

Charlotte Eagles Soccer Camp Scholarship Application

Please follow the scholarship application instructions below carefully. If the instructions are not followed, we will not be able to process your application or grant your scholarship. We'd love to be able to help each and every one of you send your child to camp. Our funds are somewhat limited and we will do the best we can to help as many children as we can. Please be considerate of this process and help us help you by completing the process appropriately!

❖ **PLEASE DO NOT REGISTER ONLINE!**

If you register online, we are not able to alter your financial obligation, making you ineligible for a scholarship.

- ❖ Fill out the form on page two completely. Please make sure to include your e-mail address because our confirmations are sent out through e-mail. If you do not have e-mail please indicate that for us.
- ❖ Send the completed form back to the Charlotte Eagles office by e-mail at campscholarships@charlotteeagles.com, or by mail at Charlotte Eagles Camps, 1020 Crews Ste. N Matthews NC 28105. Our office staff will process all the applications in a time sensitive manner according to the camp you are applying for, and inform you if you will be given financial assistance. When we inform you about your scholarship application we will also let you know what your balance for camp will be, if any. Please do not contact us for an update on your application unless the camp in question is starting the next week.
- ❖ We will not be able to process or grant scholarship applications received less than one week prior to the start of the camp week requested.
- ❖ Scholarship applicants are not eligible to purchase the camp lunch program since this is optional and that money could've been applied to the camp tuition fees you've been partially excused from. Please don't worry about your child feeling left out. Your child will definitely not be the only one bringing lunch from home; many of the children do not buy lunch.
- ❖ Please do not assume your scholarship has been granted and show up at camp Monday morning unless you have heard from us. We will not be able to let your child participate unless the scholarship has been granted and the remaining balance has been paid for. Please do not make us turn an excited child away unnecessarily.

Thanks again for your cooperation in making this process go smoothly!

Charlotte Eagles Camp Staff

Camp Scholarship Registration Form

Please briefly describe your financial need: _____

How much of the camp fees are you able to contribute? _____.
(any amount you can contribute helps us grant more children scholarship opportunities!)

Camp Location: _____ Camp Dates: _____

T-Shirt Size: youth- M L adult- M L XL

Camper's Name: _____ Male or Female

Camper's Age at Time of Camp: _____ Grade Entering: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Emergency Phone: _____

E-Mail: _____ (used for confirmation purposes)

Parent's Names: _____

Does the camper have, or has he/she had, any problems with any of the following? (circle below)

Allergies Bee Stings Heart Conditions Upset Stomach Asthma

Diabetes Rheumatic Fever Other: _____

Is the camper taking any medication: Yes No

Any activity restrictions we should be aware of? Yes No

If "Yes", please explain: _____

Medical Insurance Company and Policy #: _____

As parent/guardian of the above player, I certify that he/she is in excellent health and has no physical, mental, or emotional problems which are likely to prevent participation in strenuous physical play at soccer camp. I agree to hold harmless Missionary Athletes International, Charlotte Eagles Soccer Club, and its agents, employees, counselors, volunteers, and coaches and hereby release them from any liability on account of injuries sustained by player while participating in soccer camp activities. I give permission for player to be medically treated for illness occurring or injury sustained during such participation and certify that he/she is covered by medical insurance which will reimburse Charlotte Eagles Soccer Club for expenses incurred by them, their agents, employees, coaches, counselors and volunteers on account of medical treatment ordered at their discretion and also to indemnify them for any expenses not reimbursed by such insurance. We are aware that photos and videos taken of our child(ren) during soccer camp may be used in future advertising or marketing we consent hereto. I have read and understand the above.

Signature of Parent/Guardian: _____ Date: _____

Witness (required by hospital): _____ Date: _____