



PHOEBE NEEDLES CENTER, INC.



OVERNIGHT CAMPOUT @ PHOEBE NEEDLES REGISTRATION, MEDICAL, AND ASSUMPTION OF RISK FORM

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

Address _____ Camper Email _____

City, State, Zip _____

Grade completed June, 2020 _____ Age _____ Gender _____ Birth date _____

Parent/Guardian _____

Address _____

City, State, Zip _____

Primary Contact Number _____ Secondary Contact Number _____

Parent Email _____

Does the camper have health insurance coverage? _____ Yes _____ No

Name of company _____

Group/Individual Policy Number _____

Identification Number _____

Swimming Ability _____ Beginner _____ Intermediate _____ Advanced

Would you like to buy a t-shirt for \$10 to tie-dye? _____ Yes _____ No

Adult t-shirt shirt size: _____ Small _____ Medium _____ Large _____ XL

COVID-19 VIRUS GUIDELINES

Check this box if your camper has received the COVID-19 vaccine.

Date of 1st Dose _____

Date of 2nd Dose _____

The American Academy of Pediatrics (AAP) has recommended that everyone over 16 years of age should receive the COVID-19 vaccine. At this time, Phoebe Needles Center, Inc. **IS NOT** excluding campers or staff who have not received the COVID-19 vaccination as there are limitations related to age restrictions and access.

The policy of the PNCI and the recommendation of the AAP and the Centers for Disease Control (CDC) is that individuals wear a face covering, maintain 6 feet of physical distance, and wash hands frequently, even after being vaccinated. If your camper has received the vaccination for COVID-19, please attach a copy of your vaccination certificate. This policy is subject to change as updated information becomes available.

PRICING

1 Camper \$35
Bring-a-Friend (2 Campers) \$60
Buy a t-shirt (optional) \$10
Name of Friend:

The fee is non-refundable due to the hiring of counselors to be here on these Saturdays. If the event is cancelled due to COVID-19, deposits will be refunded

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

ALLERGIES

List any known allergies, or state "NONE" to:

MEDICATIONS: _____

Reactions: _____

Treatment: _____

PLANTS, ANIMALS, ETC.: _____

Reactions: _____

Treatment: _____

FOOD: _____

Reactions: _____

Treatment: _____

OVERNIGHT CAMPOUT @ PHOEBE NEEDLES

ASSUMPTION OF RISK, ACKNOWLEDGMENT OF PERSONAL RESPONSIBILITY AND PARTICIPANT COVENANT

I understand that during my participation at Overnight Campout @ Phoebe Needles, I will be exposed to risks. Due to the COVID-19 virus, some of the activities listed may not be possible. These activities may include, but are not limited to:

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

Injuries are possible in the course of recreational activities and possible illness due to exposure to natural elements such as adverse weather, plants, animals and insects. I assume these risks. I knowingly and freely assume all such risks related to illness and infectious diseases including but not limited to COVID-19.

I understand also, that although the Episcopal Diocese of Southwestern Virginia and 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 Phoebe Needles Center, Inc. I agree to follow the instructions of the staff.

The participant acknowledges and accepts in writing that community life at Overnight Campout @ 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 or vaping products in any form is prohibited;
- + riding or driving in a motor vehicle without specific permission from authorized staff is prohibited;
- + participants are expected to remain on Phoebe Needles property throughout the session unless accompanied by an adult staff member designated by authorized staff;
- + inappropriate sexual behavior is not tolerated;

At the beginning of each session, the staff will announce and discuss behavior expectations established for all participants: campers, staff, and volunteers. 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 Overnight Campout @ Phoebe Needles.

Attending Overnight Campout @ Phoebe Needles is a privilege, and participants agree to enter fully and cooperatively into the community life. We reserve the right to terminate participation without refund and send home any person whose conduct is considered detrimental to the program or Phoebe Needles Center, Inc.

In consideration of PHOEBE NEEDLES CENTER, INC. furnishing services, equipment, and leadership to enable my child to participate, I agree as follows:

- I understand that participation in the Overnight Campout @ Phoebe Needles 2021 is designed for persons aged 10 and older;
- I permit photos and video of activities that may include my child to be used in camp promotion without liability or remuneration;
- I understand that climbing at any height may have inherent risks and that participation may involve accidents that could result in injury or death, and such hazards exist in use of climbing equipment;
- I understand that PHOEBE NEEDLES CENTER, INC. Ropes Course staff is fully trained and experienced in facilitation of Ropes Challenge Course activities, that PHOEBE NEEDLES CENTER, INC. adheres to the latest and highest standards of Ropes Course construction, facilitation, equipment, and procedures as defined by PHOEBE NEEDLES CENTER, INC.'S membership in the Association for Challenge Course Technology and the American Camp Association, that PHOEBE NEEDLES CENTER, INC. uses only approved equipment that is scrutinized for safety;
- I hereby assume all risks and dangers and all responsibility for any losses and/or damages;
- I understand that PHOEBE NEEDLES CENTER, INC. provides no medical insurance coverage for my child, and that I am responsible for my child's primary medical insurance coverage;
- I indemnify and hold harmless PHOEBE NEEDLES CENTER, INC., and its staff and Board of Directors from any and all liability, claims, damage, injury, or illness sustained by my child;
- I have read this assumption of risk, waiver and release, and by signing it, I agree.

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 Overnight Campout @ Phoebe Needles activities, except as noted by me.

I understand that there is a certain degree of risk and possible injury in regard to the nature of 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 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 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 Phoebe Needles Center, Inc. property.

I hereby make application for enrollment of my youth in Overnight Campout @ Phoebe Needles. I give permission for photographs or video footage of my youth to be used by the Phoebe Needles Center, Inc. for promotional purposes. I agree to the terms outlined in the attached waiver in regard to COVID-19.

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

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

For office use only

METHOD OF PAYMENT

- | | |
|---|---|
| <input type="checkbox"/> Cash | <input type="checkbox"/> PayPal |
| <input type="checkbox"/> Check Enclosed | <input type="checkbox"/> Third Party Making Payment |

Name of third party making payment: _____

PLEASE RETURN ALL MATERIALS TO:

Phoebe Needles Center, Inc.
732 Turners Creek Road; Callaway, Virginia 24067-5814
(540)-483-1518 Fax: (540)-483-2235 PNCenter@gmail.com