



JAGCATION SUMMER CAMP

JUNE 5-15, 2023 | 9:00AM - 3:00PM | AGES 9-11

Enrollment Form

ENROLLMENT FEE: \$50 PER CHILD | **REGISTRATION & PAYMENT DEADLINE: FRIDAY, MAY 26, 2023**

Camper's Name: _____ Age: _____

Street Address: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian Name: _____

Parent/Guardian Email: _____ Phone: _____

Camper's T-shirt Size: ☐ Youth Small ☐ Youth Medium ☐ Youth Large ☐ Youth X-Large

☐ Adult Small ☐ Adult Medium ☐ Adult Large ☐ Adult X-Large ☐ Adult 2X ☐ Adult 3X ☐ Other: _____

Does your child have any conditions that we should know about? _____

Please list any known allergies or food restrictions: _____

Others (besides parent/guardian) authorized to pick up or drop off the camper:

Name: _____ Phone: _____

Name: _____ Phone: _____

EMERGENCY CONTACT INFORMATION:

Contact Name: _____ Relationship: _____

Phone: _____ Alternate Phone: _____

City: _____ State: _____ Zip: _____

Alternate Contact Name: _____

Relationship: _____

Phone: _____ Alternate Phone: _____

Doctor's Name: _____ Phone: _____

Insurance Company: _____ Policy #: _____

CANCELLATION POLICY: If you need to cancel, please call us immediately. Registration fee is transferable but not refundable.

CAMPER RESPONSIBILITIES: Participants are expected to do the following: (1) Show respect for other students, their ideas, opinions, and property. (2) Listen to and follow directions by instructors and other supervising adults. (3) Abide by all rules and regulations of the camp. JAGcation Summer Camp reserves the right to remove a camper and decline their return to camp if the child's behavior is deemed inappropriate (no refunds). (4) All attendees must wear close-toed, non-skid shoes, and khaki bottoms with camp t-shirt.

COVID-19 GUIDELINES: All CDC Covid-19 protocols will be followed including: wearing masks, social distancing and washing hands.

WAIVER OF LIABILITY AND MEDICAL CONSENT: I approve my child's participation in all activities. I hereby agree, Southern University and its staff members shall not be liable for any injury, loss or damage to person or property. In the event of a medical emergency, the SU Ag Center is hereby authorized to seek and arrange for medical treatment to be administered by a qualified medical professional.

PHOTO RELEASE (PLEASE CHECK THE BOX IF AGREE): ☐ I am releasing permission to the S.U. Ag Center to publish my child's (children) photo in S.U. Ag Center's publications and on websites for program promotion only.

I hereby certify that I have read and accept all of the above conditions.

Signature of Parent Guardian: _____



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