



# THE PHOEBE NEEDLES CENTER

## SUMMER DAY PROGRAMS 2010 @ PHOEBE NEEDLES REGISTRATION FORM

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

Address \_\_\_\_\_

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

Grade completed June, 2010 \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_ Birth date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

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

Daytime Phone Number \_\_\_\_\_ Evening Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Congregation \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Child T-shirt size \_\_\_\_\_ Small \_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_ Extra Large

Swimming Ability \_\_\_\_\_ Beginner \_\_\_\_\_ Intermediate \_\_\_\_\_ Advanced

**CHECK  
HERE**

<b>CAMP SESSION COST</b>	<b>DATES</b>	<b>AGE REQUIREMENTS</b>	
<input type="checkbox"/> Learn to Swim Camp	July 5th - July 9th	Rising 1st - 3rd Graders	\$60
<input type="checkbox"/> Learn to Swim Camp	July 19th - 23rd	Rising 2nd - 4th Graders	\$60
<input type="checkbox"/> Art Camp	August 2nd - 6th	Rising 1st - 4th Graders	\$75

It is our hope to make Summer Camp 2010 @ Phoebe Needles available to all teens without respect to ability to pay. 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.

# SUMMER CAMP 2010 @ PHOEBE NEEDLES

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

I understand that during my participation at the Summer Camp 2010 @ 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 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 Camp 2010 @ 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 GAMES, 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 may mean immediate dismissal without refund from the Summer Day Programs 2010 @ Phoebe Needles.

Attending Summer Camp 2010 @ 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 Camp 2010 @ 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, YOU WILL BE EMAILED A MEDICAL FORM AND LIST OF THINGS TO BRING WITH YOU TO CAMP. 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  
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**