



Camper Name: \_\_\_\_\_ Jefferson Christian Academy – Camp Eagle Age: \_\_\_\_\_

**Child**

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Gender: Male \_\_\_ Female \_\_\_  
 School Name \_\_\_\_\_ Grade \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age (as of June 01, 2017) \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Child's Home Phone \_\_\_\_\_

**Parent/Guardian - Contact Information**

*Parent/Guardian #1*

First \_\_\_\_\_ Last \_\_\_\_\_ Ms. Mrs. Mr. Other \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Cell phone \_\_\_\_\_ FAX \_\_\_\_\_ E-mail \_\_\_\_\_  
 Occupation \_\_\_\_\_ Employer \_\_\_\_\_

*Parent/Guardian #2*

First \_\_\_\_\_ Last \_\_\_\_\_ Ms. Mrs. Mr. Other \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Home Phone \_\_\_\_\_ Daytime phone \_\_\_\_\_  
 Cell phone \_\_\_\_\_ FAX \_\_\_\_\_ E-mail \_\_\_\_\_  
 Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
 Child lives with: \_\_\_\_\_  
 Person responsible for payment \_\_\_\_\_

**Emergency Contact Information – Alternate Pickup/Release**

*Emergency Contact #1*

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Email \_\_\_\_\_ Relation to child \_\_\_\_\_

*Emergency Contact #2*

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Email \_\_\_\_\_ Relation to child \_\_\_\_\_

Please list those people including in addition to parents/guardians who are permitted to pick up your child:

1: \_\_\_\_\_ 2: \_\_\_\_\_ 3: \_\_\_\_\_

**Medical Release Information**

Insurance Information

Policy Number \_\_\_\_\_ Name of Health Insurance Provider \_\_\_\_\_  
 Primary Physician \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_ Hospital Preference \_\_\_\_\_

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

Medical Problem	Required treatment	Should paramedic be called?
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes \_\_\_ No \_\_\_ If yes, explain: \_\_\_\_\_

Is your child allergic to any type of food or medication?

Yes \_\_\_ No \_\_\_ If yes, explain: \_\_\_\_\_



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Does your child require a special diet?

Yes \_\_\_ No \_\_\_ If yes, explain: \_\_\_\_\_

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

**In case of medical emergency contact:**

	Name	Phone #	Relationship to Child
Contact #1			
Contact #2			
Contact #3			

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials \_\_\_\_\_

**I understand that the Jefferson Christian Academy-Camp Eagle will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.**

Parent's/Guardian's Initials \_\_\_\_\_

**Please circle how you heard about the Jefferson Christian Academy Camp Eagle.**

After School Program    Website    School \_\_\_\_\_    Word of Mouth    Flyer    Other \_\_\_\_\_

**Terms of Agreement**

**Photo Release**

I hereby give permission for my child to be photographed during the **Jefferson Christian Academy –Camp Eagle**. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports to our donors and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of Jefferson Christian Academy its affiliates.

Parent's/Guardian's Initials \_\_\_\_\_

**Transportation Release**

I hereby give permission for the transportation of my child for official **Jefferson Christian Academy Camp Eagle** activities by modes of transportation agreed to by the camp organizers.

Parent's/Guardian's Initials \_\_\_\_\_

Jefferson Christian Academy and its employees are not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders. Children's' photos and quotes may be used for publicity purposes. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_



Camper Name: \_\_\_\_\_ Jefferson Christian Academy – Camp Eagle Age: \_\_\_\_\_

In consideration of gaining access or being allowed to participate in the activities and classes of the Jefferson Christian Academy Camp Eagle and to use its facilities, and equipment, in addition to the payment of any fee or charge, I do hereby waive, release and forever discharge Jefferson Christian Academy and their respective officers, administration, agents, employees, and representatives from any and all responsibilities or liability for injuries or damages resulting from participation in any activities at said facility. I do also hereby release all of those mentioned or others acting on their behalf or in any way arising out of or connected with my participation in any activities of or use of facilities and/or equipment at Jefferson Christian Academy.

Parent's/Guardian's Initials \_\_\_\_\_

**Tuition and Fees**

**Camp Fees:** \$30.00 per family registration fee for JCA families  
\$40.00 per family registration fee for non JCA families  
\* See attached Sessions Schedule for weekly costs

**Lunch is available for \$3.00**

Please indicate the form of payment you will use for camp fees

- \_\_\_\_\_ Check made payable to JCA. (**Preferred form of payment**)
- \_\_\_\_\_ VISA/ MasterCard/AMX Credit and Debit Card payments may be made in the Academy Business Office
- \_\_\_\_\_ Cash Payment may be made to the Camp Director

Camp fees must be paid on the first day of each week. Late payments are subject to a \$10.00 late fee.

Jefferson Christian Academy admits students of any race, color, national and ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students of Jefferson Christian Academy. It does not discriminate on the basis of race, color, national and ethnic origin in the administration of its educational policies, admissions, scholarships, athletics, or any other school administered programs.

Jefferson Christian Academy – 1500 Heritage Place Drive – Irondale, AL 35210

205 – 956-9111- FAX 205-956-3598



**CAMP EAGLE**



## Camp Eagle Sessions 2017

Please check the sessions your child(ren) will be attending.

Week:	Students and Siblings NO Swimming	Students and Siblings WITH Swimming
May 30 <sup>th</sup> - June 3 <sup>rd</sup>	\$140 <input type="checkbox"/>	\$150 <input type="checkbox"/>
June 5 <sup>th</sup> - June 9 <sup>th</sup>	\$140 <input type="checkbox"/>	\$150 <input type="checkbox"/>
June 12 <sup>th</sup> - June 16 <sup>th</sup>	\$140 <input type="checkbox"/>	\$150 <input type="checkbox"/>
June 19 <sup>th</sup> - June 23 <sup>rd</sup>	\$140 <input type="checkbox"/>	\$150 <input type="checkbox"/>
June 26 <sup>th</sup> - June 30 <sup>th</sup>	\$140 <input type="checkbox"/>	\$150 <input type="checkbox"/>
July 5 <sup>th</sup> - July 7 <sup>th</sup>	\$140 <input type="checkbox"/>	\$150 <input type="checkbox"/>
July 10 <sup>th</sup> - July 14 <sup>th</sup>	\$140 <input type="checkbox"/>	\$150 <input type="checkbox"/>
July 17 <sup>th</sup> - July 21 <sup>st</sup>	\$140 <input type="checkbox"/>	\$150 <input type="checkbox"/>
July 24 <sup>th</sup> - July 28 <sup>th</sup>	\$140 <input type="checkbox"/>	\$150 <input type="checkbox"/>
July 31 <sup>st</sup> - August 4 <sup>th</sup>	\$140 <input type="checkbox"/>	\$150 <input type="checkbox"/>