



# PHOEBE NEEDLES CENTER, INC.



## SUMMER DAY CAMP 2021 @ PHOEBE NEEDLES REGISTRATION FORM

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

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

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

Grade completed June, 2021 \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_ Birth date \_\_\_\_\_

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

Address \_\_\_\_\_

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

Primary Contact Number \_\_\_\_\_ Secondary Contact Number \_\_\_\_\_

Parent Email \_\_\_\_\_

Church Attended \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

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

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

PRICING AND DISCOUNTS		DEPOSIT(S)
<b>One week of Day Camp</b> <b>\$105</b> <b>Early Bird Discount</b> <b>\$25</b> You must register by <b>May 1<sup>st</sup>, 2021</b> to receive the Early Bird Discount. This applies to <u>ONE WEEK</u> of camp only.	<b>Bring a New Friend to Camp Discount</b> <b>\$15</b> This is applied to each week of camp in which you bring a friend that has never been to camp @ Phoebe Needles. Both you and your friend will receive the discount! Friend _____ Friend _____ Friend _____ Friend _____	<b>Deposit for One Week of Camp</b> <b>\$25</b>  If you are registering for multiple weeks of camp, you must pay a \$25 deposit <u>PER WEEK</u> of camp you are registering. The deposit is <i>included</i> in the total cost of <u>ONE WEEK'S</u> tuition.
<b>Day Camp Multiple Camp Discount</b> Two weeks of Day Camp <b>\$180</b> Three weeks of Day Camp <b>\$265</b> Four weeks of Day Camp <b>\$325</b> Five weeks of Day Camp <b>\$450</b>		

CAMP SESSION	DATES	AGE REQUIREMENTS
<input type="checkbox"/> Art Camp I	June 21 <sup>st</sup> - 25 <sup>th</sup>	Rising 1 <sup>st</sup> - 4 <sup>th</sup> Graders
<input type="checkbox"/> Swim Camp I	June 28 <sup>th</sup> - July 2 <sup>nd</sup>	Rising 1 <sup>st</sup> - 4 <sup>th</sup> Graders
<input type="checkbox"/> Art Camp II	July 5 <sup>th</sup> - 9 <sup>th</sup>	Rising 1 <sup>st</sup> - 4 <sup>th</sup> Graders
<input type="checkbox"/> Swim Camp II	July 12 <sup>th</sup> - 16 <sup>th</sup>	Rising 1 <sup>st</sup> - 4 <sup>th</sup> Graders
<input type="checkbox"/> All Around Camp	July 19 <sup>th</sup> - 23 <sup>rd</sup>	Rising 1 <sup>st</sup> - 4 <sup>th</sup> Graders

It is our hope to make Summer Camp 2021 @ Phoebe Needles available to all children without respect to ability to pay. **Financial assistance in the form of need-based scholarships is available from Phoebe Needles Center, Inc.** Please contact the Office Manager at Phoebe Needles Center, Inc. for more information: (540)-483-1518 or PNCenter@gmail.com.

# SUMMER DAY CAMP 2021 @ PHOEBE NEEDLES

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

I understand that during my participation at the Summer Day Camp 2021 @ Phoebe Needles, I will be exposed to risks. **Due to the COVID-19 virus, some of the activities listed may not be possible in the 2021 summer camp session.** These activities may include, but are not limited to:

- |                             |                              |
|-----------------------------|------------------------------|
| + swimming                  | + possible inclement weather |
| + low ropes course elements | + sports and games           |
| + 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 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 camp. I agree to follow the instructions of the staff. The participant acknowledges and accepts in writing that community life at Summer Day 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 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 camp session unless accompanied by an adult staff member designated by authorized staff;
- + 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: 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 the Summer Day Camp 2021 @ Phoebe Needles.

Attending Summer Day Camp 2021@ 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.

I hereby make application for enrollment of my youth in Summer Day Camp 2021 @ 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 \_\_\_\_\_

**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 WEBSITE, 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.**

**For office use only**

### METHOD OF PAYMENT

<input type="checkbox"/> Cash <input type="checkbox"/> Check Enclosed <input type="checkbox"/> PayPal <input type="checkbox"/> Third Party Making Payment	<p><i>Name of Third Party Making Payment:</i></p> <p>_____</p> <p><b>MAKE ALL CHECKS PAYABLE TO: PHOEBE NEEDLES CENTER, INC., OR PAY ON OUR WEBSITE USING PAYPAL.</b></p>
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**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