



Camper Information

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

Male or Female: _____ Grade entering Fall, 2006: _____ Date of Birth: _____ Age as of 7/9/06 _____

Street Address: _____

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

Home Telephone: _____ Camper's E-mail _____

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 child 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 a 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: ropes course, climbing, zip line, swimming, white water rafting, water sports, land sports, hiking, bus trips, weather 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 releasees or otherwise to the fullest extent permitted by law.

My NON-REFUNDABLE DEPOSIT of \$50 accompanies this application and will hold my child's place if received by December 4th 2005. I understand that the next installment of \$150 is due by February 1, 2006 and the balance of \$165 is due no later than April 30, 2006, 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.

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 \$50: Make your check payable to Cathedral of the Incarnation
Please mark "Youth Camp" in memo section to ensure proper distribution.

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