



PHOEBE NEEDLES CENTER, INC.

SENIOR ADVENTURE @ DAY CAMP 2021 @ 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 2021 @ PHOEBE NEEDLES

ASSUMPTION OF RISK, ACKNOWLEDGMENT OF PERSONAL RESPONSIBILITY AND PARTICIPANT COVENANT

I understand that during my participation at the Summer Camp 2021 @ 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 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. 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 Phoebe Needles Center, Inc. I acknowledge and accept in writing that community life at Summer Camp 2021 @ 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 in Summer Camp 2021 @ Phoebe Needles. I give permission for photographs or video footage to be used by Phoebe Needles Center, Inc. for promotional or other purposes.

Name (print) _____ Signature _____ Date _____

To enroll in the Senior Adventure @ Day Camp, please:

1. Complete the registration form
2. Pay the \$120 dollar tuition (\$50 deposit due with registration form)
3. Complete the Phoebe Needles Center, Inc. adult 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 WEBSITE. THE COMPLETED MEDICAL FORM & THE BALANCE OF YOUR CAMP FEE MUST BE RECEIVED TWO WEEKS PRIOR TO THE START DATE OF CAMP.

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 | www.PhoebNeedles.org