

IONIAN VILLAGE 2012

PARENT/GUARDIAN RELEASE



Name of Camper: _____

- Summer Travel Camp: June 29 – July 18, 2012
- Byzantine Venture: July 25 – August 13, 2012

Please choose and fill out **only one** of the four "travel arrangement" options based on whether you have registered for "Full Registration" or "Camp Only".

OPTION 1: FOR PARENTS PICKING UP CAMPERS AT JFK AIRPORT:

**Full registration campers without an extended-stay may select this option*

I will meet my child at JFK International Airport on the following date: July 18 (STC)
 August 13 (BV)

I will assume responsibility at JFK Airport for accompanying my camper home or escorting them to their connecting flight. Ionian Village cannot be named responsible for personally escorting participants to their connecting flights at JFK or Athens.

I select Option 1 (please choose pick-up date above)

OPTION 2: FOR PARENTS PICKING UP CAMPERS IN ATHENS:

**Camp-only campers or extended-stay campers may select this option*

I will meet my child at the conclusion of camp at the: Athens Hotel (6:00-7:30 a.m.)
 Athens Airport (8:30-11:00 a.m.)

On the following date: July 18 (STC)
 August 13 (BV)

I will assume responsibility at the Metropolitan Hotel or Athens Airport for my camper at the conclusion of camp. Ionian Village is not responsible for the supervision or well-being of the camper once camp has ended. See the page in your parent handbook titled "Camp Only and Extended Stay Instructions" for more information.

I select Option 2 (please make appropriate selections above)

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

** Full registration, Camp-only, or extended-stay campers may select this option*

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

- Metropolitan Hotel (6:00-7:30 a.m.)
- Athens Airport (8:30-11:00 a.m.)
- JFK Airport (upon arrival)

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 below authorized person(s), they will assume full responsibility for the well-being and safety of the camper. Ionian Village will only release the camper to the person(s) listed on this form. I understand that ensuring the camper's safe and timely return to my care is that person's responsibility. Please include name, phone number, and address during the period of custody:

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

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

I select Option 3 (please fill in appropriate information above)

OPTION 4: FOR PARENTS AUTHORIZING CAMPERS TO TRAVEL ALONE

** Full registration, Camp-only, or extended-stay campers may select this option*

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

Athens Airport

JFK Airport

My child will return home on the following date: _____

I acknowledge that once he/she 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 session or upon arrival at JFK Airport (as specified above), 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.

I select Option 4 (please fill in appropriate information above)

VISITOR POLICY AT CAMP:

On designated Sundays, campers are allowed to receive authorized visitors between 12:00 p.m. and 5:00 p.m. ALL PARENTS must complete the box below. Choose one of the following options:

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

OPTION 2: I give consent to Ionian Village to permit the following visitor(s) 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 include name, phone number, and address:

1. _____

Name

Phone Number

Address

2. _____

Name

Phone Number

Address

3. _____

Name

Phone Number

Address

4. _____

Name

Phone Number

Address

**Parents- please read the following carefully before signing.*

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 the 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.

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, as such changes are deemed necessary.

I/We understand that no responsibility is incurred by the Ionian Village --- 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 on the first available transport at the expense of the parent/guardian.

I/We understand that photos will be taken daily of camp activities and the campers. I/We also understand that photos and videos may be used for the purpose of future promotion of the program. Therefore, we consent to the use of any video images, photographs, audio recordings, or any other visual or audio reproduction that may be taken of my/our child during Ionian Village to be used, distributed, or shown as Ionian Village and/or the Greek Orthodox Archdiocese of America see fit.

I/We understand that no responsibility is incurred by the Ionian Village --- 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 smoking is prohibited throughout all 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 charged to the participant.

I/We understand that all reasonable safety precautions will be taken at all times by the 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 -- 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 Parental 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.

Please have this form Notarized below. Thank you

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

If you have any questions, please feel free to contact the Office of Ionian Village at 212-570-3536.