

# NEW BEGINNINGS / FOR GRADES 6-8

**WHEN:** November 5-7, 2010

**COST:** \$100.00

**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 \$100.00 per person (including each sponsor). **Registrations are due by November 1, 2010**

Registration/ Check-in are at 7:00pm on Friday November 5, 2010 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: **The Diocese of central Florida.**

Please mail payments and applications to:

Diocese of Central Florida  
Attn: Youth Dept.  
1017 E Robinson Street  
Orlando Florida 32801

If you have any questions please call Eric Moulton at 407-423-3567 or 1-800-299-3567 or Email Eric at [Emoulton@cfdiocese.org](mailto:Emoulton@cfdiocese.org)