



THE PHOEBE NEEDLES CENTER

SUMMER DAY CAMP 2017 @ PHOEBE NEEDLES REGISTRATION FORM

Name _____
(first) (middle) (last) (preferred)

Address _____ Camper Email _____

City, State, Zip _____

Grade completed June, 2015 _____ Age _____ Gender _____ Birth date _____

Parent/Guardian _____

Address _____

City, State, Zip _____

Primary Contact Number _____ Secondary contact Number _____

Parent Email _____

Congregation _____ City _____ State _____

Child T-shirt size _____ Small _____ Medium _____ Large _____ Extra Large _____ Other

Swimming Ability _____ Beginner _____ Intermediate _____ Advanced

**CHECK
HERE**

	CAMP SESSION	DATES	AGE REQUIREMENTS	COST
<input type="checkbox"/>	All Around Camp	June 12 th - 16 th	Rising 1 st - 4 th Graders	\$85
<input type="checkbox"/>	Art Camp I	June 19 th - 23 rd	Rising 1 st - 4 th Graders	\$85
<input type="checkbox"/>	Swim Camp I	June 26 th - 30 th	Rising 1 st - 4 th Graders	\$85
<input type="checkbox"/>	Art Camp II	July 3 rd - 7 th	Rising 1 st - 4 th Graders	\$85
<input type="checkbox"/>	Swim Camp II	July 10 th - 14 th	Rising 1 st - 4 th Graders	\$85

It is our hope to make Summer Day Camp 2017 @ Phoebe Needles available to all teens without respect to ability to pay. Need-based financial assistance through the Alaina Mentkow Summer Camp Scholarship program are available from The Phoebe Needles Center. Please contact the Office Manager at the Center for more information, or download an application on our web site.

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ASSUMPTION OF RISK, ACKNOWLEDGMENT OF PERSONAL RESPONSIBILITY AND PARTICIPANT COVENANT

I understand that during my participation at the Summer Day Camp 2017 @ Phoebe Needles, I will be exposed to risks. These activities include, but are not limited to:

- + swimming
- + low ropes course elements
- + transportation by bus
- + possible inclement weather
- + sports and games
- + hiking

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 Center, Inc. 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 instruction of the staff.

The participant acknowledges and accepts in writing that community life at Summer Day Camp 2017 @ 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 the program director is prohibited;
- + participants are expected to remain on Phoebe Needles property throughout the camp session unless accompanied 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 the camp staff will announce and discuss behavior expectations established for all participants -- adult, youth and staff. These will include, among other things, quiet time, abusive language, required participation in activities, and places which are off limits. Any violation of these standards, and those listed above may mean immediate dismissal without refund from the Summer Day Camp 2017 @ Phoebe Needles.

Attending Summer Day Camp 2017 @ 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 person whose conduct is considered detrimental to the program or The Phoebe Needles Center.

I hereby make application for enrollment of my youth in Summer Day Camp 2017 @ Phoebe Needles. I give permission for photographs or video footage of my youth to be used by The Phoebe Needles Center for promotional purposes.

Participant's Name _____ Participant's Signature _____ Date _____

Parent/Guardian Name _____ Parent/Guardian's Signature _____ Date _____

UPON RECEIPT OF YOUR REGISTRATION AND \$25 NON-REFUNDABLE DEPOSIT PER CAMP SESSION, THE REQUIRED MEDICAL FORM AND LIST OF THINGS TO BRING WITH YOU TO CAMP IS AVAILABLE ON OUR WEB SITE, OR BY MAIL IF REQUESTED. THE COMPLETED MEDICAL FORM AND THE BALANCE ON YOUR CAMP FEE MUST BE RECEIVED TWO WEEKS PRIOR TO THE BEGINNING OF THE CAMP SESSION YOU ARE ATTENDING.

PLEASE 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

MAKE ALL CHECKS PAYABLE TO: THE PHOEBE NEEDLES CENTER, INC.