

Complete one form per child

Camp Registration

- JA BizTown Summer Camp Week 1 (June 25—29) - \$225***
 JA BizTown Summer Camp Week 2 (July 9—13) - \$225*
 Extended Day (for full week) - additional \$60

Camper Name _____ Age _____

Child's current school _____ Grade _____

How did you hear about JA BizTown Summer Camp? _____

Has your child attended JA BizTown before? (not required for attendance) Yes No

Home Address _____ Home Phone _____

City _____ State _____ Zip Code _____

Preferred e-mail _____

Mother's Name _____ Cell _____

Father's Name _____ Cell _____

Emergency Name/Relation _____ Cell _____

Camper T-shirt size: Adult S Adult M Adult L Adult XL

Method of Payment:

Credit Card: MasterCard VISA AMEX Card Number: _____

Expiration Date: _____ Cardholder Signature: _____

CVV: _____ Check here if billing address is same as listed above.

Check: made payable to Junior Achievement of Middle Tennessee (\$25 returned check fee)

Mail to: Junior Achievement, ATTN Summer Camp, 120 Powell Place, Nashville TN, 37204

* 10% discount for additional family child

Medical Release

I do hereby grant permission to Junior Achievement of Middle Tennessee and their respective agents and employees to secure such medical aid and hospital services as they deem 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 also indicated below any medical information of which Junior Achievement should be aware in consideration of the child's physical and mental well being.

Student Information

Family Doctor _____ Phone _____

Special notes (allergies, medications, other health conditions)

Family Health Care Information

Insurance carrier _____ Group Name _____

Policy Number _____ Group Number _____

Parent Signature _____