



**EAGLE'S NEST HANTE ADVENTURES  
FOR BOYS AND GIRLS  
APPLICATION FOR ENROLLMENT**

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

**2010**

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

www.enf.org

Date \_\_\_\_\_

**(PLEASE PRINT CLEARLY)**

**Name of Camper** (last, first) \_\_\_\_\_ Nickname \_\_\_\_\_

Birthdate (Month/Day/Year) \_\_\_\_\_ Sex \_\_\_\_\_ Age at Arrival \_\_\_\_\_ Grade Finishing (2010) \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

School & Address \_\_\_\_\_

**1st Parent's Name** \_\_\_\_\_ Relationship \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
(if different than camper's)

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail address \_\_\_\_\_ Frequency of use \_\_\_\_\_

**2nd Parent's Name** \_\_\_\_\_ Relationship \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
(if different than camper's)

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail address \_\_\_\_\_ Frequency of use \_\_\_\_\_

- Has your child been a camper at Eagle's Nest before? \_\_\_\_\_ What years? \_\_\_\_\_
- If not, from what source or from whom did you find out about Eagle's Nest? \_\_\_\_\_
- What camps (other than Eagle's Nest) has your camper attended? \_\_\_\_\_
- Would you like to be a camp representative? Yes \_\_\_\_\_ No \_\_\_\_\_ More Info \_\_\_\_\_
- **CAMPER'S T-SHIRT SIZE** (please specify youth or adult size) \_\_\_\_\_

I agree to abide by Eagle's Nest's regulations for campers and to read the policies before camp attendance. I will not possess or use firearms, tobacco, alcohol, drugs or controlled substances not prescribed by a physician. A violation of any regulation would be a ground for my expulsion, without refund, from the Camp.

**CAMPER'S SIGNATURE** (required) \_\_\_\_\_

*Please check the Hante desired:*

**I**     **OUTER BANKS ADVENTURE**  
Saturday, June 12 - Friday, June 25  
(Grades 7-11, 14 days)                      \$2,250

**II**     **APPALACHIAN TRAIL TREK VIRGINIA**  
Saturday, June 27 - Friday, July 16  
(Grades 7-11, 20 days)                      \$2,250

**II-III**     **\*HANTE AUSTRALIA**  
Sunday, June 27 - Friday, July 23  
(Grades 8-11, 27 days)                      \$4,750  
+ group airfare

**III**     **\*HANTE SOUTHWEST CANYONS**  
Sunday, July 18 - Friday, August 6  
(Grades 8-11, 20 days)                      \$3,750

\*Indicates that the **APPLICATION AND QUESTIONNAIRE** are due **November 15, 2009**. To receive the questionnaire, please complete this application form and return it with the \$450 deposit. Remaining spaces will be filled on an individual basis. Upon acceptance, 50% of tuition is due and is non-refundable. **The remaining balance is due February 1, 2010 and is non-refundable.**

**(OVER)**

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

- Has your child been away from home before? \_\_\_\_\_ Does your child want to attend Hante? \_\_\_\_\_
- Siblings Names and Ages: \_\_\_\_\_
- Have siblings attended Eagle's Nest Camp/Hante/Outdoor Academy? \_\_\_\_\_
- 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 \_\_\_\_\_ Other \_\_\_\_\_
  - Does the Non-Custodial Parent want a copy of the invoice mailed to them? Yes \_\_\_\_\_ No \_\_\_\_\_
- **Please discuss any physical or emotional conditions or other needs that might require our special attention. Please note that ENC counselors and medical staff are not trained to handle campers with severe emotional, physical or psychological disabilities or severe learning disabilities.**  
\_\_\_\_\_  
\_\_\_\_\_
- Has your child received counseling or therapy? \_\_\_\_\_
- Can your child swim? Yes \_\_\_\_\_ No \_\_\_\_\_
- What do you wish your child to gain from participating on a Hante? \_\_\_\_\_  
\_\_\_\_\_

We appreciate your sensitivity in answering these questions, which are regarded in confidence. Eagle's Nest thanks you for the opportunity to give this growth experience to your child. We promise to uphold safety standards as outlined by the American Camp Association, and to maintain sensitivity and individual approach toward the care of your child. We are looking forward to bringing physical, emotional, and spiritual nourishment to your child's life, and to keeping a balance between integrity and happiness. Eagle's Nest is an equal opportunity recreational/educational provider that does not discriminate on the basis of race, color, national origin, religion, sex, age, disabling condition or sexual orientation. Thank you for sharing your child.

## CONTRACTUAL ARRANGEMENT BETWEEN EAGLE'S NEST AND CAMPER FAMILY

### To register my child, I am enclosing the following:

- \$450** Deposit per Hante toward tuition (\$350 is refundable until February 1, 2010 for non \*Hantes). Remaining Balance of fees is due by **March 1**. See front for \*Hante application and tuition deadlines.

I understand that after March 1 and prior to the beginning of the session the camper is registered to attend, there is no refund for early withdrawal, late arrival, or no-show. However, if there is a serious accident or illness on the part of the camper during the time period, one half of the unused tuition may be refunded. After the start of the registered session there is no refund. **If we have not paid in full by March 1, it will be assumed that my child is not planning to attend camp and his/her space will be given to a camper on the waiting list.** I understand my child must abide by Eagle's Nest's regulations for campers and that possession or use of firearms, alcohol, drugs, or controlled substances not prescribed by a physician, or tobacco are prohibited. I understand the camp has the right to expel without refund any camper who violates any regulation, creates a risk to the health and safety of others, or whose presence threatens the best interest of the camp.

My child is physically fit and has no condition or disease which would create a risk or hardship for my child or others. I will submit the medical certificate and release by the date final payment is due. **I understand current immunizations and medical insurance are required.**

My child has my consent to participate in all camp activities including those described in the camp literature. I acknowledge that some activities are potentially hazardous and involve a risk of bodily injury, and I release Eagle's Nest from any liability whatsoever for any risks that are inherent in the activity.

Unless otherwise informed in writing, Eagle's Nest Foundation has my permission to use my child's pictures, images and video footage in promotion and video promotions.

**By my signature I acknowledge that I have read and agree to the contractual terms and Eagle's Nest's literature and policies.**

Signed by 1st Parent or Guardian \_\_\_\_\_

Signed by 2nd Parent or Guardian \_\_\_\_\_

**Both Signatures required unless one parent or guardian has FULL custody.**