

SHRINE MONT CAMPS

THE EPISCOPAL DIOCESE OF VIRGINIA
2018 REGISTRATION

Camp name & session (check one):

- | | |
|--|--|
| <input type="radio"/> ART | <input type="radio"/> St. Andrew's |
| <input type="radio"/> Explorer's I | <input type="radio"/> St. Elizabeth's |
| <input type="radio"/> Explorer's II | <input type="radio"/> St. George's I |
| <input type="radio"/> Explorer's the Great | <input type="radio"/> St. George's II |
| <input type="radio"/> MAD I | <input type="radio"/> St. George's III |
| <input type="radio"/> MAD II | <input type="radio"/> St. George's IV |
| <input type="radio"/> MAD III | <input type="radio"/> St. Sebastian's I |
| <input type="radio"/> SHYC | <input type="radio"/> St. Sebastian's II |

- Send Scholarship Information

We will begin reviewing scholarship applications on May 8, 2018 in the order in which they are received. Funds are limited so please turn in your request to the Office of Christian Formation as soon as possible.

A \$75 nonrefundable deposit per camper per session must accompany this registration. (This will be applied to your total fee). Registrations without deposits will not be processed.

Make checks payable to **SHRINE MONT CAMPS**. Please write the camper's name(s) and the camp(s) on the check. (Note: you may pay for the entire balance at this time if you so desire.)

- Included is a \$75 nonrefundable deposit
 Included is my camper's full tuition

A Word about Stimulants/Other Medications:

More and more, children are on medication for ADD/ADHD (Ritalin, Adderall, Strattera, etc.), depression, or other psychological conditions. These medications allow a child to take advantage of all that a school environment has to offer. Camp is no different in this regard, but many physicians are not familiar with camp and may take a child off medication without knowing the full implications. If your child is on a psychotropic medication and you are planning on making changes to that medication any time up to 6 weeks before camp, please discuss it or have your doctor discuss it with us first.

As always, please call if you would feel most comfortable communicating in that manner.

Mail this form to:

Shrine Mont Camps
110 W. Franklin St.
Richmond, VA 23220

(800) 346-2373 x 1043
mnoide@thediocese.net

Participant (Camper) Information:

First Name: _____

Last Name: _____

Date of Birth: _____

Gender: _____

Address: _____

City: _____ State: _____ Zip: _____

Church & Location (if applicable): _____

T-shirt size (circle one):

Adult S M L OR Youth S M L

Supplementary Questions:

Thank you for taking the time to tell us a bit about your camper – the way we see I, the more we know about your camper before they come to camp, the better we can prepare our staff, and the better we can work together to make your child's time at camp as positive, rewarding, and FUN as possible. Once you share information with us, our promise is to share it only with the people who have direct contact with your child. This may be our nursing team, the leadership at your child's camp, and your child's counselor.

Camper lives with:

- Both parents Primary guardian
 Secondary guardian Other: _____

My child is differently abled in the following physical, cognitive, emotional, or behavioral manners:

My child currently takes the following medications:

Complete the second page please .

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Continued from the first page

My child is allergic to the following:

Please describe any major life events that might come up at camp (e.g. new sibling, death, divorce, moving, trauma):

My child feels most happy when:

My child feels nervous/shy/anxious when:

What else should we know about your child to help them have a wonderful time at camp?

Parent/Guardian Information

First Name: _____

Last Name: _____

Gender: _____

Address: _____

City: _____ State: ____ Zip: _____

Email Address: _____

Home Phone: _____

Cell Phone: _____

Secondary Parent/Guardian:

List adults to whom the camper may be released and on which specified date:

List adults to whom the camper may NOT be released at any time:

Photo Waiver:

I understand that the Diocese of Virginia will sometimes record images, sound, or video of diocesan events for use in marketing and promotional materials, and on website owned by the Diocese. Last names are not printed in conjunction with photos of youth.

- I give consent for such photos to be used.
- I DO NOT give consent for such photos to be used.

Camper Release:

We want to inform you of our safety precautions at Shine Mont Camps. Your camper will be required by our staff to wear safety equipment for water activities and other activities requiring protective gear. Even with safety equipment and our competent staff present, we want you to realize that any outdoor camping and recreational activity has inherent dangers that no amount of care, caution, instruction, or expertise can totally eliminate.

I hereby certify that I give permission for my child to participate in the camping program at Shrine Mont Camps.

I give permission for my child to be transported in approved camp vehicles for camp activities, as well as transportation to and from medical facilities if necessary.

I hereby agree by execution of this document to release Shrine Mont Camps, the staff, and Diocese of Virginia, and all others acting for or on behalf of Shrine Mont Camps from all liability whatsoever, for personal injury or damages to property, real or personal, caused by or arising out of camping and other activities sponsored by Shrine Mont Camps.

Guardian Name: _____ Signature: _____

Date: _____