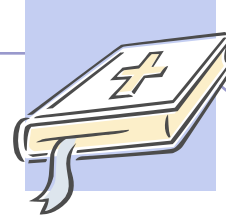
4. Inappropriate clothing will not be allowed to be worn during camp. There should be no writing on the back of campers' shorts and the slogans on all other clothing must be appropriate to a Christian camp atmosphere. Inappropriate music will be taken away and returned at the conclusion at camp.

5. Hye Camp cannot be responsible for lost or stolen items. We strongly advise that iPods, MP3 players, digital cameras, etc., not be brought to camp. All music brought to camp must be appropriate to a Christian camp atmosphere. Inappropriate music will be taken away and returned at the conclusion of camp.

6. Label all personal items. Things look alike. Camp is not responsible for any lost items such as sports equipment, cameras, etc. Please advise your child of his/her responsibility concerning personal items. All unclaimed lost and found items will be donated at the conclusion of camp.

7. Talent Show: Start thinking about skit ideas or personal talents you can showcase. We encourage all campers to participate in our talent show and bring items that may be needed, such as sheet music, instruments, costumes, props, etc.

THINGS TO BRING :



Camper Packing List

Clothing:

- Change of clothing for at least 7 days, with all items marked in permanent ink or iron- on tags
- Jeans and sweatpants
- Shorts or capris
- T-shirts
- Underpants/shirts (enough to last two weeks)
- Socks
- Pajamas
- Swimsuit (one piece only for females)
- Sweater, hoodie and/or jacket (mandatory in case of inclement weather)
- One church-appropriate outfit
- Rainwear (boots, coats, umbrella)
- Long sleeve shirt & long pants for campfire
- Clothes for Olympics (red and/or blue clothing)
- Sneakers mandatory for sports
- Additional Shoes, as needed
- Flip-flops for the shower and pool
- Nice outfit for Friday night dance

Bedding and Toiletries:

- Sheets
- Pillow/pillow case
- Blanket or sleeping bag
- Bath towel (for shower)
- Bath towel (for swimming)
- Washcloths
- Shampoo/conditioner
- Soap
- Toothpaste and brush
- Comb and/or Hairbrush
- Deodorant, etc.

Additional Gear:

- Flashlight and extra batteries
- Non-aerosol bug repellent
- Sunscreen
- Hat (Mandatory for all participants for sports and outdoor activities)
- Sunglasses
- Laundry bag marked with camper's name
- Notebook and pen or pencil
- Paper, stamps, postcards, envelopes for writing home
- Your child will receive a reusable Hye Camp water bottle, however, we suggest you send an extra water bottle as a back-up.

Optional Gear:

- All sports equipment will be provided. Participants may bring personal sports equipment enhance the sports program if desired.
- Talent show ideas and props for skits
- Disposable camera (with name)
- Musical instruments
- Board games, card games, tavloo, etc.
- Bible

What NOT to bring:

- Personal electronic gaming devices
- Pocket knives or any weapons
- Alcohol or tobacco products
- Saran Wrap
- Silly String
- Shaving Cream

Note: Half-way through the two-week session, laundry will be collected and taken by staff and volunteers to an off-site laundry facility. This service should only be used if absolutely needed, so please pack accordingly. Detergent will be provided by the camp. A flat fee of \$5.00 will be deducted from your child's canteen account for laundry service.

For classes:

- Bible
- Notebook
- Pen or Pencil

To write home:

- Envelopes
- Stationary
- Stamps
- Postcards

Note: Stamps are also available for purchase in the office. Please provide your child with addresses of loved ones like grandparents, aunts and uncles, friends, etc.

MEDICAL INFORMATION:



Medicines: Please bring all *required medicine* in original containers, including prescription and over-the-counter medications. It must be turned into the Nurse at registration and kept in the Nurse's Station. Regulations require all medications to be housed in the Infirmary. *Campers may not keep any medication in their rooms.*

Medical Forms: The *Authorization to Administer Medications: Individualized Standing Orders* must be completed for each camper, indicating which medications, both prescription and over-the-counter, (e.g. calamine lotion, Bacitracin, Tylenol, Pepto Bismol, hydrocortisone cream, etc.) that each child's physician and parent authorize the Camp Nurse to administer. We cannot administer any of the medications available in the Camp's Infirmary, including any medications specifically prescribed for your child, without specific authorization from both the camper's physician and parent.

Please Note: You have received a *Meningococcal Disease and Vaccination Packet* with your acceptance packet, explaining this extremely rare yet dangerous disease. All campers must submit a completed *Meningococcal Vaccination Response Form* in order to participate in the camp program. Please do not hesitate to contact our office if you have any questions or concerns regarding the medical forms.

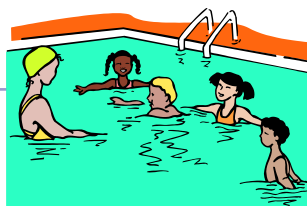
A Healthy Camp Experience Starts at Home

Here are some important things you can do to assure your child has a great summer camp experience:

1. As part of the registration process, each participant will check-in with a healthcare professional. During this time, a head-to-toe health evaluation may be performed. The participant's head, throat, skin and feet will be checked for communicable diseases. The healthcare professional must give clearance to each participant prior to admittance to the camp program. If a communicable disease is identified, the participant may be asked to go home to be treated prior to admittance. Examples of communicable diseases that would require treatment include, but are not limited to: lice, strep throat, pink eye, etc.
2. Teach your child to sneeze and cough in his/her sleeve, and to wash his/her hands often while at camp.
3. Closed-toe athletic shoes are a requirement for outdoor activities such as sports. Stress to your child the importance of wearing closed-toe athletic shoes to prevent toe, foot, or ankle injuries.
4. Send enough clothes so your child can wear layers. Mornings can be chilly and by afternoon it will be hot. This enables your child to peel off layers as the weather warms.
5. Fatigue plays a part in injuries. Explain to your child that camp is not like a sleepover and that they should not try to stay up all night. A good night's sleep is essential to camp enjoyment.
6. Don't forget sunscreen. Inform your child of the importance of using sunscreen. Counselors will be supervising and assisting campers while applying sunscreen.
7. Your child will be receiving a Hye Camp reusable water bottle for daily use. If you would like, you can also send one from home as a back-up. Staying hydrated is very important in hot weather. We will have chilled water coolers throughout the campus.

Thank you for working with us to ensure your child has the best camp experience possible this summer at Hye Camp!

Frequently Asked Questions



Food and meal times:

Hye Camp offers three nutritious meals a day plus an evening snack with an opportunity for campers to purchase snacks from the canteen once a day. On Sundays, we offer brunch after Divine Liturgy and dinner with an evening snack and canteen time. Our food service is run by a professional chef and a very experienced staff.

Medical Staff:

Hye Camp has a Registered Nurse on staff 24 hours a day, 7 days a week throughout the whole camp season. The camp nurse responds to all health-related needs of the camp. To ensure your child is given the best care possible, please be sure to fill out the Medical Forms properly and completely. In the event of an emergency, a walk-in clinic is 5 miles away and two hospitals are within 15 miles. In addition, Camp Hickory is in a 911 zone.

Staff and Counselors:

At all times, we have a 1:8 staff and/or counselor to camper/CIT ratio. Staff and all counselors are 18 years old or older. Counselor Groups are assigned based on age and gender of the campers. Each cabin is assigned counselors and CITs, who are always present with their campers in all the activities and events of the day. In addition, several adult volunteers serve the camp program as nurses, teachers, night time security, and general administration.

Staff Training:

Our staff and CITs arrive the week before camp commences for a mandatory 3-day training. During the training, our counselors and CITs undergo sessions covering a wide array of topics such as policies and procedures, emergency plans, bully prevention, health and safety, behavior and discipline, daily programs and schedules, Bible Studies, team building, and so much more. In addition, the staff and CITs spend time preparing the campus for the arrival of campers. Through this comprehensive training, our faithful young adults become better equipped to meet the needs of our campers.

Activities and classes:

Every day, the campers have a full daily schedule. On weekdays, they have four 30-minute classes in Armenian Language, Arts & Crafts, Culture & Heritage and Religion taught by our talented staff and visiting clergy. They also have a daily sports program and swim session run by the Athletics Team and the Aquatics Team of certified lifeguards. There is an evening program every night organized by the staff with a fun game or activity for the entire camp to participate in. Some of our evening programs include, game shows, scavenger hunts, talent shows, dances, campfires, Capture the Flag, a movie and so much more.

Chapel and Divine Liturgy:

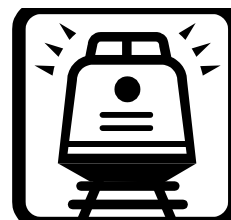
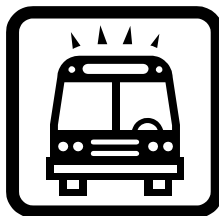
Every morning after breakfast, all campers, CITs, counselors and staff attend chapel for Matins. Most evenings, after the evening program and snack, everyone attends chapel again for Vespers. On Sunday the entire camp participates in Divine Liturgy and receives Holy Communion.

Visiting Clergy:

Hye Camp is blessed to have many clergy that serve as instructors for Religion, Armenian Language and Culture and Heritage classes. Archbishop Khajag Barsamian visits Hye Camp each summer and has time to interact and speak with the campers, CITs and staff.

Canteen Money: The Canteen will run on a cashless debit system during the camp week. Participants should bring money (cash preferred) in a separate envelope for each camper with camper name and amount clearly labeled to turn in at registration. \$15 per week is recommended for one optional daily snack and drink per day. Indicate on envelope if remainder should be returned to child or donated to the camp program.

Hye Camp is located at
Camp Hickory
26202 West Nippersink Road
Ingleside, IL 60041



Hye Camp runs from **Sunday, July 26 to Saturday, August 8** for the two-week session.
One-week sessions are Sunday, July 26 - Saturday, August 1 and Sunday, August 2 - Saturday, August 8.

Arrival and Registration:

Opening Day (July 26) Schedule:

2:00-4:00 PM Arrival and Registration in the Main Lodge
4:30 PM Welcome in the Chapel for everyone
5:00 PM Outdoor Dinner (Free-will offering for non-campers)
6:00 PM Camper Orientation (Parents and guests depart)

Registration will be held on **Sunday, July 26** followed by the Annual Opening Day Open House for incoming campers. Bring all outstanding camp forms, tuition, canteen money, cell phones and medicines with you to register your child(ren). Parents, campers and guests are welcome to tour the camp after they have completed registration in the Main Lodge and checked-in with one of the camp nurses.

Registration will also take place on **Sunday, August 2** in the camp office and nurses' station for week 2 campers beginning at 2 pm and concluding at 4 pm. There will be staff available to welcome parents and answer any questions they may have since there will not be another orientation on August 2.

Departure :

Please Note: On **Saturday, August 1** there will be a program for one-week campers in the chapel at 11 AM and conclude at 12 PM. Parents are encouraged to attend. One-week campers should be picked up between **12:00 and 1:00 PM**. 2nd week campers will begin lunch at 1:00 PM after saying goodbye to their one-week friends. On **Saturday, August 8** the pick-up time is between **9:00 and 9:30 AM**

Contact Information:

MAIL: It means a lot to campers to get a letter or postcard from home. We encourage you to write to your child at camp. DO NOT include food or candy in care packages
Send all mail to:

Camp Hickory
Attn: Hye Camp and (Child's Name)
26202 West Nippersink Road
Ingleside, IL 60041

Care Package Ideas: Books, magazines, clothes, flip flops, sunglasses, playing cards, stuffed animals, travel- sized games, art supplies and stationary

	A Typical Day at Hye Camp
7:30	Wake-up
8:00 - 8:40	Breakfast
8:45 - 9:15	Morning Service
9:15 - 9:45	Cabin Clean-up & Staff Meeting
9:45 - 10:15	Juniors Class 1 & Teen Sports
10:20 - 10:50	Juniors Class 2 & Teen Sports
10:55 - 11:25	Juniors Class 3 & Teen Swim
11:30 - 12:00	Juniors Class 4 & Teen Swim
12:15 - 1:10	Lunch
1:10 - 2:00	Free Time
1:15 - 1:45	Clergy & Adult Volunteers Meeting
2:00 - 2:30	Teens Class 1 & Juniors Sports
2:35 - 3:05	Teen Class 2 & Juniors Sports
3:10 - 3:40	Teens Class 3 & Juniors Swim
3:45 - 4:15	Teens Class 4 & Juniors Swim
4:15 - 5:45	Cabin Group Time
5:00 - 5:45	CIT Meeting
5:45 - 7:15	Dinner & Break
7:15 - 8:45	Evening Program
8:45 - 9:15	Snack and W-HYE News
9:15 - 9:30	Evening Service
9:30	Juniors (9-12) to Cabins
10:00	Lights out for Juniors
10:30	Teens (13-15) to Cabins
11:00	Lights out for Teens

IN CASE OF EMERGENCY: If an emergency arises while camp is in session you may contact the Director of Youth and Young Adult Ministries, Jennifer Morris, at (248) 648-0702 or Camp Director, V. Rev. Fr. Aren Jebejian at (773) 457-4122. If there is no answer, please leave a clear and detailed message indicating your child's full name, your name and phone number, and a specific message indicating the nature of your call. Your call will be returned as soon as possible.