Дорогі Подруги і Друзі! Гартуйся!
Літо швидко наближається, і ми всі готуємося до виховної праці на наших сумівських літніх таборах. Цього року, Крайова Управа СУМ організує перший Табір на Вітрільниках. В залученні пересилаємо Вам всі анкети, які потрібні для цьогорічного табору.

Всі листки та анкети в цьому обіжнику можна завантажити з Інтернету за адресою:
www.cym.org/us/ellenville

Із питаннями відносно Табору на Вітрільниках можна звертатися до Подруги Ліди Микитин за електронною адресою: Lmykytyn@cym.org

Остаємось з пошаною до Вас і сумівським привітом:

Честь України – Готов Боронити!
За Крайову Управу СУМ:

[Підписи]
## Табір на Вітрильниках

### Основна інформація

<table>
<thead>
<tr>
<th>Дата Табору</th>
<th>26-го липня 2009 до 1-го серпня 2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Місцевість Табору</td>
<td>Чесапік Бей, Меріленд, (біля м. Вашінгтону)</td>
</tr>
<tr>
<td>Вікові Вимоги</td>
<td>закінчене 11-ту або 12-ту класу середньої школи</td>
</tr>
<tr>
<td>Кошт Табору</td>
<td>$750</td>
</tr>
<tr>
<td>Програма</td>
<td>• Практичне навчання про основи й принципи вітрильництва</td>
</tr>
<tr>
<td></td>
<td>• Учасники живуть і працюють цілодобово на вітрильниках</td>
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<td></td>
<td>• Екскурсії до місцевих портових селищ</td>
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<tr>
<td></td>
<td>• Традиційна сумівська таборова програма</td>
</tr>
<tr>
<td>ВідкриттяТабору</td>
<td>Місце Зустрічі – Haven Charter Marina (20846 Rock Hall Ave, Rock Hall, MD 21661); (410) 639-7194</td>
</tr>
<tr>
<td></td>
<td>Дата Зустрічі - 26-го липня 2009</td>
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<td>Час Зустрічі - TBD</td>
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<td>Закриття Табору</td>
<td>Місце - Haven Charter Marina (20846 Rock Hall Ave, Rock Hall, MD 21661); (410) 639-7194</td>
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<tr>
<td></td>
<td>Дата Закриття - 1-го серпня 2009</td>
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<tr>
<td></td>
<td>Час - TBD</td>
</tr>
<tr>
<td>Передумови</td>
<td>Кандидати обов’язково мусять вміти плавати</td>
</tr>
<tr>
<td>Реєстрація</td>
<td>• Виповнити наступні документи: реєстраційну анкету, медичну анкету, waiver form, запитник додаткових інформацій</td>
</tr>
<tr>
<td></td>
<td>• Вислати ці документи, разом із завдатком в сумі $100, не пізніше як 15-го травня 2009</td>
</tr>
<tr>
<td></td>
<td>• Повністю заплатити кошт табору до 26-го травня 2009</td>
</tr>
</tbody>
</table>
Ukrainian American Youth Association 2009 Camp Registration

CAMPER INFORMATION (Please print in English, unless otherwise noted)

Last Name ___________________________ Прізвище (укр.) ___________________________
First Name ___________________________ Ім'я таборовика (укр.) ___________________________
Address ______________________________ Активний член СУМу? ☐ ні ☐ так

Date of birth (mm/dd/yy) ______/_____/______ Ukrainian School Grade Completed ________

Gender ☐ Male ☐ Female Speaks Ukrainian: ☐ Not at all ☐ Fairly

Select T-shirt: ☐ Children's: S ☐ M ☐ L ☐ or Adult Size: S ☐ M ☐ L ☐ XL ☐ XXL

School attended daily ___________________________ Location of school _________________

Fluently/Native speaker

Grade completed at this school ________ Location of school _________________

Home Tel.# ( ) ______________ Parent's E-mail: ______________________

Mother's WORK or CELL# ( ) ______________ Father's WORK or CELL# ( ) ______________

I, the undersigned parent/guardian, assume full responsibility for payment of all camp fees, related expenses and all medical expenses incurred by my child. I understand that camp fees and registration costs are not refundable. I understand that I am liable for all costs related to, but not limited to, damages caused by my child, or for additional costs incurred by the Ukrainian American Youth Assoc., Inc. (UAYA), as a result of my child’s actions, be they intentional or unintentional (e.g. telephone, damages, kiosk, etc.). I give the UAYA the right and permission to copyright, and/or use, and/or publish photographic portraits, pictures, or likenesses of my child depicted during his/her stay at camp, through any media, including, but not limited to newspapers and/or the Internet and, for art, advertising or any other lawful purpose. Furthermore, I understand that for unbecoming conduct my child can be expelled from camp, without reimbursement of cost, at the absolute discretion of the management, Camp Director and/or Medical Director. My child has been made aware of the rules and regulations of the UAYA Camp in Ellenville and I and my child agree to abide by them.

Signature of Parent or Guardian _______________ Date _______________

CYM BRANCH RECOMMENDATION

I, (circle one) President/Bulavnyj of the CYM Branch in ___________________________
certify that the above-named applicant is a member in good standing. Date _______________

Print Name _______________ Sign _______________

CHECKLIST and IMPORTANT INFORMATION

Completed Health form and ins. card copies MUST be submitted no later than 15 days before the start of Camp

Send this completed & signed Camp Registration with:

* $100 deposit to hold child's place in Camp - due May 15th
* full payment due May 26

Mail all forms to: Lida Mykytyn, 8043 Ashworth Ave N, Seattle, WA 98103 Phone: (206) 973-2580
### І. Кандидат

<table>
<thead>
<tr>
<th>Ім'я і Прізвище</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Електронна Адреса</td>
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<tr>
<td>Поштова Адреса</td>
<td></td>
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<tr>
<td>Домашній Телефон</td>
<td></td>
</tr>
<tr>
<td>Мобільний Телефон</td>
<td></td>
</tr>
<tr>
<td>Осередок СУМ</td>
<td></td>
</tr>
<tr>
<td>Учень щоденної американської школи</td>
<td></td>
</tr>
</tbody>
</table>

### ІІ. Додаткові Інформації про Кандидата

1. Чи Ти маєш досвід з вітрильниками? | Так | Ні |
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Якщо Так, прошу подати деталі (класи, сертифікації)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Чи Ти маєш досвід із вязанням вузлів та працею з шнурами? | Так | Ні |
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Якщо Так, прошу подати деталі</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. Чи Ти вмієш плавати*? | Так | Ні |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Якщо ні, чи Ти спроможний(на) брати лекції плавання до часу табору?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Одна із вимог табору є вміти плавати.
Name: [Last, First, M.I.]  Date of birth: [mm dd yy]  Age at camp: 

Home address: Street address, City, State, Zip
Social Security Number of participant:  Gender: Male ☐  Female ☐
Custodial parent/guardian(s): Phone ( )
Home address (if different from above): Street address, City, State, Zip
Second parent or guardian or emergency contact: Address, Phone ( )
If not available in emergency, notify: Relationship, Address, Phone ( )
Name of Family Physician: Address, Phone ( )
Insurance Information: Is the participant covered by family medical/hospital insurance? ☐ Yes  ☐ No
If so, indicate carrier/plan name

Insurance Information: Is the participant covered by family medical/hospital insurance? ☐ Yes  ☐ No
If so, indicate carrier/plan name

Two photocopies of front and back of health insurance card must be submitted with camp registration forms.

Signature of parent or guardian or adult camper/staffer: 
Printed Name:  Date: 

I also understand and agree to abide by any restrictions placed on my participation in camp activities.
Minor's signature:  Date: 

Meningococcal Meningitis Vaccination Response:  A completed response for every camper who attends camp for seven or more nights, is required to be maintained at the camp, pursuant to New York State Public Health Law § 2167.

☐ 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 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.
Health History

ALLERGIES - List all known, and describe reaction and management of the reaction.

Medication allergies: 

Food allergies: 

Other allergies (incl. insect stings, hay fever, asthma, animal dander, etc.): 

Use this space to provide any additional information about the participant's behavior and physical, emotional, or mental health about which the camp should be aware.

Immunization History

Please give all dates of immunization for:

Which of the following has the participant had? Vaccine: Dates: Mo/Yr Mo/Yr Mo/Yr Mo/Yr Mo/Yr Mo/Yr

- Measles DTP
- Chicken pox TD (tetanus/diphtheria)
- German measles Tetanus
- Mumps Polio
- Hepatitis A or Measles MMR
- Hepatitis B or Mumps
- Hepatitis C or Rubella
- TB Mantoux Test Haemophilus influenza B
- Date of last test Hepatitis B
- Result: ☐ Positive ☐ Negative Varicella (chicken pox)

Health Care Recommendations by Licensed Physician

I have examined the above-named individual within the past eighteen (18) months, on

BP Weight Height

In my opinion, the individual ☐ IS ☐ IS NOT able to participate in an active camp program.

The individual is under the care of a physician for the following condition(s):

Current treatment:

Explanation of any reported loss of consciousness, convulsion or concussion:

Recommendations and Restrictions at Camp: Please describe any treatment to be continued at camp, medications to be administered at camp, any medically-prescribed meal plan or dietary restrictions, known allergies, any limitation or restriction on camp activities, and/or additional information for health care staff at the camp.

Recommendations and Restrictions at Camp: 

Signature of Licensed Physician

Printed

Address

Phone Date completed

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

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 the websites of the New York State Department of Health, www.health.state.ny.us; the Centers for Disease Control and Prevention www.cdc.gov/ncid/dbmd/diseaseinfo; and the American College Health Association, www.acha.org.

7/2003