



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

EAGLE'S NEST CAMP FOR BOYS AND GIRLS REGISTRATION FORM

2011

JC APPLICATION
 For Applicants who have completed
 the 10th or 11th Grade.
 Deadline: October 15, 2010

(PLEASE PRINT CLEARLY)

Date _____

Name of Camper (last, first) _____ **Nickname** _____

Camper's Personal Information

Birthday (Month/Day/Year) _____ **Sex** _____ **Age at Arrival** _____ **Grade Finishing (2011)** _____

Address _____ **Phone** (_____) _____

City _____ **State** _____ **Zip Code** _____

• **CAMPER'S T-SHIRT SIZE** (check one) **Youth Small**___ **Youth Medium**___ **Youth Large**___ **Adult Small**___ **Adult Medium**___ **Adult Large**___

Camper's School Information

School & Address _____

First Parent/Guardian Information

Name _____ **Relationship** _____ **Occupation** _____

Address _____ **City** _____ **State** _____ **Zip** _____
(if different than camper's)

Home Phone _____ **Cell Phone** _____ **Work Phone** _____

E-mail address _____ **Frequency of use** _____

Second Parent/Guardian Information

Name _____ **Relationship** _____ **Occupation** _____

Address _____ **City** _____ **State** _____ **Zip** _____
(if different than camper's)

Home Phone _____ **Cell Phone** _____ **Work Phone** _____

E-mail address _____ **Frequency of use** _____

- 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 check the camp session desired:

- | | | | |
|--------------------------|-----------------------------|---|--------------------------|
| <input type="checkbox"/> | SESSION I | Friday, June 10 - Friday, June 24 | \$1,350 – 15 days |
| <input type="checkbox"/> | SESSION II | Saturday, June 25 - Friday, July 15 | \$1,900 – 21 days |
| <input type="checkbox"/> | SESSION III | Saturday, July 16 - Friday, August 5 | \$1,900 – 21 days |
| <input type="checkbox"/> | SESSION IV | Sunday, August 7 - Sunday, August 14 | \$ 750 – 9 days |
| <input type="checkbox"/> | SESSION I & II | Friday, June 10 - Friday, July 15 | \$3,000 – 36 days |
| <input type="checkbox"/> | SESSION II & III | Saturday, June 25 - Friday, August 5 | \$3,500 – 42 days |

JUNIOR COUNSELOR APPLICATION AND QUESTIONNAIRE are due October 15, 2010. To receive the questionnaire, please complete this application form and return it with the deposit; questionnaire will be sent to email addresses provided above. Upon acceptance, 50% of tuition is due and is non-refundable. The remaining balance is due February 1, 2011 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 camp? _____
- 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____ I'd like to receive more info____
- Siblings Names and Ages: _____
- Have siblings attended Eagle's Nest Camp/Hante/Outdoor Academy? _____
- Favorite Activities: _____
- Home Responsibilities: _____
- Camp is very small with 12 cabins. Friendship quickly extends beyond cabin walls. Since we are so restricted in space, it is impossible to prearrange cabin mates, but we would like to know who your child's best friends are who are coming to camp:

- Regarding your child's maturity level, would you rather he or she be placed toward older or younger age partners, or does it matter?

- **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____ 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 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 a \$450 deposit per session** toward tuition (50% of the tuition is due upon acceptance and is non-refundable. Remaining balance of fees is due Feb. 1, 2011, and is non-refundable).
[If applying for financial aid, please enclose \$150 deposit and a completed campership application - see website: www.enf.org for application.]
- I understand that the remaining balance of fees/tuition is due by **February 1**.
- I understand that after February 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. After the start of the session there is no refund. I understand that my child must abide by Eagle's Nest 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 or participant who violates any regulation, creates a risk to the health and safety of others, or whose presence threatens the best interest of Eagle's Nest Camp or Hante Adventures.

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 form and release by April 15th. **I understand current immunizations, Eagle's Nest medical forms, and medical insurance are required.**

My child has my consent to participate in all camp and Hante activities including, but not limited to those described in the camp literature, website and video and through presentations by the Eagle's Nest staff. 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.