



CAMP EAGLE APPLICATION

1530 Lukas Lane
Oviedo, Florida 32765
407-706-2221

Week(s) attending: WEEKLY RATE \$150

- June 1-5 June 8-12 June 15-19 June 22-26 June 29-July 2 (No Camp July 3)
- July 7-10 (No Camp July 6) July 13-17 **EXTRAVAGANZA WEEK - \$175** July 20-24

Shirt size: Child: Med (10-12)____ Large (14-16)____ Adult: Sm ____ Med ____ Lg ____ XL____
2 Shirts are provided. Additional shirts may be purchased at \$10 each. Additional Shirts _____

Swimming ability: Does not swim _____ Beg. _____ Inter. _____ Adv. _____

Student's Name: Last _____ First _____ Middle _____ Nickname _____

Email Address: _____

Grade Entering _____ Age _____ Date of Birth _____ Sex _____ Home Phone _____

CHILD RESIDES WITH:

Name (s)	Last	First	Relationship
Street Address			City
Father Work Phone(s)		Father Cell Phone(s)	
Mother Work Phone(s)		Mother Cell Phone(s)	

EMERGENCY NUMBERS OTHER THAN THE ABOVE PLEASE SPECIFY RELATIONSHIPS

Name	Relationship	Phone	Cell Phone
Name	Relationship	Phone	Cell Phone

Person(s) who MAY pick up camper: _____

Person(s) who may NOT pick up camper: _____

In making application for Camp Eagle, I understand and agree that:

1. My application will not be processed unless the registration fee has been paid.
2. I will be responsible and punctual in making payment for my child.
3. I realize that my child might be dismissed from camp if my account is in arrear.
4. The Camp administration has full responsibility in placing my child in the proper age group for any and all activities.
5. My child may go on all scheduled camp activities and field trips.
6. I/We have read and understand TMA's policies concerning discipline and will pass this information along to my/our child. I/We understand that TMA reserves the right to dismiss any child who fails to adhere to TMA Camp Rules and Regulations.

Signature of Parent or Guardian

Date

You will be charged for the weeks you have signed up for even if your child does not attend day camp unless you have given written notice of cancellation at least two weeks in advance.

THE MASTER'S ACADEMY – CAMP EAGLE

MEDICAL RELEASE FORM

TO: Emergency Personnel

Date: _____

I hereby give my consent to any emergency medical personnel to administer necessary treatment for my child _____, in the event of an emergency at which time I cannot be reached. I give consent to transport by ambulance if the situation warrants, and I give consent to Camp Eagle authorities to seek all said help.

THIS FORM MUST BE NOTARIZED

Signature of Parent or Legal Guardian

The forgoing instrument was acknowledged before me this _____ day of _____ 20____, by _____, who is personally known to me or who has produced as identification.

Notary Stamp

Notary Public



MEDICAL INFORMATION

Name of Doctor: _____ Phone: _____

Allergies of the child: _____

List any medication child may be allergic to: _____

List any medication child takes daily:

Medication: _____	Dosage: _____	Time: _____
Medication: _____	Dosage: _____	Time: _____
Medication: _____	Dosage: _____	Time: _____

Print name of parent or legal guardian: _____

Home phone: _____ Father work: _____ Mother work: _____

Father cell: _____ Mother cell: _____

Any other information: _____