

Name of Camper: \_\_\_\_\_

Summer Travel Camp July 1-20, 2010

Byzantine Venture: July 25- August 13, 2010

*Please choose and fill out ONLY ONE of the FOUR travel arrangement options listed below. Please be sure to read the "Departure and Flight Information" Document before completing this form.*

**OPTION 1: FOR PARENTS PICKING UP CAMPERS AT THE DESIGNATED NEW YORK AREA AIRPORT**

I will meet my child at his/her designated NY area airport as decided by Ionian Village on the following date:

July 20 (STC)  August 13 (BV)

I will assume responsibility at the airport for accompanying my child home or escorting them to their connecting flight. Campers traveling on the above return date will be escorted by Ionian Village staff until their parent/legal guardian checks-in with the staff members and signs for their release.

**OPTION 2: FOR PARENTS PICKING UP CAMPERS AT ATHENS AIRPORT OR ATHENS HOTEL**

**I will meet my child at the conclusion of camp at the:**

Athens Hotel (between 6:00-6:45 AM)  Athens Airport (between 8:30 -10:30 AM)

**On the following date:**  July 20 (STC)  August 13 (BV)

I will assume responsibility at the Athens Hotel or Athens Airport for my child at the conclusion of camp. Ionian Village is not responsible for the supervision or well-being of the camper once camp has ended and I have picked up my child at the above chosen location.

**OPTION 3: FOR PARENTS RELEASING CAMPERS INTO ANOTHER'S CARE**

I authorize the person(s) below to meet my child at the conclusion of camp at the:

Athens Hotel (6:00-6:45 am)  Athens Airport (8:30-10:30 am)  NY area airport (*upon arrival*)

**On the following date:**  July 20 (STC)  August 13 (BV)

I authorize Ionian Village to release my child into the custody of the following authorized person(s). I acknowledge that once the camper is released into the custody of the authorized person(s), they will assume full responsibility for the well-being and safety of my child. Ionian Village will only release the camper to the person(s) indicated on this form. I understand that ensuring the camper's safe and timely return to my care is the authorized person's responsibility. *Please include name, phone number, and address of the authorized person(s).*

1. \_\_\_\_\_

Name	Phone Number	Address
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2. \_\_\_\_\_

Name	Phone Number	Address
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3. \_\_\_\_\_

Name	Phone Number	Address
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My child will return to New York on the following date: \_\_\_\_\_

**OPTION 4: FOR PARENTS AUTHORIZING CAMPERS TO TRAVEL ALONE**

I give permission for my child to travel alone at the conclusion of camp from the:

Athens Airport

New York area airport

My child will return to New York on the following date: \_\_\_\_\_

I acknowledge that once my child is released to travel alone, I will assume full responsibility for the well-being and safety of my child, ensuring that my child returns on the correct flight home. I understand that at the conclusion of the camp session or upon arrival at the designated New York area airport my child will be allowed to travel unaccompanied and will no longer be under the supervision or care of Ionian Village or its staff members. **Ionian Village is not responsible for the supervision or well-being of campers on extended stay flights.**

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**Visitor Policy at Camp:**

On designated Sundays during the camp session, campers are allowed to receive visitors between 12pm and 5pm. All visitors must be authorized by the parent/guardian. **Please complete the box below and choose one of the following options:**

**OPTION 1:**  **I do not give consent** to Ionian Village to permit visitor(s) to visit my child on designated Sundays at camp.

**OPTION 2:**  **I give consent** to Ionian Village to permit the following visitor(s) to visit with my child on designated Sundays at camp. I acknowledge that according to the Rules and Regulations of the camp, this visitation may be subject to change. Conditions may be imposed by the camp for the well-being and safety of my child and for minimal disruption of the program. *Please list name, phone number and address of permitted visitors:*

1.	_____		
	Name	Address	Phone Number
2.	_____		
	Name	Address	Phone Number
3.	_____		
	Name	Address	Phone Number
4.	_____		
	Name	Address	Phone Number
5.	_____		
	Name	Address	Phone Number

# Parent/Guardian Release Form

I/We, \_\_\_\_\_ as parent/legal guardian(s) of \_\_\_\_\_  
Parent/Guardian Name Camper Name

give permission for my/our child to be involved in all activities related to Ionian Village summer camp and travel program, both on and off the camp site, unless it is specified otherwise by me or on the child's medical form. Some of these activities include: participating in athletics, aquatics, music and Greek culture, arts and crafts, swimming in the sea or pool, traveling by bus, boat, or automobile, hiking among ruins, and visiting villages and metropolitan areas of Greece.

I/We understand that the right is reserved to make changes to the activities or events during Ionian Village for the safety, comfort, or convenience of the participants of the group, whenever, in sole judgment of the director, such changes are deemed necessary.

I/We understand that no responsibility is incurred by Ionian Village and The Greek Orthodox Archdiocese of America, its leaders, employees, and volunteer staff, for loss of documents, such as passports, or damage to luggage or any personal belongings.

I/We understand that possession or use of alcohol, drugs, controlled substances and weapons is not allowed at any time by anyone. Participants possessing or using alcohol, drugs, controlled substances and weapons are subject to being sent home immediately at the expense of the parent/guardian.

I/We understand that smoking is prohibited throughout all camp sessions, including trips, and that participants may not smoke at any time, nor may they possess cigarettes, lighters or any smoking materials.

I/We understand that Ionian Village reserves the right to send home any participant who does not follow the guidelines of Ionian Village. Further, I/We also understand that a parent or guardian may be required to travel to Athens to pick up the participant being sent home and that any additional transportation costs incurred when arranging early transportation to New York, will be the responsibility of the participant/parent/guardian.

I/We understand that all reasonable safety precautions will be taken at all times by Ionian Village and its agents during the summer camp and travel program. I/We understand the possibility of unforeseen hazards and know the inherent possibility of risk. I/We agree not to hold Ionian Village and The Greek Orthodox Archdiocese of America, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

I have read, understood and completed all pages of the **Parent/Guardian Release Form**. I understand that a completed, signed, and notarized Parent/Guardian Release Form must be submitted for each camper in order to participate in the program. If I wish to change this form in any way, I understand that I must complete, sign, and notarize a new Parent/Guardian Release Form.

\_\_\_\_\_  
**PRINT FULL NAME OF PARENT/GUARDIAN**

\_\_\_\_\_  
**SIGNATURE OF PARENT/GUARDIAN**

STATE OF: \_\_\_\_\_

COUNTY OF: \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_

My commission expires \_\_\_\_\_  
DATE

\_\_\_\_\_  
NOTARY PUBLIC