



Ukrainian National
Federation of Canada
Toronto Branch



Українське Національне
Об'єднання Канади
Філія Торонто

Camp Sokil Ukrainian Dance Camp

For Ages
8-11 and 12-16

"2011 Summer Season"
Sunday August 21st to Saturday, August 27th

You're invited to another season at Camp Sokil in Hawkestone, Ontario!

- Daily Professional Dance Instruction with Skilled Instructors
- Supervised Swimming with a Certified Life Guard
- Arts and Crafts
- Sports Activities
- Nature Hikes
- Quality Supervision
- A fun filled recreational and dance program
- End of Camp Concert for Parents
- Open to all children ages 8 to 14

1 Week Session - Sunday August 21st to Saturday, August 27th

Fees include Camp Sokil T-Shirt. Please indicate size on application form.



Camp Sokil

Ukrainian Dance Camp

General Information

Our Instructors & Programming

Our instructors come from local "Greater Toronto Area" Dance Schools and under the Artistic Direction of Danovia Stechishin together with the Camp Activity Director they provide your children with a comprehensive program of Ukrainian Dance Instruction and fun Summer Camp activities.

Each day children aged 8-11 will receive 4 hours of dance instruction and children aged 12-16 will receive 6 hours of dance instruction, followed by a fun day of summer camp activities including supervised swimming, sports, recreation and after dinner activities.

Three healthy meals per day along with snacks are provided by the cooking staff, and there is plenty of time in the evening for bonfires and catching up with friends.

At the end of the one week program parents are invited to a performance of the UNF Camp Sokil Dance Camp at the Lakeside Pavilion.

Regular Fees

<u>Fees Per Child</u>	<u>1 Week</u>
Early Registration Fee Before May 1st	\$ 450
Regular Fee After May 1 st	\$ 500

Late Applications

APPLICATIONS ARE ACCEPTED ON A "FIRST COME-FIRST SERVED" BASIS. Send your applications early to avoid disappointments for your child. Any applications and deposits received after May 1st can only be accommodated if there is space available.

Cancellation or Withdrawal

Because of a high enrollment and limited availability of space there is **no refund of fees for cancellation or withdrawal** of a child from camp either before the start of camp or during camp. Please give careful thought to the length of time your child will spend with us. The Camp Director reserves the right to send a camper home under certain circumstances. There is no refund of any deposits or fees.

Where to Send Your Application

Send your deposit or registration fee with your application to:

**Camp Sokil Dance Camp
145 Evans Ave.
Etobicoke, Ontario
M8Z5X8**

**Make cheques payable to
UNF CAMP SOKIL
Post-dated cheques are not
accepted.**



Checking In and Out Information

Checking In for your First Session

Registration begins at 10:00 am on August 21st. Campers will be assigned their cabins on Sunday after 10:00 am when they have completed the registration process.

Checking out at the end of a Session

The End of Camp Concert will take place at 1PM on Saturday August 27th. Parents may pick up their children at the end of the End of Camp Concert.

Visiting the Campers and Signing Them Out

Visitation during the week is not recommended. Parents must sign out children if they choose to visit during the week.

Parents will receive a "Visitor Pass" when they register their children. This pass entitles parents to Sunday Access to the Camp Sokil Grounds ONLY, overnight stays by parents at the campgrounds must be paid for at the main gates on arrival.

Medication

The Camp staff will not administer any medication unless written consent is received. The medication permission form will be available for signing at registration.

Directions to the Camp

- Coming from the GTA—travel North on 400
- Take the Highway 11 cut-off and continue north for 18Km to Oro Line 11
- Exit at Oro Line 11 (a right exit - just as you pass under the bridge)
- Keep driving through the Village of Hawkestone until you see the Camp Sokil sign
- Make a right turn into Camp Sokil and follow the signs.





Camper's Check List

What to take to Dance Camp

- Dance Wear:

(Please ensure enough clean dance wear for 6 days of dancing)

Footwear

- Girls - Red pleated toe ballet slippers with elastic sewn on
- Boys - Black leather pleated toe ballet slippers with elastic sewn on
- or
- Soft-split sole Jazz shoe (Oxfords)

Girls

- Bodysuits
- Black tights (footed or ankle length - no jazz pants)
- Black skirt or black short-shorts (character/ballet wrap skirt)

Boys

- Black dance pants or tighter fitting track pants
- T-shirt (tucked in, tight fitting)

- Comfortable clothing, including swimwear and sleepwear
- Hat with a brim
- Rain gear
- Sturdy footwear (running shoes, sandals, at least one pair that's waterproof)
- Toiletries (Soap, Toothbrush, Toothpaste, Shampoo, etc)
- Bedding(Sleeping Bag, Pillow, Sheet, Blanket)
- Towels(Beach Towel and Shower Towel)
- Flashlight
- Water bottle
- Sunscreen and insect repellent
- Optional items such as: musical instruments, camera, writing supplies (pen, paper, stamped envelopes), books, games, small backpack (maybe even a small surprise treat!)

What to leave at home

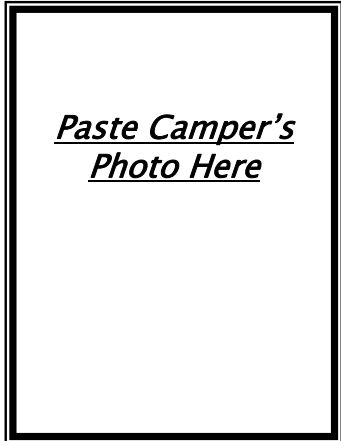
- Electronic games and personal listening devices
- Cellphone (We have phones on site to keep in touch with family)
- Expensive items that will devastate your child if they are broken or lost



Camp Sokil Ukrainian Dance Camp

Camp Registration Form

Please Print



*Paste Camper's
Photo Here*

Camper's Details			
Surname: (As On Health Card)			
Given Name: (As On Health Card)			
Date of Birth:		Age at July 1 st :	
T-Shirt Size:	<input type="checkbox"/> Youth "S" <input type="checkbox"/> Youth "M" <input type="checkbox"/> Youth "L" <input type="checkbox"/> Adult "S" <input type="checkbox"/> Adult "M" <input type="checkbox"/> Adult "L"		

Camper's Physical Description			
Sex:		Weight (Kgs):	
		Height (M) :	
Eye Color:		Hair Colour:	

Camper's Home Address			
Street & Apt#:		City:	
Province:		Postal Code:	
Home Phone #		Alternate Phone #:	
Parent's E-Mail:		Parent's Fax:	

Parent(s) or Guardian(s) Information			
Father's (Or Guardian's) Name:		Mother's (Or Guardian's) Name:	
Name of Emergency Contact:		Emergency Contact Phone #:	

Camper's Experience	
Has the camper ever been to any children's camp before?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the camper had any formal swimming instruction?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what level of swimming has the camper achieved? Example: Red Cross Green Badge etc.	

Camp Session Request: (Please Check All Weeks That Apply)
<input type="checkbox"/> week 1 August 21 st to 27 th

Parent's Signature and Acknowledgement:
I acknowledge that I have read and understand the payment options and refund limitations as provided on the Camp Sokil Fee Schedule. I understand that under certain circumstances the camp administration reserves the right to send a child home before the end of camp.

Signed: _____ Date: _____

Office Use Only

Camp Sokil Children's Summer Camp

Medical Information Sheet

Please Print

The following information is required in the event of illness or accident that may require medical attention.

Camper's Details			
Surname: (As On Health Card)		Given Name: (As On Health Card)	
Health Card Number:			
If a Visitor to Canada, complete the following information:			
Name of Insurance Company:		Policy Number:	
Insurance Company Address:			
(Please note –you may be required to pay for health services and then apply for reimbursement.)			

Camper's Physician Details			
Physician's Name:		Physician's Telephone #:	

Pre-Existing Medical Conditions:			
If there are any problems, behavioural or physical, that would interfere with the camper's camp life and activities please list them on a separate sheet of paper and attach to this applications			
List any medical conditions that your child has and any medication to be administered:			
Asthma:		Epilepsy:	
Diabetes:		Other:	

Inoculations	
Date of Last DTP (Diphtheria-Tetanus-Pertussis Inoculation):	

Allergies			
Provide details of any food, drug, or other life threatening allergies your child may have:			
Food Allergy List	Allergic Reaction (i.e. rash, restricted breathing etc.)	List Severity (Mild To Life Threatening)	Medication or Emergency Treatment
Drug Allergy- List	List Severity (Mild To Life Threatening)	Other Life Threatening Allergies (i.e. Bees etc)	Medication or Emergency Treatment

Parental Medical Consent:

I give my permission for my son/daughter to participate in all Camp Sokil activities and assume all the risks and hazards incidental to such participation and do waive, absolve, indemnify, and agree to hold harmless, other than for willful default or negligence on their part, Camp Sokil or its employees. I give permission to Camp Sokil and its representatives to authorize medical, surgical, and dental treatment and any emergency care that may be required for my son/daughter while in attendance at Camp Sokil if I cannot be contacted.

Signature of Parent/Guardian:

Date:

Parent/Guardian Name: