

THE ROMANIAN ORTHODOX EPISCOPATE OF AMERICA

SELECT THE SESSION FOR WHICH YOU ARE REGISTERING:

_____ **CAMP VATRA for Seniors** (ages 14-17)
Sunday, June 30 through Saturday, July 13, 2019

_____ **CAMP VATRA for Juniors** (ages 11-13)
Sunday, July 21 through Saturday, August 3, 2019



REGISTRATION FORM

Please PRINT CLEARLY [**A,B,C...1,2,3...**] and Fill-in COMPLETELY • Incomplete forms may be returned

STUDENT'S NAME: _____
Last First Middle

ADDRESS: _____
Street Apartment #
_____ City State Zip Code

EMAIL ADDRESS: _____

DATE OF BIRTH: _____ BAPTIZED ORTHODOX? _____ YES _____ NO
Month Day Year

HOME PARISH: _____

Do you attend Church School? YES NO • How many years have you attended Church School? _____

How often do you attend church services? RARELY OCCASIONALLY REGULARLY ALWAYS

How often do you participate in Confession and Communion? ALMOST NEVER OCCASIONALLY REGULARLY

Is this the first time you will attend Camp Vatra? YES NO • T-Shirt Size (adult): S M L XL XXL

FATHER'S NAME: _____

RELIGION: _____ PAID MEMBER OF ABOVE PARISH? _____

EMAIL ADDRESS: _____

ADDRESS: _____
Street City State Zip Code

HOME PHONE: () _____ WORK: () _____ MOBILE: () _____

MOTHER'S NAME: _____

RELIGION: _____ PAID MEMBER OF ABOVE PARISH? _____

EMAIL ADDRESS: _____

ADDRESS: _____
Street City State Zip Code

HOME PHONE: () _____ WORK: () _____ MOBILE: () _____

In case of emergency, if neither parent/guardian can be reached, contact:

Name: _____ Phone: () _____

Relation to Student: _____

TUBERCULOSIS (TB) TEST and TETANUS SHOT information:

You will not be accepted into the camp without an **up-to-date** TB TEST and TETANUS SHOT. Are yours current (within 3 years) and recorded on the HEALTH FORM?

_____ YES _____ NO

KNOWN ALLERGIES (if any): _____

MEDICATIONS/DRUGS (if any; please specify): _____

MEDICAL CONDITIONS / INJURIES:

_____ ASTHMA _____ DIABETES _____ EPILEPSY _____ OTHER (specify): _____

_____ AUTISM _____ HEART _____ KIDNEY _____
(ASPERGER'S, Etc.) DISEASE DISEASE

Is there any other HEALTH INFORMATION or SPECIAL REMARKS of value to be made known to the staff? (Example: Bedwetting, Forms of Autism, ADD—Students who take medication for ADD at school MUST take it at camp, etc.)

ARRIVAL:

Date	Time	Transportation	(Airlines & flight number)
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Students traveling by car are permitted to arrive on **the opening Sunday of camp ONLY**. Arrangements to pick-up students at airport, train station & bus depot will be made for **the opening Sunday starting after 1:30pm**. Arrangements to pick-up students may be made for Saturday. However, call prior to making your plans to see if this is possible.

DEPARTURE: No student may leave the camp for its duration. All campers must remain for the closing day Liturgy and brunch. Parents are also strongly encouraged to attend the closing Liturgy and brunch. The camp **WILL NOT** make any transportation arrangements for Airline/Train/Bus departures scheduled before **2:00pm**. All students must leave the camp by **no later than 5:00pm** of the closing day.

AT THE END OF CAMP, THE STUDENT WILL ONLY BE RELEASED TO THE ADULT(S) NAMED BELOW:

_____ should be released to _____ on the closing day of camp.
Student's name Name of adult(s)

WE, THE UNDERSIGNED, VERIFY THAT WE HAVE READ, UNDERSTAND AND AGREE TO THE GENERAL INFORMATION AND REGULATIONS, AND THAT ALL THE INFORMATION ON THESE FORMS IS TRUE.

Student's Signature: _____ Date: _____

Parent or Guardian: _____ Date: _____

Parish Priest: _____ Date: _____

(No Orthodox Christian shall be denied admission to our camp because of race, color or national origin.)

RELEASE AND WAIVER OF LIABILITY

By our signatures below, we certify that we are the parents or legal guardians of (NAME:) _____, a minor child, and we have the authority and intention to bind ourselves and our child by this legal agreement.

EACH OF US UNDERSTANDS that attending a Summer Camp in a country setting involves possible risks of serious injury. Open and uneven terrain, stairways, building fires, recreational sports and swimming accidents, and adults and child campers and staff may accidentally or deliberately pose or create hazards of injury or death INCLUDING DANGERS NOT STATED ABOVE.

WE UNDERSTAND THAT the camp Sponsors have made reasonable provision for campers' safety, but NONETHELESS THE RISK OF INJURY DOES EXIST. With the above facts in mind, we have decided to send our child (NAME:) _____ to the Camp Vatra.

WE HAVE EACH READ THIS AGREEMENT AND UNDERSTAND IT. We and each of us agree to assume ALL RISK OF PERSONAL INJURY OR DEATH or other physical or emotional ailment to our child and ourselves arising in any way from our child's attendance at Camp Vatra. For ourselves, each other, our child, our other children, and the heirs, successors, personal representatives, and assigns of each of us,

IN CONSIDERATION OF (NAME:) _____ BEING ACCEPTED FOR REGISTRATION AS A CAMP VATRA STUDENT, WE AND EACH OF US DO HEREBY WAIVE, RELEASE AND INDEMNIFY all of the following, Sponsor(s) of Camp Vatra or otherwise: The Romanian Orthodox Episcopate of America, AROY, ARFORA, The Orthodox Brotherhood of the USA, The Orthodox Brotherhood of Canada, and ARCOLA, and the individual staff members FROM ANY AND ALL CLAIMS, DAMAGES AND COSTS FOR ALL INJURIES, AILMENTS, AND DAMAGES which our child or either of us may experience, arising in any way out of (NAME:) _____'s attending at Camp Vatra, for injuries on or off Episcopate property from the time our child leaves home for camp until his/her return home from camp.

Release and Waiver shall be binding regardless of whether there is any evidence of negligence on the part of any Camp Sponsor or of any of its duly authorized staff personnel.

We also understand that the Romanian Orthodox Episcopate of America and/or its auxiliary organizations and departments may take photographs and/or video of camp activities and use those images for promotional purposes, and we consent to our child's photographic image being used for such purposes.

We understand and agree that this Waiver and Release shall be interpreted according to the laws of the State of Michigan. All of the language in this document is contractual. We each give our consent that our child named above attend Camp Vatra.

IN WITNESS OF THE ABOVE AGREEMENT, we have signed our names this _____ day of _____, in the year _____.

FATHER'S SIGNATURE: _____ DATE: _____

MOTHER'S SIGNATURE: _____ DATE: _____

WITNESS #1: _____ DATE: _____

WITNESS #2: _____ DATE: _____

THIS IS A LEGALLY BINDING FORM

FILL IN ALL BLANKS AND READ IT BEFORE SIGNING

KEEP A COPY FOR YOUR RECORDS

**PARENTAL AUTHORIZATION FORM AND APPOINTMENT OF ADULT
TO CONSENT TO MEDICAL AND SURGICAL TREATMENT FOR CHILDREN
17 YEARS OLD AND YOUNGER**

We have given permission and consent that our child (NAME: _____) attend Camp Vatra. Our child is in good health and has not had any serious illness or injury since his/her last health examination on (DATE: _____).

During the duration of the Camp Vatra at Vatra Romaneasca, we can be contacted in the event our child needs major medical care at:

Mother's Daytime Address: _____ Phone () _____
Evening Address: _____ Phone () _____
Father's Daytime Address: _____ Phone () _____
Evening Address: _____ Phone () _____

If we parents/guardians cannot be reached in the event of an emergency, the following person is to be notified of the situation:

Name: _____ Address: _____ Phone () _____
Relation to Student: _____

WE HEREBY CONSENT:

1. We and each of us consent and authorize the Camp Health Officer/Nurse to provide treatment, whether on or off the Camp grounds, for any first aid, whether routine or emergency, including, without limitation, injury, illness, choking, etc.
2. We and each of us consent and authorize the Lifeguard/Water Safety Instructor to provide treatment, including cardiopulmonary resuscitation (CPR) in the event of a water sports accident or other need.
3. If we parents/guardians cannot be reached in case our child has emergency or other medical need, we and each of us **hereby appoints, authorizes, and constitutes** the Camp Vatra Director, Camp Health Officer/Nurse, or other duly authorized staff member, to act in our behalf as parents/guardians, to authorize and consent to medical treatment for our child (NAME: _____) **including authorizing surgery**. In case of need, we authorize any family or specialist physician, dentist, or other licensed health care professional, and also any health care facility to provide any and all necessary treatment to our child.

The above consent and authorization includes routine, emergency, inpatient and outpatient care. Any health care professional or health care facility is authorized to accept and rely upon the Camp Staff's representation in the event that we cannot be reached. The original of this form shall be displayed to a health care provider, but this original shall remain in the custody of the Director of Camp Vatra. This form shall be interpreted according to the laws of the State of Michigan.

WITNESS #1: _____ DATE: _____ SIGNED: _____ DATE: _____
Father / Guardian

WITNESS #2: _____ DATE: _____ SIGNED: _____ DATE: _____
Mother / Guardian

FAMILY MEDICAL/HOSPITAL INSURANCE COMPANY: _____
Policy or Group Number: # _____

*** A PHOTOCOPY OF THE FRONT AND BACK OF YOUR INSURANCE CARD MUST BE ATTACHED TO THIS FORM ***

If no insurance, who will be responsible for any medical costs?

Name: _____ Address: _____ Phone () _____

HEALTH HISTORY RECORD

As Required by the Michigan Department of Social Services

Child's Name (Last)	First	Middle	Sex	Date of Birth
Address		City	Zip	Telephone (Home)
Parent/Guardian Name (Last)	First	Middle		Telephone (Work)
Address		City	Zip	Telephone (Emergency)

Does your child have any of the following problems? (check ALL that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Hay fever, asthma or wheezing | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Speech problems |
| <input type="checkbox"/> Exzema or frequent skin rashes | <input type="checkbox"/> Frequent colds, sore throats, ear aches | <input type="checkbox"/> Menstrual problems |
| <input type="checkbox"/> Convulsions/seizures | <input type="checkbox"/> Trouble with passing urine or bowel movements | <input type="checkbox"/> Dental problems |
| <input type="checkbox"/> Heart trouble | <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Other (Autism, Asperger's, ADD, etc) |

Please explain all problems identified above: (use additional sheet of paper if necessary)

Has girl been told about menstruation? (answer if appropriate) ___ yes ___ no	Has girl menstruated? (answer if appropriate) ___ yes ___ no
Operations or Injuries:	
History of Emotional or Behavioral Disturbance:	

Medications Needed or Used (including Psychiatric) :

Kind	Frequency	Dosage	Currently given? ___ yes ___ no
			___ yes ___ no
			___ yes ___ no
			___ yes ___ no

Special conditions to be watched for such as ALLERGY (Reactions to food, Penicillin or other drugs), Bedwetting, ADD, Fainting, Sleep Walking, etc.

IMMUNIZATION: (REQUIRED OF ALL STUDENTS — NO EXCEPTIONS)

	Polio	Mumps	Diphtheria	Tetanus	Pertussis (Whooping cough)	Measles	Rubella	Other
Date Initial Immunization Completed								
Date Of Most Recent Booster								

Is the child permitted to use a diving board if the camp is taken to a local swimming pool? ___ yes ___ no

Should the child's activity be restricted because of any physical illness or defect? If yes, explain degree of restriction.

As the parent of this child, I verify that my child does not have a communicable disease and that all the above information is true to the best of my knowledge.	Parent/Guardian Signature	Date
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PHYSICAL EXAMINATION

To Be Completed by a Licensed Physician

Child's Name (Last)	First	Middle	Sex	Date of Birth
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Weight	Height	Head Measurements (if appropriate)	Blood Pressure
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Essential Findings That Are Deviations From Normal:

Recommendations And Suggestions To Check As Follows:	
___ Dental ___ Ear ___ Eye	___ Immunizations Needed (specify) ___ Other (specify)

TEST RESULTS:

	Tuberculin (skin test)	Chest X-Ray (if positive skin test)	Serology (if indicated)	Hemoglobin Hematocrit	Urinalysis
DATE					
RESULTS					

STATEMENT:

I have, on this date, examined this person in order to determine physical fitness, apparent evidence of communicable diseases and developmental impairment. In my opinion, the applicant:

- ___ IS physically and emotionally able to participate in the indicated program. He/she shows no evidence of communicable disease or developmental impairment (including autism, etc.).
- ___ IS NOT physically and/or emotionally able to participate in the indicated program due to:
- physically unfit
 apparent communicable disease
 developmental impairment

Partially Able To Participate ___ yes ___ no	If Yes, Specify Restrictions.
Date of Examination	Signature of Licensed Examining Physician <i>I certify that all the above information is true to the best of my knowledge.</i>
Telephone Number of Examining Physician	Name of Licensed Examining Physician (please print)
	Street Address
	City, State, Zip Code

THE ROMANIAN ORTHODOX EPISCOPATE OF AMERICA

CAMP VATRA

GENERAL INFORMATION & REGULATIONS

The Camp Vatra programs are organized by The Romanian Orthodox Episcopate of America in cooperation with its national auxiliaries. The purpose of the camping programs is to acquaint the students with the beliefs and practices of the Orthodox Church and, at the same time, to give them the opportunity of wholesome recreation.

Dates of Camp Vatra:

In 2019, Camp Vatra for Seniors will take place on Sunday, June 30 through Saturday July 13; Camp Vatra for Juniors will take place on Sunday, July 21 through Saturday, August 3.

Qualifications:

To attend Camp Vatra, applicants must:

- a) fill out the REGISTRATION, WAIVER, AUTHORIZATION & HEALTH FORMS completely;
- b) be a baptized Orthodox Christian;
- c) meet the age requirement for the camp (*birthdays calculated using closing date of the camp*);
- d) be in good health;
- e) be able to remain at the camp for the full camp program (2 weeks);
- f) have taken a TB TEST or CHEST X-RAY within the past three years. (*This **must** be recorded on the HEALTH FORM. Students absolutely **cannot** be accepted without a current TB examination.*)

Registration Forms:

All forms must be completed. If not, all forms may be returned and the student will not be registered for camp. The following items must be submitted:

1. Camp REGISTRATION FORM. It *must* be signed by the Parish Priest as well as the Parent/Guardian and student.
2. RELEASE AND WAIVER OF LIABILITY and PARENTAL AUTHORIZATION FORMS signed correctly.
3. HEALTH FORMS. Front page must be completed by parent/guardian. Back page must be completed by a physician (as indicated on the form).
4. REGISTRATION FEE of **\$450** (US funds; non-refundable) / **\$500 after Registration Deadlines** listed below. All payments must clear before a student is registered. *Even if a parish is paying for the student, the check **MUST** accompany the Registration Forms. If not, the forms may be returned. DO NOT send the forms without payment.* Checks payable to "ROEA"; Credit Card & PayPal also accepted (see Credit Card Payment Form; processing fees additional).

For Camp Vatra for SENIORS, mail Registration Forms & Fee to:

Rev. Fr. Dan Hoarste, Director-Camp Vatra for Seniors, PO Box 309, Grass Lake MI 49240

For Camp Vatra for JUNIORS, mail Registration Forms & Fee to:

Psa. Mary Ellen Rosco, Director-Camp Vatra for Juniors, 625 Centralia St, Dearborn Heights MI 48127

Registration Deadline:

Registration of campers only from parishes and missions of The Romanian Orthodox Episcopate of America will be accepted now through **May 11**. After May 11 if space is available, we will accept registration of students from Orthodox parishes outside the jurisdiction of The Romanian Orthodox Episcopate of America. Registration for the limited number of positions is on a first-come/first-served basis, and is only secured once all completed forms and payment are received by the administration. **Deadlines for all registration forms** for each camp session are:

Camp Vatra for Seniors: **June 8** & Camp Vatra for Juniors: **June 29**

(*Registration Fee increases to \$500 per student after these deadlines*)

NOTE: Applications of "repeating" students may be reviewed by the camp staff (teachers, etc) before they are accepted. Students who have displayed disrespect for camp rules in the past may not be accepted.

Traveling and Arrival:

Students must be at the Vatra *no later than 8:00pm* on the opening Sunday of camp. Students traveling by car are permitted to arrive at camp on the opening Sunday of camp ONLY. Arrangements to pick-up students at the airport, train station and bus depot will be made for **the opening Sunday starting after 1:30pm**. It may be possible that arrangements could be made to pick-up students on Saturday evening. However, **call us before making your plans** to see if this is possible. (You must provide exact arrival information, including arrival location, time and flight/train/bus number.)

- Those traveling by car will find it convenient to use I-94 Exit #150 "Grass Lake." Go South on Mt Hope Rd to Michigan Ave (stoplight) and turn right. Follow through town and turn left onto Wolf Lake Rd. Continue approximately one mile to Page Ave and turn right. Turn left onto Grey Tower Rd (first road on the left). The camp will be on the right side of the road.
- Those traveling by train or bus should use Jackson, Michigan, as their destination.
- Those traveling by airplane should use *Detroit Metropolitan Airport - DTW*. (Due to difficulties crossing the USA/Canada international border, we are NOT ABLE to provide transportation to or from the Windsor Airport.)

If someone's travel plans are unexpectedly changed on the day of arrival, they should call the ROEA Chancery Office (517.522.4800) and leave a detailed message. (Remember, it is a long-distance call when calling from Detroit Metropolitan Airport.)

Visitors and Lodging:

No student may leave the supervision of the camp administration throughout the duration of the camp. The middle Saturday of each camp will be designated "Visitors Day" when families of campers may come to visit during the afternoon. (Students will be allowed to call parents who are unable to visit.) There are no overnight accommodations available for guests at the Vatra grounds during the camp. Those who wish overnight accommodations should search for a hotel in the nearby cities of Jackson MI (West of the Vatra) or Chelsea MI (East of the Vatra).

Mail:

Those who wish to receive mail (no food or electronic devices please!) while attending the camps should leave the correct mailing address with family and friends. Failure to use the correct mailing address will only delay the mail.

FedEx & UPS

"Student's Name"
Camp Vatra
2535 Grey Tower Road
Jackson, MI 49201-9120

USPS & OTHER

"Student's Name"
Camp Vatra
PO Box 309
Grass Lake, MI 49240-0309

Telephone calls to and from the Vatra campgrounds will be allowed only in case of an EMERGENCY.

Behavior:

A student may be sent home (at parents' expense) if he/she does not cooperate in all activities, does not respect camp rules and regulations or does not follow directions. No refunds will be given. Acts of vandalism on the camp grounds (beds, mattresses, etc) will not be tolerated. Parents/guardians will be held financially responsible for any such actions committed by their child. Furthermore, any display or practice of occult activities (yoga, wicca, etc) is prohibited.

Alcohol | Smoking | Chemical Abuse:

Students may not bring, use or buy alcohol & tobacco products (including e-cigarettes) or other chemical substances (drugs, marijuana, etc) during the camp period. Immediate expulsion from camp may result in such cases.

Food and Drinks:

Parents are requested **NOT** to send food, candy or beverages with (or to) their children. Food in the dormitory will attract insects, mice and other unwanted situations. **This includes care packages sent through the mail.** Plenty of food will be provided by our capable cooks.

Electrical Appliances & Mobile Phones:

Due to the fact that the Vatra electrical current is limited, students should not bring with them extra electrical equipment to eliminate the danger of fire from this cause. *For example:* televisions, **mobile phones** & iPod/MP3 stereos are prohibited, even if battery operated. Those who need to bring a mobile phone because of travelling on their own are required to submit it to camp authorities upon their arrival for safekeeping until the end of the camp. **Any mobile phones in the possession of students will be held by camp authorities until the end of camp.**

Closing Program:

On the closing Saturday, Camp Vatra will close with a Divine Liturgy at 9:00am, followed by a "farewell brunch" and distribution of certificates. Parents, relatives and friends are invited and encouraged to participate. (There is no fee for the brunch; free-will donations will be accepted.) All students must leave the camp grounds no later than 5:00pm.

Additional Information: For any other information pertaining to Camp Vatra, you may contact –

CAMP VATRA FOR SENIORS

Rev. Fr. Dan Hoarste
Phone: 517.522.4800 ext. 213
Email: prdan@roea.org

CAMP VATRA FOR JUNIORS

Preteasa Mary Ellen Rosco
Phone: 313.408.8567
Email: campvatrajuniors@hotmail.com

PERSONAL ARTICLES FOR CAMP

CHECK-LIST

(for your personal use when preparing to come to camp)

❖ Label student's name on all belongings ❖

❖ No more than two suitcases please ❖

- _____ Two sets of single-size bed sheets and pillow cases (*We supply pillows and wool blankets; if allergic, please bring your own*)
- _____ Towels and washcloths (*at least 3 of each*)
- _____ Toothbrush/toothpaste, comb/brush, soap, shampoo, deodorant, Kleenex
- _____ Laundry bag (*for dirty laundry*)
- _____ Underwear, socks
- _____ Pajamas/sleep clothes, bathrobe
- _____ Shoes (*play & dress*), slippers, shower shoes (MUST have athletic/tennis shoes for activities, not flip-flops)
- _____ Sweater or jacket, raincoat (*recommended*)
- _____ Long pants/jeans, shorts
- _____ T-shirts, blouses, sweatshirts
- _____ Bathing suit: 1-piece for girls, trunks for boys (*we plan to go to a local lake/park for swimming*)
- _____ Pencils/pens, notebook for classes, letter-writing materials
- _____ Combination or key lock for personal locker basket
- _____ Reusable water bottle for drinking water
- _____ Money - Students will be taken to the laundromat 2 times during the camp. The cost per wash is between \$5.00 and \$7.00, including drying. Students are also taken to a local mall once during camp
- _____ Any medicines (*over-the-counter or prescription*), band-aids, insect repellent, etc, must be given to the camp Health Director upon your arrival to the Camp

DRESS CODE

BOYS: For chapel and classes: collared shirts and long dress pants (khakis, etc; no jeans or shorts). All boys must have at least one solid white dress shirt and tie for the picture and Divine Liturgies.

GIRLS: For chapel and classes: skirts and casual dresses appropriate for church and classes (length of dresses/skirts must be below the knee). No flip-flops for church and classes. Also, no nail polish (due to spillage issues in dormitory) or excessive make-up.

NOTE: *DO NOT BRING any short shorts, miniskirts, halter tops, spaghetti-strap tank tops, bikinis, speedos or shirts with unsuitable messages on them.*

DO NOT BRING OR SEND FOOD, BEVERAGES, CANDY OR GUM!

These items attract insects and mice into the dormitory.

Valuable items (Example: expensive jewelry, mobile phones, iPods, etc) should *not* be brought to camp.

Knives or any other types of personal weapons are also *prohibited*.

ATTENTION

Campers & Parents of Campers

Visitors Day

Parents and families of campers are invited to visit camp on the afternoon of the middle Saturday of each camp (Seniors: July 6, Juniors: July 27). Due to scheduling of daily activities, parents are asked to limit their visiting to that assigned day only. Those students whose families are unable to visit will be allowed to call home on that day.

Mobile Phones

Parents are asked **not** to send mobile phones with their children and/or encourage their use. In addition to power/charging issues, they become a source for distraction and possible misuse. Any mobile phones in the possession of students will be secured by the camp administration until the end of the camp. **PARENTS:** Violation of this policy will result in the student being sent home (at parents' expense; no refund of registration fee).

Dress Code

Parents and students are required to adhere to the "Dress Code" in the check list. This is not a suggestion. It is required. Short and revealing clothing is NOT appropriate for church camp, regardless of current fashion trends. *(If you are not sure what clothing is appropriate for a Church camp, ask your Parish Priest.)*

Behavior

Children displaying disregard for camp rules will be sent home (at parents' expense; no refund of registration fee) according to the administration's discretion. We are an educational, spiritual and recreational camp, and will not tolerate irresponsible and disrespectful behavior. Furthermore, any display or practice of occult activities (yoga, wicca, tarot cards, etc.) is prohibited.

Tuberculosis (TB) Test

Some children and adults born in Romania who received a previous vaccination called "BCG" should notify their doctor of the possibility of a false positive on the TB skin test, which would then require a chest x-ray.

Arrival

Students traveling by car are permitted to arrive at camp on the opening Sunday ONLY. Arrangements to pick-up students from the airport, train station and bus depot will be made for the opening Sunday starting after 1:30pm ONLY. It may be possible that arrangements could be made to pick-up students on Saturday evening. Call us before making your plans to see if this is possible. All students must leave the camp grounds by 5:00pm on the closing Saturday.