



JA BizTown Summer Camps 2012

Summer Camp Registration Form

Gene B. Glick Junior Achievement Education Center
7435 N. Keystone Ave. Indianapolis, IN 46240
317-252-5900 ext. 102 or lcoons@jaindy.org Fax # 317-252-5700



***One Registration Form is required for each camper**

***Please complete & return by Email, Fax or Mail**

CAMPER INFORMATION

Child's Name _____ Male _____ Female _____

Child's Age _____ Grade 2011-12 School Year _____ Child's School _____

Attended JA Summer Camp before? Yes ___ No ___ Attended JA BizTown with School? Yes ___ No ___

To ensure that your child receives a JA Biztown Summer Camp t-shirt, *please circle a size:*

Adult Sizes: S M L XL XXL

List any **Health or Medical Conditions** that are relevant to your child's camp day:

CONTACT INFORMATION

Parent or Guardian Name/s _____

Street Address _____ City _____ State _____ Zip _____

Please list phone numbers in order of preference called

1.() _____ 3.() _____

2.() _____ 4.() _____

Confirmations will be **e-mailed** to address provided _____@_____

PICK-UP and EMERGENCY CONTACTS *(please circle EC if they are to be contacted in case of an emergency)*

For the safety of your child, we have a strict pickup system. Be sure to include all individuals to whom we are allowed to release your child at pick-up time. Your child will not be released to any individual whose name does not appear on this list – NO EXCEPTIONS.

List individuals, other than the parent/guardian, who can be reached in case of an emergency (*circle EC*) and/or have the authority to pick your child up from camp:

Name _____ Phone _____ Phone _____ circle
EC

Name _____ Phone _____ Phone _____ EC

Name _____ Phone _____ Phone _____ EC

Name _____ Phone _____ Phone _____ EC

CAMP SELECTION (Ages 9 – 14 or Grades 4 through 8) Please circle the camp session your child will be attending:

Available Dates: June 18-22 June 25-29 July 9-13 July 16-20

Please select one of the following camp options.

You can also purchase pizza for Friday lunch on Monday mornings.

Option 1 - Regular Camp	9:00am – 4:00pm	\$195 per camper	_____
Option 2 - Extended Camp	8:00am – 5:30pm	\$250 per camper	_____
Option 3- Regular Camp for Sibling		\$160 per camper	_____
Option 4- Extended Camp for Sibling		\$210 per camper	_____
Pizza Option (available on Friday only)		\$ 2 per slice/per camper	_____
		Total	_____

***Pizza Option** – 1 pizza slice = ¼ of a large pizza (cheese only). Bottled water is available for all campers on Friday. All campers must bring their lunch Monday – Thursday.

PAYMENT

___ Check enclosed for \$_____ (payable to Junior Achievement)

OR

___ Visa ___ MasterCard ___ American Express ___ Discover

Credit Card Number _____ Exp. Date _____

Signature of Card Holder _____ Date _____

___ Yes, I need a receipt with JA's Tax ID # for child care reimbursement email to: _____

MEDICAL RELEASE (without your signature, registration WILL NOT BE PROCESSED)

The undersigned hereby authorizes officials of Junior Achievement to contact directly those individuals named as emergency contacts as may be deemed necessary in their judgment, for the health of the child described in this registration.

I hereby release and discharge Junior Achievement of Central Indiana, Inc. from any and all financial responsibility for medical care and/or transportation of such child to receive medical care.

I agree to indemnify and hold harmless Junior Achievement of Central Indiana, Inc. from any and all claims, damages, costs, attorney's fees or damages of any kind arising out of participation in camp.

Signature of Parent/Guardian: _____ Date: _____

Photo / Video - Unless stated otherwise in writing by the parent or guardian and received by Junior Achievement, your child may be photographed during JA BizTown Summer Camp for use on the JA website, JA promotional literature or any CD/DVD.

How did you hear of our summer camp programs?

___ School ___ Attended Camp Last Year ___ Friend/Family ___ Website ___ @ the Facility

___ Indy's Child ___ E-Mail Ad ___ Newspaper Ad ___ Other _____

OFFICE USE ONLY:

Check #: _____ Amt: _____ Date: _____

CC Authorization #: _____ Amt: _____ Date: _____

Confirmation _____ Database _____ Acct _____