

# NEW BEGINNINGS

## TEAM APPLICATION FORM

Weekend dates: October 14-16, 2005

Location: Camp Wingmann, Avon Park, FL

### TEAM INFORMATION

(Please print clearly)

Name_____	Sex _____	Age_____	
Address_____	Telephone_____		
City_____	State_____	Zip_____	Grade in School_____
E-mail Address_____			
Position you would like to work:_____			
(may be changed)			
I_____have served on team. How many times			
_____Areas_____			
I_____have not served on team.			

I understand that if selected for team, I will attend the Team Training Meeting.

\_\_\_\_\_  
Signature required

### PARENT INFORMATION

*Registrations will not be accepted without parent's signature*

As parent or guardian of the above named young person, I attest that he/she is in good health and that I know of no physical, mental or emotional reason that would prohibit my child from participating in New Beginnings. I understand that every precaution has been taken to assure the good health and safety of each participant and team member and therefore I waive any liability on the Episcopal Diocese of Central Florida, staff representing it, or Camp Wingmann staff for personal injury or death while attending camp. I give my permission to have my child medically treated by a licensed physician, nurse or hospital staff during the period inscribed. I also understand that the Episcopal Diocese of Central Florida does not provide medial insurance for expenses related to this treatment and therefore this expense is the responsibility of the child being treated.

Special Dietary or Medical  
Needs\_\_\_\_\_

Current  
Medication\_\_\_\_\_Allergies\_\_\_\_\_

Parents Printed Name \_\_\_\_\_Emergency Telephone\_\_\_\_\_

Parents Signature \_\_\_\_\_ Date \_\_\_\_\_

Episcopal Diocese of Central Florida  
**New Beginnings**  
Rector's/Youth Leader's Recommendation

Name of Team

Candidate: \_\_\_\_\_

Name of Rector/Youth Leader: \_\_\_\_\_

Parish: \_\_\_\_\_ Telephone  
# \_\_\_\_\_

New Beginnings is a unique weekend especially designed to respond to the issues, concerns and needs of young people ages 12 to 15. It provides an opportunity for creation, sharing, playing and making friends while allowing participants to grow in their love of themselves and the Lord Jesus Christ.

The above named person has applied to be a team member for New Beginnings. We would appreciate your remarks and recommendation (or non-recommendation) of this person. All comments will remain confidential and will only be discussed at the New Beginnings Committee (NBC) meeting.

This recommendation is used by the New Beginnings Committee as an integral part in the planning process for the weekend. Thank you for your assistance.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Rector's/Youth Leader's Signature

Printed Signature: \_\_\_\_\_

Church: \_\_\_\_\_

Date: \_\_\_\_\_

Please mail to:  
Nick Manzoli  
1466 Marsh Creek Lane  
Orlando, FL 32828  
(407) 619-2648