**CAMP ST. PHILIP'S 2024 - Counselor Registration Form**

Teen’s Name Nickname

Parent(s) or Guardian(s) Name(s)

Teen’s Date of Birth \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ grade as of September 2024 (circle one) 9 ⏐ 10 ⏐ 11 ⏐ 12 ⏐post-HS

T-shirt size (circle one) Adult sizes: X-Small Small Medium Large X-Large XX-Large

Address

Parent/Guardian e-mail address

Parent/Guardian Primary Phone Parent/Guardian Secondary Phone

Teen’s e-mail address Teen’s cell phone

Home faith community (if any)

Personal issues (allergies, disabilities, etc.)

Persons Responsible for picking up this teen:

Name Phone Relationship

Name Phone Relationship

Check here if this Teen walks/bikes/drives independently: 🞎

Emergency contact (if the parents/guardians cannot be reached):

Name Phone Relationship

I, the undersigned parent/guardian, give permission to this youth to attend and participate in the activities of Camp St. Philip’s. I am aware that St. Philip’s conforms to the Episcopal Diocese of Washington’s Standards for Youth and Children’s Ministries: In Our Congregations (available in the Church Office and at www.edow.org) and that this document governs the rules of behavior for both youth and adults in our ministries. I understand the general guidelines of behavior – that the youth must respect and obey the instructions of the supervising adults and that NO alcohol, tobacco, illegal drugs, or sexual misconduct will be tolerated at camp – and that the supervising adults have the right to reasonably enforce the established rules of conduct. I will take no civil or legal action against the supervising adults for the normal care of the minor in their charge. I give permission for this youth to ride in any vehicle assigned while attending and participating in camp events. I understand that every effort will be made to contact me in the event of any accident or injury to my child, but if I can’t be reached, I authorize any supervising adult in whose care this minor has been entrusted to consent to medical or surgical treatment advised by the physician or nurse treating such injuries. I understand that I am responsible for the cost of all medical treatment that is administered to my child.

🞎 I give my permission for photographs of my child to be used in promoting Camp St. Philip's.

Signature of Parent or Guardian Date / /

I consent to adhere to the rules of Camp St. Philip’s and to participate in all Camp events, including those in advance of Camp.

Signature of Counselor Date / /