

EAGLE'S NEST CAMP FOR BOYS AND GIRLS APPLICATION FOR ENROLLMENT

2009

OLD & NEW CAMPERS
PLEASE ATTACH
PHOTO HERE
(Helps Counselors
Know Camper
on Arrival)

Return to: EAGLE'S NEST CAMP P.O. Box 5127 Winston-Salem, NC 27113-5127 Phone: 336-761-1040

JC APPLICATION

(For Applicants who have completed the 10th or 11th Grade)

Hone: 300-701-10 1 0			Date			
PLEASE PR	INT CLEARLY)					
Name of Can	nper (last, first)			Nickname		
Birthday (Month/Day/Year)		Se	Age at ex Arrival	Grade Finishin	ıg (2009)	
Address				_ Phone ()		
City			State	Zip Code		
School & Add	lress					
Ist Parent's	Name		Relationship	Occupation		
Address			City	State	Zip	
•	erent than camper's)					
				Business Phone		
E-mail address				Frequency of use		
2nd Parent's	Name		Relationship	Occupation _		
Address (if diffe	erent than camper's)		City	State	Zip	
Home Phone		Cell Phone		Business Phone		
E-mail address			Frequency of use			
coacco, alcoho but refund, fro CAMPER'S Has your class If not, from	I, drugs or controlled substam the Camp. S SIGNATURE (required thild been a camper at Eagure what source or from whore	tions for campers and to read ances not prescribed by a physical p	cian. A violation of any re What years? 's Nest?	egulation would be a ground fo	r my expulsion, with	
		Please check the camp s	ession(s) desired:			
☐ SESSION I Friday, June 12		Friday, June 12 - Fri	day, June 26	\$1,280 – 14 day	\$1,280 – 14 days	
	☐ SESSION II Saturday, June		Friday, July 17	\$1,795 – 20 day	s	
☐ SESSION III Sat		Saturday, July 18 - I	Saturday, July 18 - Friday, August 7		\$1,795 – 20 days	
	SESSION I & II	Friday, June 12 - Fri	day, July 17	\$2,820 – 34 day	s	
г	Ì SESSION II & III	Saturday June 27 -	Eriday August 7	\$3 290 – 40 day	e	

JUNIOR COUNSELOR APPLICATION AND QUESTIONNAIRE are due October 15, 2008. To receive the questionnaire, please complete this application form and return it with the deposit. Upon acceptance, 50% of tuition is due and is non-refundable. The remaining balance is due February 1, 2009 and is non-refundable.

INFORMATION FROM PARENTS FOR THE GUIDANCE OF EAGLE'S NEST STAFF

· · · · · · · · · · · · · · · · · · ·	Ooes your child want to attend camp?
Siblings Names and Ages:	
Favorite Activities:	
Home Responsibilities:	_
Both Parents living? Camper lives with: Both Parents(together)	Mother(s) Father(s) Other
If 'Other', please explain	
 If separated, who has custody? Mother Father Joint Does the Non-Custodial Parent want a copy of the invoice mailed to the 	
Please discuss any physical or emotional conditions or other needs that mig counselors and medical staff are not trained to handle campers with severe severe learning disabilities.	
Has your child received counseling or therapy?	
Can your child swim? Yes No Swimming ability will be assessed	on Opening Day of camp.
What do you wish your child to gain from camp?	
We appreciate your sensitivity in answering these questions, which are regarde nity to give this growth experience to your child. We promise to uphold safety so and to maintain sensitivity and individual approach toward the care of your child and spiritual nourishment to your child's life, and to keeping a balance between tunity recreational/educational provider that does not discriminate on the basis condition or sexual orientation. Thank you for sharing your child. CONTRACTUAL ARRANGEMENT BETWEEN EAGLE	standards as outlined by the American Camp Association, d. We are looking forward to bringing physical, emotional, a integrity and happiness. Eagle's Nest is an equal opporof race, color, national origin, religion, sex, age, disabling
To register my child, I am enclosing the following:	
\$450 Deposit per session toward tuition. (50% of Tuition is due u Remaining Balance of fees is due by February 1 and is nor	
I understand that after February 1 and prior to the beginning of the session the withdrawal, late arrival, or no-show. However, if there is a serious accident or illn half of the unused tuition may be refunded. After the start of the registered session to 1, it will be assumed that my child is not planning to attend camp and his/hunderstand my child must abide by Eagle's Nest's regulations for campers and to trolled substances not prescribed by a physician, or tobacco are prohibited. I undecamper who violates any regulation, creates a risk to the health and safety of others, My child is physically fit and has no condition or disease which would create a rical certificate and release by the date final payment is due. I understand current My child has my consent to participate in all camp activities including those destivities are potentially hazardous and involve a risk of bodily injury, and I release Eare inherent in the activity.	ness on the part of the camper during the time period, one there is no refund. If we have not paid in full by February ter space will be given to a camper on the waiting list. It that possession or use of firearms, alcohol, drugs, or conterstand the camp has the right to expel without refund any, or whose presence threatens the best interest of the camp. It is is will submit the medisisk or hardship for my child or others. I will submit the medisimmunizations and medical insurance are required. Scribed in the camp literature. I acknowledge that some ac-
Unless otherwise informed in writing, Eagle's Nest Foundation has my permissio promotion and video promotions.	on to use my child's pictures, images and video footage in
By my signature I acknowledge that I have read and agree to the contract	ual terms and Eagle's Nest's literature and policies.
Signed by 1st Parent or Guardian	
Signed by 2nd Parent or Guardian	