



**Junior Achievement®**

of the Palm Beaches & Treasure Coast



# JA BizCamp SUMMER Registration Form

**(3<sup>rd</sup> through 6<sup>th</sup> grade students)**

CHILD'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 (\_\_\_\_) \_\_\_\_\_ Child's Age \_\_\_\_\_

Current Grade: \_\_\_\_\_ School: \_\_\_\_\_

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

- Week 1: Monday July 9<sup>th</sup> – Friday July 13<sup>th</sup>
- Week 2: Monday July 16<sup>th</sup> – Friday July 20<sup>th</sup>
- Week 3: Monday July 23<sup>rd</sup> – Friday July 27<sup>th</sup>

**9:00AM-3:00PM EVERYDAY**  
 Riviera Beach Event Center  
 200 E 13th St, Riviera Beach, FL 33404

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

1. \_\_\_\_\_ Ph#: \_\_\_\_\_

2. \_\_\_\_\_ Ph#: \_\_\_\_\_

Child'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 with any questions  
 And return registration forms to [khoo@juniorachievement.com](mailto:khoo@juniorachievement.com)