



NEW BEGINNINGS

PARTICIPANT APPLICATION FORM

(Please print clearly)

Name _____ Sex _____ Age _____

Address _____ Telephone _____

City _____ State _____ Zip _____ Grade in School _____

E-mail Address _____

of weekend attended previously _____

PARENT INFORMATION

Registrations will not be accepted without parent's signature

As parent or guardian of the above named young person, I attest that he/she is in good health and that I know of no physical, mental or emotional reason that would prohibit my child from participating in New Beginnings. I understand that every precaution has been taken to assure the good health and safety of each participant and team member and therefore I waive any liability on the Episcopal Diocese of Central Florida, staff representing it, or Camp Wingmann staff for personal injury or death while attending camp. I give my permission to have my child medically treated by a licensed physician, nurse or hospital staff during the period inscribed. I also understand that the Episcopal Diocese of Central Florida does not provide medical insurance for expenses related to this treatment and therefore this expense is the responsibility of the child being treated. I understand that within the course of the New Beginnings pictures are taken. I agree that New Beginnings may use such photographs of my child with or without their name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

Special Dietary or Medical Needs _____

Current Medication _____ Allergies _____

Parents Printed Name _____ Emergency Telephone _____

Parents Signature _____ Date _____

Return form to:

Rev Phyllis Bartle
St. Jude's Episcopal Church
815 E. Graves Ave
Orange City, FL 32763