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## Chornomorska Sitch Sports School

60-C North Jefferson Rd.  
Whippany, NJ 07981

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Dear Parents & Sitch Sports School Campers,

We are pleased to announce that Sitch will be at VOVCHA TROPA for our third year this summer for the 54<sup>th</sup> annual Sports School - subject to Columbia County Health Department approval and in accordance to any guidelines set by the Health Commissioner. We are excited about continuing at a location that is known for its sprawling 350 acres of beautiful rolling hills, fields and forests. We believe that Vovcha Tropa, with its facilities, sports fields and swimming pools, is the perfect place for Sitch camp.

### REGISTRATION

Completed registration paperwork, including online and medical forms, as well as full payment of camp tuition is due no later than June 15, 2025. Failure to meet this deadline may result in your camper losing his/her spot at camp. Payment may be sent via PayPal link online or by check. (Checks made payable to Chornomorska Sitch and mailed to c/o Chornomorska Sitch Sports School, UACCNJ, 60-C North Jefferson Rd., Whippany, NJ 07981)

Total Cost is **\$900 per camper** (includes overnight accommodations and 24-hr supervision; 3 meals per day, access to facilities and camp instruction; t-shirt included)

Once registration, paperwork and payment are received, you will receive a confirmation email advising you of additional information concerning drop off, etc.

### HEALTH & SAFETY PROTOCOLS

The safety of our campers and staff are of utmost importance. We continue to work closely with Vovcha Tropa Management and the Health Department to ensure that our program is compliant with all necessary safety protocols and regulations.

Please be advised that our plans and protocols are subject to change as we await final permits and guidance from the Health Commissioner. We will keep you apprised of any changes or additional requirements as the summer nears.

As always, thank you for your continued support of Chornomorska Sitch Sports. We look forward to another fun-filled and safe experience this summer.

Thank you.



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Dear Parent,

Enclosed please find the following medical forms that are due by **June 15, 2025**. Each of these forms needs to be completed for every camper. Please send all forms together at the same time.

1. **Camper Health History:** Part 1 to be filled out by parent, Parts 2 and 3 to be filled out by licensed clinician. Camper Over-the-Counter Medication form must be filled out by clinician to allow over-the-counter medications to be administered at camp.
2. **Meningitis Form:** to be filled out by parent.

In addition, please enclose with these forms:

3. **Copy of insurance card** (front and back) or copy of "No Insurance Form"
4. **Copy of camper vaccine records.** The immunization record must include the immunization dates and is necessary for your child to attend camp. A notation that immunizations are "up to date" is not acceptable.

***Forms can be returned to Nicholas Prociuk at [Nicholas\\_Prociuk@SHI.com](mailto:Nicholas_Prociuk@SHI.com)***

Any questions regarding forms can be directed to Nicholas Prociuk, Camp Administration.

If your child has a medical concern that you would like to discuss prior to the start of camp, please email us to set up a time. Please note that **all medications for your child must be in their original containers, and properly labeled.** Prescription medications must have complete name of patient, date filled, expiration date, directions for use, name and address of dispensing pharmacy, and name of physician prescribing medication. When over-the-counter medications are provided for the child, then instructions for use (i.e. from the parent or physician) must accompany said medication.



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## Camper Health History

### Section 1. Camper Information *(completed by parent)*

Name (Last, First) \_\_\_\_\_ DOB \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

Parent(s) or Guardian(s) \_\_\_\_\_

Home Address \_\_\_\_\_

Parent(s)/Guardian(s) \_\_\_\_\_

Parent (#1) Email Address \_\_\_\_\_ Parent Phone Number \_\_\_\_\_

Parent (#2) Email Address \_\_\_\_\_ Parent Phone Number \_\_\_\_\_

Health Insurance Name \_\_\_\_\_

Health Insurance Policy Number \_\_\_\_\_

Name of Camper's Doctor \_\_\_\_\_

Phone Number of Camper's Doctor \_\_\_\_\_

Name of Camper's Dentist/Orthodontist \_\_\_\_\_

Phone Number of Camper's Dentist/Orthodontist \_\_\_\_\_

Camper Dietary Restrictions \_\_\_\_\_

Camper Allergies \_\_\_\_\_

Does Camper Require an Epi-Pen? ☐ Yes ☐ No

Is camper coming to camp with any daily medications? ☐ Yes ☐ No

### Parent Attestation

This health history is correct so far as I know, and the person herein described has permission to engage in all camp activities except as noted.

Authorization for Treatment: I hereby give permission to the medical personnel at Sitch camp to order X-rays, routine tests, treatment, to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the medical personnel at Sitch to act for me, and to obtain for my child whatever medical treatment the medical personnel in its best judgement deems necessary and appropriate for the care and treatment of my child, including but not limited to whatever medical, surgical, or dental examination, diagnosis and/or treatment is deemed necessary.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_



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### Section 2. Camper Health History (completed by licensed clinician, part 1 of 3)

Please be advised that this form is for a 10-day overnight camp.

**\*\* Please append a *complete vaccination record* and any *special care plans* (for example, asthma or seizure action plans) to this record\*\***

Name (Last, First) \_\_\_\_\_ DOB \_\_\_\_\_

Date of Physical Examination \_\_\_\_\_ Results of Physical Exam Normal? \_\_\_\_\_

Weight \_\_\_\_\_ Height \_\_\_\_\_ For female patients, LMP: \_\_\_\_\_

Chronic Medical Conditions \_\_\_\_\_

Past Surgeries \_\_\_\_\_

Medications/Treatments \_\_\_\_\_

Allergies/Sensitivities \_\_\_\_\_

Does this camper require an Epi-Pen? ☐ Yes ☐ No

Special Diet Requirement \_\_\_\_\_

Behavioral Issues/Mental Health Diagnoses \_\_\_\_\_

Emergency Plans Attached \_\_\_\_\_

Licensed Clinician Signature \_\_\_\_\_

Licensed Clinician Name \_\_\_\_\_

Date of Completion \_\_\_\_\_ Office Phone Number \_\_\_\_\_



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Camper Name (Last, First) \_\_\_\_\_ DOB \_\_\_\_\_

## Section 3. PRN Over the Counter Medications *(completed by licensed clinician, part 2 of 3)*

Clinician, please check off medications which you **ALLOW** the patient to receive on as needed basis while attending camp. The following medications will be administered as first aid as directed on packaging, based on child's weight and age, at the discretion of the clinician on duty. If authorizing OTC medication that is NOT listed below, please indicate details in the prescribed medication section.

Drug Name	Camper May Receive	Drug Name	Camper May Receive
Acetaminophen (Tylenol)		Hydrocortisone 1% (Steroid Cream)	
Aloe/burn gel		Ibuprofen (Advil, Motrin)	
Antacid		Lice Shampoo	
Antibiotic Ointment (Bacitracin)		Loperamide (Imodium)	
Bismuth Subsalicylate (Pepto Bismol)		Loratadine (Claritin)	
Calamine Lotion		Midol	
Calcium Carbonate (Tums)		Nasal Saline Spray	
Cetirizine (Zyrtec)		Polyethylene Glycol (Miralax)	
Dextromethorphan (Cough Medication)		Pseudoephedrine (Sudafed)	
Diphenhydramine (Benadryl)		Simethicone (Gas Relief)	
Ear Drying Drops		Stool Softener	
Eye Drops (Lubricating)		Throat lozenge	
Eye Irritation Drops (Visine)		Topical Antifungal	
Fexofenadine (Allegra)		Topical Antihistamine Cream/Gel (Anti-itch)	

## Section 4. Prescribed Medications *(completed by licensed clinician, part 3 of 3)*

Drug Name	Dose	Route	Indication

Patient Allergy and Reaction to Prescription Medication \_\_\_\_\_

Licensed Clinician Signature \_\_\_\_\_

Licensed Clinician Name \_\_\_\_\_

Date of Completion \_\_\_\_\_ Office Phone Number \_\_\_\_\_



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## Meningococcal Meningitis Vaccination

Dear Parent:

We write to inform you about meningococcal disease, a potentially fatal bacterial infection commonly referred to as meningococcal meningitis. New York State Public Health Law (NYS PHL) §2167 and Subpart 7-2 of the State Sanitary Code requires overnight children's camps to distribute information about meningococcal disease and vaccination to all campers who attend camp for 7 or more consecutive nights.

Meningococcal disease is rare. However, when it strikes, its flu-like symptoms make diagnosis difficult. Meningococcal disease can cause serious illness such as infection of the lining of the brain and spinal cord (meningitis) or blood infections (sepsis). The disease strikes quickly and can lead to severe and permanent disabilities, such as hearing loss, brain damage, seizures, and limb amputation, in as many as one in five of those infected. Ten to 15 percent of those who get meningococcal disease will die.

Meningococcal disease can be easily spread from person-to-person by coughing, sharing beverages or eating utensils, kissing, or spending time in close contact with someone who is sick or who carries the bacteria. People can spread the bacteria that cause meningococcal disease even before they know they are sick.

Anyone can get meningococcal disease, but certain people are at increased risk including teens and young adults 16 – 23 years old and those with certain medical conditions that affect the immune system.

**The single best way to prevent meningococcal disease is to be vaccinated.** The meningococcal ACWY (MenACWY) vaccine protects against four major strains of bacteria which cause meningococcal disease in the United States. The Centers for Disease Control and Prevention (CDC) recommends a single dose of MenACWY vaccine at age 11 through 12 years with a booster dose given at age 16 years. Children are not routinely recommended to receive MenACWY vaccine prior to the recommended ages, unless they have certain underlying medical conditions which increase their risk of disease. The meningococcal B (MenB) vaccine protects against a fifth strain of meningococcal bacteria which causes meningococcal disease. Young adults aged 16 through 23 years may be vaccinated with MenB vaccine and should discuss the MenB vaccine with a healthcare provider.

I encourage you to carefully review the attached Meningococcal Disease Fact Sheet. It is also available on the New York State Department of Health website at: <http://www.health.ny.gov/publications/2168.pdf>.

Information about the availability and cost of meningococcal vaccine can be obtained from your healthcare provider or your local health department.

Sitch is required to maintain a record for each camper, signed by the camper's parent or guardian, which documents the following:

- Receipt and review of meningococcal disease and vaccine information; AND EITHER
- Certification that the camper has been immunized against meningococcal meningitis within the past 10 years; OR
- An understanding of meningococcal disease risks and benefits of vaccination at the recommended ages and the decision not to obtain immunization against meningococcal meningitis at this time.

**Please complete the enclosed Meningococcal Meningitis Vaccination Response Form and return it with your other health records.**

To learn more about meningococcal meningitis and the vaccine, please consult your child's physician. You can also find information about the disease at the website of the Centers for Disease Control and Prevention:

[www.cdc.gov/vaccines/vpd-vac/mening/default.htm](http://www.cdc.gov/vaccines/vpd-vac/mening/default.htm).

Sincerely,

Chornomorska Sitch Sports School



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Camper Name (Last, First) \_\_\_\_\_ DOB \_\_\_\_\_

New York State Public Health Law requires that a parent or guardian of campers who attend an overnight children's camp for seven (7) or more consecutive nights, complete and return the following form to the camp.

The Centers for Disease Control and Prevention recommends two doses of MenACWY vaccine (Brand names: Menactra, Menveo) for all healthy adolescents 11 through 18 years of age: the first dose is given at 11 or 12 years of age, with a booster dose at 16 years of age. Children and adolescents with certain medical conditions may need to begin the MenACWY series at a younger age and/or receive additional doses. Consult with your child's healthcare provider regarding any medical conditions they may have.

If the first dose is given between 13 and 15 years of age, the booster should be given between 16 and 18 years of age. If the first dose is given after the 16<sup>th</sup> birthday, a booster is not needed.

Young adults aged 16 through 23 years may choose to receive the Meningococcal B vaccine series (Brand names: Trumenba, Bexsero). Parents/guardians should discuss the Meningococcal B vaccine with a healthcare provider.

Please check one of the following:

☐ My child is 10 years old or younger and is not eligible for the meningococcal vaccine. I have read, or have had explained to me, the information regarding meningococcal meningitis disease and I understand the risks.

☐ My child has received the meningococcal conjugate vaccine (MCV4, brand names Menactra or Menveo)

Dose 1 Date Received: \_\_\_\_\_

Dose 2 Date Received: \_\_\_\_\_

☐ My child is 11 years old or older and I have decided that my child will **not** obtain immunization against meningococcal meningitis. I have read, or have had explained to me, the information regarding meningococcal meningitis disease and I understand the risks of not receiving the vaccine.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_



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### No Insurance Form

This form only needs to be completed if your child does NOT have health insurance

April 2025

Dear Parent/Guardian:

It is Chornomorska Sitch Sports School Policy that parents/guardians are responsible for payment of all healthcare services received by their child(ren) during their stay at Sitch Camp – Vovcha Tropa. Because you have no health insurance coverage for your child(ren), you are personally responsible for paying all health care charges and fees incurred by your child(ren) while at Sitch Camp – Vovcha Tropa.

Name of Child(ren) Attending Camp \_\_\_\_\_

\_\_\_\_\_

Date Child(ren) Attending Camp \_\_\_\_\_

I have read and understand the above policy and hereby accept responsibility for payment for any health care services provided to my child(ren) while at Sitch Camp – Vovcha Tropa.

I understand that Sitch Camp – Vovcha Tropa will not be responsible for compensating the parent or guardian for tuition fees lost due to any injury, medical issues, illness or damage sustained to my child from any cause whatsoever, including negligence or carelessness resulting directly or indirectly that the above named child may experience while participating in Sitch camp.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

**IF YOUR CHILD HAS NO MEDICAL INSURANCE, HE/SHE CANNOT PARTICIPATE IN CAMP  
WITHOUT THIS COMPLETED FORM**





Крайова Пластова Старшина

700 N. CEDAR ROAD  
JENKINTOWN, PA 19046



Board of Directors

TEL.: (267)287-8334  
EMAIL: KPS@plastusa.org



## CONSENT, RELEASE OF LIABILITY AND HOLD HARMLESS AGREEMENT

Participant Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home address \_\_\_\_\_ Home Phone \_\_\_\_\_

Event Name \_\_\_\_\_ Date(s) of Event \_\_\_\_\_

### THIS AGREEMENT AFFECTS YOUR LEGAL RIGHTS – READ IT CAREFULLY BEFORE SIGNING IT

“**Participant**” refers to the named Participant and the parents and/or guardians of the foregoing. “**Plast**” refers to Plast, Ukrainian Scouting Organization (USA), its branches, affiliates, employees, agents and volunteers (to the extent not a Participant). “**Event**” refers to the event written above, the organization of which and the execution and monitoring of which is in the exclusive control of CHORNOMORSKA SITCH and to the extent no event name or date of event is specified, this agreement applies to any and all events in which Participant participates on or at a Plast property.

**Acknowledgement of Risk.** Participant acknowledges and fully understands the inherent and unavoidable risks of serious injury, fractures, lacerations, and paralysis, up to and including death associated with Event and activities which take place on Plast properties, including Vovcha Tropa. Event may include hiking, swimming, running, sports including pool sports, cooking on an open fire, and other activities associated with the outdoor experiences. These inherent and unavoidable risks include encountering dangers such as falling rocks or objects, collisions, misuse of equipment our buildings, machine or equipment breakdown, irregular or uneven ground, unseen and unmarked objects, drowning or serious injury in and around water, water impurities, severe weather, sunburn, contact with plants, animals or insects and other risks. Inherent and unavoidable risks also include acts or omissions of other participants, Participant's own acts and omissions, availability of first aid and emergency treatment and consumption of food or drink by Participant.

**Waiver of Rights, Release of Liability, and Consent.** Participant hereby releases, waives and discharges Plast from any and all actions or claims from Participant, heirs or personal representatives for any loss damage, injury, or liability arising out of or in connection with participation in the Event, including

use of Plast facilities and equipment, activities Off-Site Activities, and the use of facilities and equipment of third parties. I understand that many of the activities, in particular the Off-site Activities will be supervised and proceed under the guidance of CHORNOMORSKA SITCH or third-party providers, their employees, volunteers or agents, and will not in any way be supervised by Plast. I understand this arrangement and give full consent to Participant's participation.

**Indemnification and Hold Harmless.** Participant agrees to indemnify and hold harmless Plast and its insurance carriers from and against all losses, damages, monetary awards and expenses, including all costs and attorney's fees incurred by Plast in connection with any and all claims asserted against Plast and/or CHORNOMORSKA SITCH by any third party in connection with Participants participation in the Event.

**Miscellaneous.** If any provision of this Agreement is found invalid or unenforceable by a court of competent jurisdiction, the remaining portions will remain in full force and effect. When the term "including" is used in this Agreement, it is not meant to be limiting – the list that follows is always non-exhaustive. The terms of this Agreement constitute the entire agreement and understanding between the parties. This Agreement is made pursuant to and shall be construed under the laws of the State where the Event is taking place.

I HAVE READ THIS AGREEMENT AND UNDERSTAND THAT I AS THE PARTICIPANT OR PARENT/GURDIAN OF THE PARTICIPANT AM GIVING UP SUBSTANTIAL RIGHTS AND ASSUMING SUBSTANTIAL RESPONSIBILITIES BY SIGNING IT. I HAVE RECEIVED, REVIEWED, AND UNDERSTAND THE "CODE OF CONDUCT". I CERTIFY THAT I SIGN IT VOLUNTARILY WITH THE AUTHORITY TO DO SO. IF YOU ARE UNDER 18 YEARS OF AGE, BOTH PARENTS/LEGAL GUARDIANS MUST SIGN.

\_\_\_\_\_  
*Parent/Legal Guardian or Participant if over 18*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Second Parent/Legal Guardian*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Date*