



Camper Information

Please Print Clearly

Camper's Name: _____
First Middle Last (Family)

Goes By: _____

Male or Female: _____ Grade entering Fall, 2008: _____ Date of Birth: _____ Age as of 7/13/08 _____

Street Address: _____

City: _____ State: _____ Zip: _____ School: _____

Home Telephone: _____ Camper's E-mail _____

Shirt Size: (Please Check One) Small Medium Large X-Large

Would you like your shirt in a Ladies Cut? YES No

Father's Name: _____ Home Tel: _____ Work: _____ Cell: _____

E-mail _____ Other means of contact: _____

Mother's Name: _____ Home Tel: _____ Work: _____ Cell: _____

E-mail _____ Other means of contact: _____

Which parent(s) does the child(ren) live with? _____

Emergency Contact (please provide the name of someone not listed above - parents/guardians will always be contacted first.)

Name _____ Relation _____ Phone _____

Liability Release and Payment Policies

I, as a parent or guardian of this camper, understand that The Anglican Church in America, its affiliate diocese and churches, takes reasonable precautions to insure that their programs and activities are conducted by qualified personnel in a safe and responsible manner. However, I further understand that these activities involve certain risks and may include, but are not limited to participation in: ropes course, climbing, zip line, swimming, white water rafting, water sports, land sports, hiking, bus trips, and possible exposure to inclement conditions, plants, insects and rugged terrain. I recognize these risks and agree to assume these risks by allowing my child to attend camp associated with The Anglican Church in America, Its affiliate diocese and churches, and participate in these programs. I hereby release, indemnify and hold harmless The Anglican Church in America, Its affiliate diocese and churches their officers, agents and employees from all liability for damage, injury, death or illness to the camper or his/her property relating to or deriving from his/her presence at camp or participation in camp-sponsored trips and activities whether arising from an act or omission, negligent or otherwise, by the releases or otherwise to the fullest extent permitted by law.

My NON-REFUNDABLE DEPOSIT of \$100 accompanies this application and will hold my child's place if received by **January 30th 2008**. I understand that the next installment of \$100 is due by **March 30th, 2008**, the second installment of \$100 is due on **April 30th, 2008** and the balance of \$150 is due no later than **May 30th, 2008**. I understand that unless specific arrangements have been made, failure to meet this payment schedule may result in a \$25 late fee. I understand that cancellations must be in writing and must be received at least four weeks prior to camp in order to receive a refund of payments beyond the required non-refundable deposits. Unfortunately we can not issue refunds for cancellations within four week of camp. Families with more than one camper in attendance will receive a \$25 per child family discount. In order to receive this discount, applications, deposits and subsequent installments for each camper must be received by the due date. The discount will be applied to the final payment due on May 30th 2008. **Registrations can also be made and payed on-line at www.anglicanyouth.org.**

I have read and understand the contents of this application including the Liability Release and Payment Policies.

Signature of Parent or Guardian _____ Date _____

Payment Information:

Please enclose your non-refundable deposit of **\$100**: Make your check payable to Cathedral of the Incarnation

Please mark "**Camp Treowth**" in memo section to ensure proper distribution.

Mail to: Camp Treowth Registration c/o Cathedral of the Incarnation, 1515 Edgewater Drive, Orlando, FL 32804