

Pura Vida- HS Retreat Registration Form

Mail to: **CAMP WINGMANN REGISTRAR**, 3404 Wingmann Road, Avon Park, FL 33825
Office: (863) 453-4800 E-mail: campwingmannregistrar@gmail.com
Website: www.campwingmann.org (Do Not Fax registration)



Date: _____

Participant's Full Name: _____

Participant's Address: _____

EMAIL ADDRESS: _____

Phone # _____ Gender: _____

Birthdate: _____ Age: _____

School grade in August 2017: _____

Church Name/City: _____

Father's Name: _____ home/cell Phone: _____

Mother's Name: _____ home/cell Phone: _____

Custodial Parent(s): _____

Custodial Parent's Address: _____

Custodial Parent's Phone #: _____

List the first and last names of anyone who is allowed to pick up your child at check out (include your name): _____

Method of Payment: Check Money Order Cash (at check-in only)

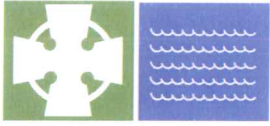
Make checks payable to: Camp Wingmann

BE SURE YOUR APPLICATION IS COMPLETE. INCOMPLETE APPLICATIONS WILL BE RETURNED WITH NO GUARANTEE OF SPACE.

Please complete the next page and return to Camp Wingmann, 3404 Wingmann Road, Avon Park, FL 33825 along with your check or money order for \$125.00.

Deadline for all forms and completed registrations (in our office) no later than: November 5th.





A fun place for kids to know and grow in Christ!

3404 Wingmann Road
Avon Park, Florida 33825
863-453-4800
Toll Free: 866-526-3380
Fax: 863-453-4449
campwingmann@gmail.com

Pura Vida High School Retreat Participant Authorization

Location: Camp Wingmann, Avon Park, FL

(Please print clearly)

Name _____ Sex _____ Age _____

Address _____

City _____ ST _____ Zip _____

Grade in School _____ E-mail address _____

Past Summer Camper: Yes / No Church attending _____

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 Pura Vida High School Retreat. 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 and Camp Wingmann 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 Pura Vida HS Retreat pictures are taken. I agree that Camp Wingmann 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 _____

Parent Printed Name _____ Emergency Telephone _____

Parent Signature _____ Date _____

Return form to: Camp Wingmann Registrar, 3404 Wingmann Road, Avon Park, FL 33825