



THE PHOEBE NEEDLES CENTER

MOUNTAIN MOVERS @ PHOEBE NEEDLES REGISTRATION FORM

The Phoebe Needles Center is the camp and conference center of the Episcopal Diocese of Southwestern Virginia. Mountain Movers @ Phoebe Needles is for campers in 6th-10th grade who have a parent who is/was incarcerated. Our goal for Mountain Movers @ Phoebe Needles is to provide a fun and safe environment for youth with incarcerated parents to develop new friendships, build confidence and have the opportunity to show and develop their leadership skills in a group setting. Space is limited; registration is on a first come first serve basis.

Name _____
(First) (Middle) (Last) (Preferred)

Address _____

City, State, Zip _____ Email _____

Grade complete June, 2016 _____ Age _____ Gender _____ Birth Date _____

Parent/Guardian _____

Address _____

City, State, Zip _____ Email _____

Primary phone number _____ Secondary phone number _____

Emergency contact _____ Phone number _____

Who in relation to the camper is incarcerated? _____
Father/Mother/Stepparent

Please share any additional information you would like us to know about your family situation: _____

MEDICAL INFORMATION

All medications (prescription and non-prescription) must be kept in the original container/packing, identifying physician (if prescription), name of medication, dosage and frequency of administration. Bring enough medication to last the entire session of camp. Attach additional pages if needed to list all medications. IF NO MEDICATIONS ARE BEING USED, STATE "NONE."

Is your youth allergic to bee or wasp stings? _____ yes _____ no If so, will they have medication? _____

List any activities from which your youth should be restricted _____

List any dietary restrictions _____

Will your son or daughter be bringing any medication? _____ Yes _____ No

If yes, list the medications, doses, and times they should be taken (Please list all): _____

Please list any allergies your son or daughter may have (food, medications, environmental) OR state "none": _____

Special Considerations, Limitations, Needs or Behavioral Issues

To help set your camper up for success, please share any additional information that would be pertinent for our staff to know. Please list below: _____

COMPLETE ONE OPTION FOR IMMUNIZATION VERIFICATION

OPTION ONE: I, _____, attest that, _____, has received
(custodial parent/legal guardian) (camper)

ALL immunizations required for school, and that these immunizations are up to date as of June 1, 2017.

The date of his/her most recent tetanus shot is _____ (month/year).

OR

OPTION TWO: I, _____, attest that, _____, does **NOT**
(custodial parent/legal guardian) (camper)
receive immunizations for religious reasons or other reasons.

Signature of custodial parent of legal guardian required for OPTION TWO

**PARENT'S AUTHORIZATION
FOR MEDICAL TREATMENT**

The information on this form is correct and complete so far as I know, and the person herein described has permission to engage in all prescribed Summer Camp @ Phoebe Needles activities, except as noted by me.

I understand that there is a certain degree of risk and possible injury by reason of the program and its activities. I hereby give my permission to the staff of the Phoebe Needles Center, Inc. to provide routine health care, administer prescribed medications and seek emergency medical treatment, including ordering x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give my permission to the Phoebe Needles Center, Inc. to arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give my permission to the physician selected by the Phoebe Needles Center, Inc. to secure and administer treatment, including hospitalization, for the above named person. This completed form may be photocopied for trips off the Phoebe Needles Center, Inc. property.

Parent/Guardian Signature _____

Print Name _____

Relationship _____

Date _____

It is our hope to make the Mountain Movers Camp @ Phoebe Needles available to all campers who are eligible. Please contact the Office Manager at the Center for more information:

MOUNTAIN MOVERS CAMP @ PHOEBE NEEDLES

ASSUMPTIONS OF RISK, ACKNOWLEDGMENT OF PERSONAL RESPONSIBILITY, AND PARTICIPANT COVENANT

I understand that during my participation at the Mountain Movers Camp @ Phoebe Needles, I will be exposed to risks. These activities may include, but are not limited to:

- | | | |
|------------------------------|----------------------------|--------------------------------|
| + camping | + Hiking | + rock climbing and rappelling |
| + possible inclement weather | +low ropes course elements | + high ropes course elements |
| + sports and games | + transportation by bus | + climbing tower |

Injuries are possible due to falling, rope or cable burns, spotting and belaying, as well as possible illness due to exposure to natural elements such as adverse weather, plants, animals, and insects. I assume these risks.

I understand also, that although The Episcopal Diocese of Southwestern Virginia and The Phoebe Needles, Inc. Center staff have taken precautions to provide proper equipment, quality construction and qualified facilitators, it is impossible to guarantee absolute safety. I understand that I share the responsibility for safety at camp. I agree to follow the instructions of the staff. To my knowledge, I have no physical or psychological problems that would prohibit my participation on the High/Low Ropes Course, or any activity, at The Phoebe Needles Center.

The participant acknowledges and accepts in writing that community life at the Mountain Movers Camp @ Phoebe Needles is based upon mutual trust, respect for others, and adherence to the spirit and to the specifics of a set of standards which are:

- + the use or possession of alcohol, illegal drugs, tobacco, vape products, fireworks, firearms or any other kind of weapon is prohibited;
- + the use or possession of tobacco in any form is prohibited;
- + riding or driving in a motor vehicle without specific permission from camp director is prohibited;
- + participants are expected to remain on the Phoebe Needles property throughout the camp session unless accommodated by an adult staff member designated by the camp director.
- + inappropriate sexual behavior is not tolerated;
- + CELL PHONES, ELECTRONIC DEVICES OF ANY TYPE, COMPUTERS, ETC. ARE NOT PERMITTED AT CAMP.

At the beginning of each session of camp the camp staff will announce and discuss behavioral expectation established for all participants - adult, youth and staff. These will include, among other things, curfew, quiet time, abusive language, required participation in activities, and places which are off limits. Any violation of these standards may mean immediate dismissal without refund from the Mountain Movers Camp @ Phoebe Needles program.

Attending Mountain Movers Camp @ Phoebe Needles is a privilege, and participants agree to enter fully and cooperatively into the community life. We reserve the right to terminate participation and send home any participants whose conduct is considered detrimental to the program, campers and staff, or to The Phoebe Needles Center.

I hereby make application for enrollment of my youth in Mountain Movers Camp @ Phoebe Needles. I give permission for photographs or video footage of my youth to be used by The Phoebe Needles Center for promotional or other purposes.

Participant's Name _____ Date _____

Participant's Signature _____ Date _____

YOU ARE CONSIDERED REGISTERED ONCE YOUR REGISTRATION FORM HAS BEEN RECEIVED. WE ENCOURAGE EARLY REGISTRATION DUE TO LIMITED SPACE.

RETURN ALL MATERIALS TO:

The Phoebe Needles Center, Inc.
732 Turners Creek Road
Callaway, Virginia 24067-5814
540-483-1518 800-848-1677
Fax 540-483-2235 Email PNCenter@gmail.com