

EAGLES SPORTS ACADEMY  
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Name of Camper: \_\_\_\_\_  
(Last) (First) (Middle)

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

Address: \_\_\_\_\_

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

Phone: (\_\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

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SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Parent/ Guardian)

Permission is denied for the use requested above.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Parent/ Guardian)