

CAMP VICTORY MILITARY ADVENTURES

**Camper Application 2012  
BOYS 7-11 YEARS OLD**

With this application, please enclose:

- Immunization record
- Copy of insurance card
- Copy of birth certificate
- Record of a physical examination completed within the last 30 days ( This can be sent separately)

The fee for Camp Victory depends on the date by which an application is received.

If received by April 15:                   \$1400

If received *past* April 15:                \$1700

A check or money order payable to Southeastern Military Academy *must be enclosed* with the application.

We also accept Visa & Mastercard. If you would like to pay by credit card, please check here

\_\_\_\_\_ and enter the daytime phone number you can be reached at \_\_\_\_\_.

If for any reason your son is unable to attend camp after his application has been processed, our monetary return policy is as follows:

- One month prior to the camp date, you may request \$500 of the fee be returned to you.
- Less than 30 days prior to camp date but before opening day of camp, you may request \$150 of the fee be returned to you.
- If we reject the application, thereby denying your son's enrollment in the program, the full amount will be refunded to you.

**2012 Session dates will be June 9-June 30, 2012.**

After acceptance of your son a complete information package will be mailed to you with all pertinent information.

**The deadline for applying for CVMA is May 15, 2012.**

**If you have questions please call Molly at 772-621-9104**

**Or email at [mollyvch@aol.com](mailto:mollyvch@aol.com)**

**CAMP VICTORY MILITARY ACADEMY - Application**

Applicants will not be accepted unless all areas of the application are completed. Please enclose copies of the following : immunization records, a current physical exam, a copy of the child's insurance card, and a copy of the child's birth certificate.

Name: \_\_\_\_\_ Last grade completed in school \_\_\_\_\_  
Social Security Number \_\_\_\_\_  
Birth Date (MM/DD/YYYY) \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Parent(s)/Guardian's name \_\_\_\_\_  
Mailing address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
Language child speaks- \_\_\_\_\_  
Church Preference \_\_\_\_\_  
Emergency contact name and phone number \_\_\_\_\_  
Does your child know how to swim? \_\_\_\_\_ Are there any restrictions? \_\_\_\_\_  
Insurance Carrier or plan name \_\_\_\_\_ Group # \_\_\_\_\_  
Carrier address & telephone number \_\_\_\_\_  
Name of insured \_\_\_\_\_  
Relationship to boy \_\_\_\_\_  
Social security number of policyholder or insurance ID number \_\_\_\_\_

**Camper Information- PLEASE BE ACCURATE**

Height \_\_\_\_\_ Weight \_\_\_\_\_  
Shoe Size \_\_\_\_\_ Boys \_\_\_\_\_ Mens \_\_\_\_\_

**Trouser Waist** \_\_\_\_\_ **inches** **Length** \_\_\_\_\_ **inches**  
Length( measure from inside of leg against groin to CENTER of ankle)

**Shirt ( Chest size in inches measured around chest under armpits)**

**Shirt** \_\_\_\_\_ inches

**Release of Liability Agreement**

\_\_\_\_\_, my son, has my permission to participate in the activities at TCVCH & SEMA’s Camp Victory Military Adventures summer program,. In consideration of my son’s attendance in the program, I understand I am accepting full responsibility for my son. If an accident should occur injuring my son, including, but not limited to, death or serious injury, I, on behalf of myself, my heirs, or successors, hereby release Camp Victory, Southeastern Military Academy and TCVCH Inc. and their trustees, directors, officers, agents, employees, counselors, or residents from any liability. I have filled out the information regarding my family insurance policy. I understand that any expenses incurred for medical treatment of my son will be my responsibility. I agree on behalf of myself and my heirs and successors to indemnify and hold harmless the Camp Victory program , SEMA and TCVCH Inc., from any loss, cost, judgment or other harm, including attorney fees, which might come to them arising from my child’s attendance at Camp Victory Military Adventures.

I have read and understand the above agreement and I agree to abide by the CVMA policies included with this application.

\_\_\_\_\_  
Signature of Parent or legal guardian

\_\_\_\_\_  
Date

**Permission to use photos/videos**

I grant permission for TCVCH, Inc. to photograph, record, or video tape my son during the program and to use those materials for promotional or other purposes.

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_  
Date

## Participant Health History

Childs Name \_\_\_\_\_

The following information must be completed by the parent/guardian. The intent of this information is to provide Camp Victory health care personnel the background of the camper, in order to provide appropriate care.

Allergies – list all known allergies and describe the reaction and treatment:

Medication allergies: \_\_\_\_\_

Food allergies: \_\_\_\_\_

Insect stings: \_\_\_\_\_

Asthma: \_\_\_\_\_

Animal dander \_\_\_\_\_

Poison Ivy \_\_\_\_\_

Seasonal allergies \_\_\_\_\_

Other allergies \_\_\_\_\_

Is there any particular information about your son (medical, dietary treatment, ongoing medication, allergies, special circumstances, etc.) that you want to be certain the Program Director and/or staff is aware of? If so, please give a detailed explanation. (You may attach another sheet, if needed.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physical restrictions or disabilities \_\_\_\_\_

Any mental health history? \_\_\_\_\_

Medications being taken:

\_\_\_\_\_ My son takes NO medications on a routine basis

\_\_\_\_\_ My son takes medications as follows:

Med #1 \_\_\_\_\_ Reason \_\_\_\_\_

Med #2 \_\_\_\_\_ Reason \_\_\_\_\_

Attach additional pages for more information

This health history is correct and complete as far as I know, and the person herein described has permission to engage in all camp activities.

Childs Name \_\_\_\_\_

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

Signature, Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

**Permission to Provide Medical Treatment or Emergency Care**

I hereby give permission to TCVCH, Inc., SEMA, Inc. and Camp Victory Military Adventures to make any and all arrangements deemed appropriate and in the best interest of my son for medical, surgical, and dental care. In the event I cannot be reached in an emergency, I hereby give permission to a healthcare provider to secure and administer treatment, including hospitalization, for my son. I understand that parental permission is required for operative procedures on minors. By signing this form, I am giving my permission that operative procedures may be promptly carried out. I understand that all the costs related to such care are my responsibility. I understand that neither TCVCH, Inc., or SEMA, Inc. are not responsible for my son's pre-existing injuries or illnesses or any aggravation of these conditions. I understand that TCVCH, Inc, or SEMA will not assume responsibilities for illness or injury incurred while my son is participating in activities at Camp Victory Military Adventures.

Name of Participant \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

**Billing Information:**

Parents Name \_\_\_\_\_

Address \_\_\_\_\_

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

I/we, the parent(s) and/or legal guardian(s) of \_\_\_\_\_, have carefully read the foregoing agreement and know the contents thereof, including any attached exhibit(s) and I/we have executed same of my/our own free will and voluntary act. We agree to pay the program fee for our son to be in the Camp Victory Wilderness Challenge Program.

The fee per camp session is as follows: The fee for Camp Victory depends on the date by which an application is received.

If received by April 15:                   \$1400  
If received *past* April 15:               \$1700

A check or money order payable to Southeastern Military Academy must be enclosed with the application.

We also accept Visa and Mastercard. If you would like to pay by credit card, please check here \_\_\_\_\_ and enter daytime phone number \_\_\_\_\_

A check or money order must be enclosed with the application. If for any reason your son is unable to attend camp after his application has been processed, our monetary return policy is as follows:

- One month prior to the camp date, you may request \$500 of the fee be returned to you.
- Less than 30 days prior to camp date but before opening day of camp, you may request \$150 of the fee be returned to you.
- If we reject the application, thereby denying your son enrollment in the program, the full amount will be refunded to you.

WITNESS my (our) hands and read this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Father (or Guardian)

\_\_\_\_\_  
Mother (or Guardian)

Before me personally appeared \_\_\_\_\_ and \_\_\_\_\_,

who after first being duly sworn, identified and known to me to be the person(s) who executed the foregoing application as  being personally known or  showing identification

\_\_\_\_\_ (*type of ID*), acknowledge the same to be true and correct on the

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission expires \_\_\_\_\_

# CAMP VICTORY MILITARY ADVENTURES

## *Release Form*

As the parent of \_\_\_\_\_, I (or we if both parents are signing the document, although references will be made to the singular in this document) , \_\_\_\_\_,

am aware of the following expectations regarding my association with Treasure Coast Victory Children's Home, Inc., SEMA, Inc. and the Camp Victory Military Adventures program, hereafter referred to as TCVCH, SEMA and CVMA, as they care for my son.

1. As TCVCH will work hard to help my son, I am committed to keep my son in the Camp Victory Program for the full three weeks.
2. I can expect there to be a lot of emotional blackmail directed at both CVMA and me while my son tries every alternative to escape accountability. While he is trying all those alternatives, it may appear that he is getting worse rather than better.
3. Both myself as a parent and CVMA can expect that lies and half-truths will be expressed, especially at the beginning. Each party needs to check out any statement that is hard for them to believe or accept, by asking the other party for an explanation. Open communication is essential to avoid my son making a split between CVMA and me. Just as in a father/mother association, I must support the CVMA in my son's presence, or he will continue trying to manipulate people even after he leaves the program.
4. I realize that my son will be sleeping, eating, and otherwise living outdoors, and I am fully agreeable to his being in primitive surroundings for the duration of this program.
5. I understand for my son to participate in this program, I must, and will, provide CVMA with a fully completed application, a copy of his immunization card that shows all his immunizations are up-to-date, and I will check his head for lice one week prior to his coming. If I find he has lice, I will treat it immediately.
6. I agree to indemnify CVMA, TCVCH, Inc. and SEMA, Inc. and its officers, directors, employees, employers, volunteers, agents, and staff (collectively "CVMA") against any and all liability, loss, or damage that CVMA may suffer as a result of claims, demands, costs, or judgments of my son arising out of CVMA's care and custody of my son during his time in the program.
7. It is my understanding that certain of the activities in which my son may/will participate will occur at locations other than CVMA, and that such activities may be under the supervision of persons who are volunteers. These volunteers are also not held responsible for any accident that may occur while my child is under their supervision. Regardless, I grant permission for my son to participate in such activities.

8. Following is a list of activities; **I agree to initial ALL of these activities.** My son may participate in one or more, and possibly all, of these activities, although no guarantee is made that my son will participate in any of these activities. I must initial all of these activities because if the group of boys in Camp Victory Military Adventures participates in any of these activities, it would be counterproductive for the program to keep some of the boys from participating. I understand the risks involved in the participation of the below-mentioned activities, and I further give permission for my son, \_\_\_\_\_ to participate in the activities initialed.

\_\_\_\_\_ Picture & first name to be used on TV, radio, or video production for informational & promotional purposes.

\_\_\_\_\_ Participating in required church attendance

\_\_\_\_\_ Participating in Bible studies

\_\_\_\_\_ Vocational training

\_\_\_\_\_ Being around and working with animals

\_\_\_\_\_ Working with machines such as mowers, weed-eaters, drills and saws

\_\_\_\_\_ Community volunteering

\_\_\_\_\_ Wilderness Skills training

\_\_\_\_\_ Practical application of Wilderness Skills

\_\_\_\_\_ Sleeping, working, eating, playing, & otherwise living outdoors

\_\_\_\_\_ Working for consequences when violating rules or directives by completing activities such as running, push-ups, cleaning camp, chopping wood, and/or other activities as designated by program staff

\_\_\_\_\_ Backpacking and/or hiking

\_\_\_\_\_ Paintball

9. **I agree to initial ALL of the following reward activities,** thereby expressing my permission for my son to participate in them. I understand that my son may not participate in all or any of these activities, as they are reward activities only and may or may not occur. I understand the risks involved in the participation of the below-mentioned activities, and I further give permission for my son, \_\_\_\_\_ to participate in all the activities.

\_\_\_\_\_ Riding or working with horses

\_\_\_\_\_ Riding in a boat, canoeing, or tubing

\_\_\_\_\_ Firearms Safety Training

\_\_\_\_\_ Shooting a Firearm on a range

\_\_\_\_\_ Participating in recreational activities

\_\_\_\_\_ Swimming

\_\_\_\_\_ Paintball

10. My preference as the parent, if my son is on behavior modification drugs, is made known to CVMA as indicated below by my initialing my consent to:

11.

\_\_\_\_\_ Continue behavior modification drugs while my son is the 3-week program.

\_\_\_\_\_ Discontinue the drugs while my son is in the 3-week program. ( Requires a Doctors note allowing such.)

12. Having read the above areas, I am in complete agreement with everything listed above and so will support those areas and all others included in the Camp Victory Military Adventures program as operated by TCVCH and SEMA. I realize that if I am not completely in agreement, I can withdraw my son's name as a possible candidate for enrollment at the Camp Victory Military Adventures program at this time.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

Before me personally appeared \_\_\_\_\_ and \_\_\_\_\_,

who after first being duly sworn, identified and known to me to be the person(s) who executed the foregoing application as  being personally known or  showing identification

\_\_\_\_\_ (type & number of ID), acknowledge the same to be true and correct

on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary

My Commission expires: \_\_\_\_\_

## Family Information

Father/Guardian: \_\_\_\_\_ DOB: \_\_\_\_\_

Career/Work: \_\_\_\_\_  
\_\_\_\_\_

Hobbies/Interests: \_\_\_\_\_  
\_\_\_\_\_

Mother/Guardian: \_\_\_\_\_ DOB: \_\_\_\_\_

Career/Work: \_\_\_\_\_  
\_\_\_\_\_

Hobbies/Interests: \_\_\_\_\_  
\_\_\_\_\_

Sibling #1: \_\_\_\_\_ Relation: \_\_\_\_\_ DOB: \_\_\_\_\_

Hobbies/Interests: \_\_\_\_\_  
\_\_\_\_\_

Sibling #2: \_\_\_\_\_ Relation: \_\_\_\_\_ DOB: \_\_\_\_\_

Hobbies/Interests: \_\_\_\_\_  
\_\_\_\_\_

Sibling #3: \_\_\_\_\_ Relation: \_\_\_\_\_ DOB: \_\_\_\_\_

Hobbies/Interests: \_\_\_\_\_  
\_\_\_\_\_

Sibling #4: \_\_\_\_\_ Relation: \_\_\_\_\_ DOB: \_\_\_\_\_

Hobbies/Interests: \_\_\_\_\_  
\_\_\_\_\_

**YOU MAY MAIL THIS APPLICATION ALONG WITH YOUR ENTIRE ENROLLMENT FEE TO:**

Camp Victory Military Adventures  
C/O Southeastern Military Academy  
638 SW Biltmore Street  
Port St Lucie FL 34983

Please make checks payable to: Southeastern Military Academy  
We also accept Master Card and Visa

## BIOGRAPHICAL DATA

Please answer the following questions completely. Feel free to use another sheet if necessary.

1.) Does child have a bedwetting problem? \_\_\_\_\_ If yes explain i.e. How long? When started?

Are meds prescribed? Do they work? \_\_\_\_\_

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2.) Does child frequently wet or defecate in clothes? \_\_\_\_\_ If yes explain. \_\_\_\_\_

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3.) Does child have a history of starting fires? \_\_\_\_\_ If yes explain. \_\_\_\_\_

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4.) Has child ever been sexually or physically abused? \_\_\_\_\_ if yes explain.

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5.) Has the child ever been in an accident? \_\_\_\_\_ If yes explain

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6.) Has the child ever used drugs or alcohol? \_\_\_\_ yes \_\_\_\_ no

7.) Has the child ever attempted suicide? \_\_\_\_ yes \_\_\_\_ no

8.) Does the youth bruise easily or do bruises stay longer than normal? \_\_\_\_\_ If yes explain.

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