



Summer Camp 2022

Junior Achievement of the Bluegrass, Inc.
2420 Spurr Road, Suite 150
Lexington, KY 40511
Phone: 859-219-2423; Fax : 859-407-2101
joanna@jalexington.org

CAMPER INFORMATION

Name _____ Gender M F
Camper's Birthdate _____ Camper's Age _____ Grade in Coming School Year _____
Has camper attended JA BizTown with school? Yes No (*Previous experience is not required for attendance*)

CONTACT INFORMATION

Home/Mailing Address _____
City _____ State _____ Zip Code _____
Home Phone _____
Mother/Guardian Name _____
Daytime Phone Number _____ Email _____
Father/Guardian Name _____
Daytime Phone Number _____ Email _____

CAMP INFO

JA BizTown Summer Camp (June 13 – 17, 2022)

Camp Hours: **9:00 am – 4:00 pm (Late pick-ups will not be allowed)**

\$250.00 per camper

Amount Paid (JA staff use): \$ _____

Lunch: Campers bring a sack lunch daily. Water and lemonade are provided by JA.

An optional pizza lunch (cheese or pepperoni) is available on Friday and will be ordered on Wednesdays based on the # of campers attending and preference.

PAYMENT METHOD

Visa MasterCard AMEX Discover

Card Number _____ Exp. Date _____ CVV _____

Printed Name as it Appears on Card _____

Signature of Cardholder _____

Date _____

Check enclosed. Payable to Junior Achievement of the Bluegrass.

If you wish to pay the registration fee online, please visit <https://secure.qgiv.com/for/jbscp2>.

HOW DID YOU HEAR OF OUR JA BIZTOWN SUMMER CAMP?

At JA BizTown At School On JA Website JA BizTown Camp Flyer Email Ad
 From a Friend Summer Camp insert in Herald-Leader Other: _____

CAMPER NAME: _____

SCHOLARSHIP ASSISTANCE

If you are applying for scholarship assistance to enable your child to attend the camp, please give a brief explanation of your need, and the amount you are requesting: _____

EMERGENCY CONTACTS / PICK-UP PROCEDURES

Campers MUST BE signed in and out on a daily basis by one of the Contacts listed below.

JA follows a strict drop-off and pick-up policy. Be sure to include all individuals to whom your child may be released at pick-up time. Your child WILL NOT be released to any person whose name does not appear on this list. NO EXCEPTIONS to this policy will be granted.

Contact Name1 _____ Phone1 _____ Phone2 _____

Contact Name2 _____ Phone1 _____ Phone2 _____

Please note which individuals you wish JA to contact in the event of an emergency and parent/guardian cannot be reached:

Contact Name1 _____ Phone1 _____ Phone2 _____

Contact Name2 _____ Phone1 _____ Phone2 _____

MEDICAL RELEASE

Parent or guardian signature is required for registration.

I do hereby grant permission to Junior Achievement of the Bluegrass and their respective agents and employees to secure such medical aid and hospital services as may be deemed necessary for the child noted on this form in the event he/she should sustain injury or illness while attending a summer program. I agree to assume the cost for transport and medical treatment in such an emergency situation.

I have indicated below any medical information of which Junior Achievement should be aware in consideration of the child's physical and mental well being.

I hereby release and discharge Junior Achievement 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 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 _____

Insurance Carrier _____ Group Name _____

Policy Number _____ Group Number _____

Name of Policy Holder _____

List any Health or Medical Conditions (including food allergies) JA Staff should be aware of: _____

PHOTO / VIDEO

Your child may be photographed during JA Summer Camp for use on the JA website, JA promotional literature or any CD/DVD. Convey your consent for photography/videography of your child with your signature below.

My child may / may not (circle one) be included in photography that may be used to promote JA summer camps.

Signature of Parent/Guardian _____

FOR OFFICE USE ONLY

Check # _____ Amount _____ Date _____

CC Auth # _____ Amount _____ Date _____

Confirmation _____ Database _____ Account _____