

# MANSONVILLE ORTHODOX CAMP 2014 STAFF REGISTRATION

First Name:  Last Name:  Date of birth:   
Social insurance#:  Medical insurance#:  Private life insurance#:   
Insurance company:  Insurance company phone#:

Languages:  Russian  English  French  Other:   DO NOT swim  CPR

Known allergies:   
Medical conditions:

Required medications (attach detailed prescription):

Phone numbers:   
email address:   
Residential address:   
Emergency contact name:  Emergency contact phone:

I am interested in fulfilling the following responsibilities:

I am willing to teach or present a special course in which case I will submit detailed course description to Fr. Alexei (fimine@gmail.com)

I will be in the Camp during the following periods (YYYY/MM/DD hh:mm (write on the back for additional periods):

From:  To:  From:  To:   
From:  To:  From:  To:

- My child(ren) will be attending the camp and I pledge not to provide him or her any preferential treatment.
- I fully understand all responsibilities and conditions of my participation.

**Additional information:**

Signature: \_\_\_\_\_ Today's date: