

# NEW BEGINNINGS / FOR GRADES 6-8

**WHEN:** October 10-12, 2008

**COST:** \$95.00

**WHERE:** Camp Wingmann / Avon Park, FL

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**A UNIQUE PROGRAM** - New Beginnings is a unique weekend especially designed to respond to the issues, and needs of teenagers in grades 6-8. It was created in the Diocese of Central Florida by adults and young people to help participants grow in their love of themselves, others, and the Lord Jesus Christ. Any person in grades 6 through 8 can attend a New Beginnings weekend. Participants do not have to be Episcopalian, but must be recommended through an Episcopal Church and have the backing of an adult sponsor from that church who will be attending the entire weekend.

**SPONSORS** - Every church that sends participants to New Beginnings must send an adult sponsor (over age 21) with them. The adult sponsor will be responsible for transporting their participants and serving as a support person to the Family Group Leader during the entire weekend.

**COST** - The weekend will cost \$95.00 per person (including each sponsor). Registrations are due by October 2, 2008. Registration/ Check-in are at 7:00pm on Friday October 10, 2008 in the Lodge.

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## NEW BEGINNINGS REGISTRATION FORM

Name \_\_\_\_\_ Sex \_\_\_\_\_ Current Grade \_\_\_\_\_ Age \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

Have you attended New Beginnings before? \_\_\_\_\_ Your Church \_\_\_\_\_

Weekend Sponsor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Sponsor's Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Priest's Signature \_\_\_\_\_

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## Diocesan Medical Release Form

Notify in case of emergency \_\_\_\_\_

**PARENTS:** (application will not be accepted with out parent's signature) I hereby release the Diocese of Central Florida & its staff from responsibility & liability for any injury or illness my child may sustain during this activity. In the event of an emergency I hereby authorize an adult leader of this activity as agent for me to consent to any medical, dental, surgical, treatment & care deemed necessary by a licensed medical professional. I expect to be notified as soon as possible.

Parent's or Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Insurance Policy Number: \_\_\_\_\_ Company: \_\_\_\_\_

Please inform us of any dietary and/or medical needs or physical limitations your child might have...

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Please make checks payable to: **New Beginnings**. Please mail payments and applications to:  
**Diocese of Central Florida 1017 E Robinson Street, Orlando Florida 32801 Attention Youth Department.**

If you have any questions please contact Eric Moulton:  
(407)423-3567 | toll free 1-800-299-3567 | Emoulton@cfdiocese.org