



THE PHOEBE NEEDLES CENTER

SUMMER CAMP REUNION 2018 @ PHOEBE NEEDLES REGISTRATION AND MEDICAL FORM

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 _____

Congregation _____ City _____ State _____

METHOD OF PAYMENT: _____ Checks enclosed _____ Paid online using PayPal

Will your son/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/daughter might have (food, medications, environmental) OR state "none": _____

Is there any other information you think we should know about your son/daughter? _____

It is our hope to make the Summer Camp Reunion 2018 @ Phoebe Needles available to all teens without respect to ability to pay. Financial assistance in the form of need-based scholarships are available from The Phoebe Needles Center.

Please contact the Office Manager at the Center for more information:
540-483-1518 | 1-800-848-1677 | PNCenter@gmail.com.

SUMMER CAMP REUNION 2018 @ PHOEBE NEEDLES

ASSUMPTIONS OF RISK, ACKNOWLEDGMENT OF PERSONAL RESPONSIBILITY AND PARTICIPANT COVENANT

I understand that during my participation at the Summer Camp Reunion 2018 @ Phoebe Needles, I will be exposed to risks. These activities may include, but are not limited to:

- | | |
|------------------------------|------------------------------|
| + hiking | + possible inclement weather |
| + low ropes course elements | + sports and games |
| + camping | + climbing tower |
| + High ropes course elements | + Transportation by bus |

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 Summer Camp Reunion 2018 @ 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, 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 Summer Camp Reunion 2018 @ Phoebe Needles program.

Attending Summer Camp Reunion @ 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 Summer Camp Reunion 2018 @ 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 _____ Participant's Signature _____ Date _____

Parent/Guardian Name _____ Parent/Guardian Signature _____ Date _____

YOU ARE CONSIDERED REGISTERED ONCE YOUR REGISTRATION FORM AND \$15 NONREFUNDABLE DEPOSIT PER PERSON ARE RECEIVED.

PLEASE RETURN ALL MATERIALS TO:

The Phoebe Needles Center, Inc.
732 Turners Creek Road
Callaway, Virginia 24067-5814
540-483-1518 1-800-848-1677
Fax 540-483-2235 Email PNCenter@gmail.com

PAY ON OUR WEBSITE USING PAYPAL, OR MAKE CHECKS PAYABLE TO: THE PHOEBE NEEDLES CENTER, INC.