



# THE PHOEBE NEEDLES CENTER

## DISCOVERY CAMP FOR SENIOR ADULTS 2019 @ PHOEBE NEEDLES REGISTRATION FORM

Name \_\_\_\_\_  
(first) (middle) (last) (preferred)

Address \_\_\_\_\_ Email \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Primary Phone Number \_\_\_\_\_ Secondary Phone Number \_\_\_\_\_

Church Attending \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Adult T-shirt size \_\_\_\_\_ Small \_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_ Extra Large \_\_\_\_\_ Other Size \_\_\_\_\_

### SUMMER CAMP 2019 @ PHOEBE NEEDLES

#### ASSUMPTION OF RISK, ACKNOWLEDGMENT OF PERSONAL RESPONSIBILITY AND PARTICIPANT COVENANT

I understand that during my participation at the Summer Camp 2019 @ Phoebe Needles, I may be exposed to risks. These activities may include:

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

I understand, 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. To my knowledge, I have no physical or psychological problems that would prohibit my participation on the High/Low Ropes Course, or any other activity, at the Phoebe Needles Center. I acknowledge and accept in writing that community life at Summer Camp 2019 @ 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 illegal drugs, fireworks, firearms or any other kind of weapon is prohibited;
- + the use or possession of tobacco or vaping products in any form is prohibited;
- + inappropriate sexual behavior is not tolerated.

I hereby make application for enrollment of my youth in Summer Camp 2019 @ 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.

Name (print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

To enroll in the Discovery Camp, please:

1. Complete the registration form
2. Pay the \$120 dollar tuition (\$50 deposit due with registration form)
3. Complete a Phoebe Needles Center medical form

**\$120 TUITION:** \_\_\_\_\_ Check enclosed \_\_\_\_\_ Paid online using PayPal (\$120 tuition includes \$50 deposit)

**YOU ARE CONSIDERED REGISTERED ONCE YOUR REGISTRATION FORM AND \$50 NON-REFUNDABLE DEPOSIT ARE RECEIVED. THE REQUIRED MEDICAL FORM AND LIST OF THINGS TO BRING WITH YOU TO CAMP IS AVAILABLE ON OUR WEB SITE. THE COMPLETED MEDICAL FORM & THE BALANCE OF YOUR CAMP FEE MUST BE RECEIVED TWO WEEKS PRIOR TO THE BEGINNING OF CAMP.**

PLEASE RETURN ALL MATERIALS TO:

The Phoebe Needles Center, 732 Turners Creek Road; Callaway, Virginia 24067-5814  
(540) 483-1518 | Fax (540) 483-2235 | Email PNCenter@gmail.com | www.PhoebeNeedles.org