

# NEW BEGINNINGS

## Diocese of Central Florida

### PARTICIPANT APPLICATION FORM

Location: Camp Wingmann, Avon Park, FL

(Please print clearly)

Name _____	Sex _____	Age _____
Address _____	Telephone _____	
City _____	State _____	Zip _____
Grade in School _____		
E-mail Address _____		
# of weekend attended previously _____		
Sponsoring Church _____		

### 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 withing 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  
386-775-6200 phlealess@aol.com