



Junior Achievement®

of the Palm Beaches & Treasure Coast

JA Spark Registration Form
(7th through 12th grade students)



STUDENT'S NAME _____

PLEASE PRINT

First Name

Middle Initial

Last Name

Parent's Name _____

Address _____

Street

____ Riviera Beach _____

City

State

Zip

Parent's email address _____

Daytime Phone (____) _____ Evening Phone (____) _____

Cell Phone (____) _____ Student's Age _____

Current Grade: _____ School: _____

Please put a check mark next to the dates you are enrolling for:

- Summer SPARK Week 1: Monday July 9th - Friday July 13th
Summer SPARK Week 2: Monday July 16th - Friday July 20th
Summer SPARK Week 3: Monday July 23rd - Friday July 27th

9:00AM-3:00PM EVERYDAY

List two persons who will assume care of your student if you cannot be reached:

- 1. _____ Ph#: _____
2. _____ Ph#: _____

Student's doctor _____ Ph#: _____

List any health conditions or current medications:

The undersigned hereby authorizes officials of Junior Achievement to contact directly the persons named on this form and authorizes the named physicians to render such treatment as may be deemed necessary in their judgment, for the health of the child named above. I hereby release and discharge JA BizTown and Junior Achievement of the Palm Beaches, Inc. from any and all financial responsibility for the medical care and/or transportation of such child to receive medical care. I agree to indemnify and hold harmless JA BizTown and Junior Achievement of the Palm Beaches & Treasure Coast, Inc. from any and all claims, damages, costs, attorney's fees or damages of any kind arising out of participation in JA Biz Camp by the child named above. I hereby give permission for my child to be photographed during the JA Spark program. I understand the photos will be used to keep a journal of activities, to share during the PowerPoint presentations and/or to report to our donors and for promotional purposes including flyers, brochures, newspapers and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of JA and its affiliates

Parent's Signature _____ Date: _____

Please contact Kaitlyn Hood 561.242.9468 with any questions and return registration forms to khood@juniorachievement.com