



STAFFORD JUNCTION SUMMER CAMPS 2025

All Stafford Junction camps are free and include transportation and lunch.
Registrations are approved in the order that we receive them.

Please keep this page for your records!

STEAM Camp



Middle and high school students can enjoy a fun and educational STEAM camp experience, exploring Science, Technology, Engineering, Arts, and Math subjects. Only middle and high schoolers can register.

Monday June 9 to Thursday June 12
12:00 pm to 3:00 pm



SCSO Sports Camp



The Stafford County Sheriff's Office teams up with Stafford Junction for a fun-filled week of mentoring and sports, including baseball, football, and more! Ages 5 and up can register.

Monday June 16 to Friday June 20
(no camp Thursday June 19)
9:00 AM to 12:00 PM



Camp Junction

Groups will be split by grade level, and students will rotate through different stations, including math, reading, art, and outdoor education/activities.

Monday, June 30 through Friday, July 31

Kindergarten through 2nd Grade:
Mondays and Wednesdays 12:00 pm - 3:00 pm

3rd Grade through 5th Grade:
Tuesdays and Thursdays 12:00 pm - 3:00 pm



Questions?

Call: 540-368-0081 Email: programs@staffordjunction.org

STAFFORD COUNTY SHERIFF'S OFFICE

SPORTS CAMP - *CAMPAMENTO DEPORTIVO 2025*

Please return to Stafford Junction by **Thursday, April 20, 2025**

791 Truslow Road, Fredericksburg, VA 22406

by email to office@staffordjunction.org Questions? Call 540-368-0081

***Sports Camp is Monday, June 16 – Friday, June 20 from 9:00 AM – 12:30 PM**

(NO CAMP THURSDAY JUNE 19) *

*Por favor devuelva a Stafford Junction antes del **jueves 20 de abril de 2025***

791 Truslow Road, Fredericksburg, VA 22406

Por correo electrónico a office@staffordjunction.org ¿Preguntas? Llámenos al 540-368-0081

***Campamento Deportivo es de lunes 16 de junio al viernes 20 de junio de 9:00 AM – 12:30 PM**

(NO HAY CAMPAMENTO EL JUEVES 19 DE JUNIO)*

Name of Child (Print Clearly) - *Nombre de Niño/a (Escriba Claramente):*

Age - *Edad:* _____ Date of Birth - *Fecha de nacimiento:* _____

Health Issues, Allergies, or Foods to avoid - *Problemas médicos, alergias, o alimentos para evitar:*

Neighborhood - *Vecindad:*

- | | | | |
|------------------------------------------|-------------------------------------------------|-------------------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Olde Forge | <input type="checkbox"/> Meadows | <input type="checkbox"/> Garrison Woods | <input type="checkbox"/> Foxwood Village |
| <input type="checkbox"/> Jefferson Place | <input type="checkbox"/> Village at England Run | <input type="checkbox"/> England Run North Apartments | |

Name of parents/guardians - *Nombre de los padres/guardianes:*

Complete Address - *Dirección completa:*

Phone - *Número de teléfono:* _____

Email - *Correo electrónico:* _____

Emergency Contact Name – *Nombre Contacto de emergencia:* _____

Relationship - *Relación:* _____ Phone - *Número de teléfono:* _____

Participant's T-shirt size (circle either child or adult size) - Tallas de camiseta del participante (solo circule un tamaño niño o adulto):

Child Size:	X-Small	Small	Medium	Large	X-Large
(Talla Niño/Niña)	Extra Pequeño	Pequeño	Mediano	Grande	Extra Grande

Adult Size:	Small	Medium	Large	X-Large	2X
(Talla Adulto)	Pequeño	Mediano	Grande	Extra Grande	Extra Extragrande

Stafford Sheriff's Office Sports Camp Waiver

RELEASE

I give permission for _____ (Name of Child) to participate in the Stafford County Sheriff's Office Sports Camp. I attest that I am either the child's parent or legal guardian with the legal authority to enter into this agreement.

I am aware that with the participation in the SCSO Sports Camp comes certain risk including but not limited to the risk of personal injury, theft or damage of personal property. Activities in the SCSO Sports Camp include but are not limited to physical exertion and exposure to the outdoor elements (sun, wind, rain heat and cold.)

I also understand and accept that the activities of the SCSO Sports Camp will be held during the summer months and often outdoors where the weather will be hot and humid. I understand and agree that this creates additional physical stress and have considered that aspect of risk as well as the other associated with the activities in the SCSO Sports Camp. On behalf of my child I expressly agree and assume all of the risks associated with participation in the SCSO Sports Camp.

I, on behalf of myself, my executors, administrators and heirs, next of kin and successors, hereby release, indemnify, hold harmless and discharge Stafford County and all its officers, departments, agencies, and employees from any and all claims, damages, injuries, fines, penalties and costs (including court costs and attorney fees), charges liabilities, or exposures, however caused, resulting from or arising out of or in any way connected to me or my child's participation in the SCSO Sports Camp Program. I have read and understand this agreement and by my signature agree to its terms. SCSO and the Camp Organizers agree to notify the Parent/Guardian/Emergency Contact Person whenever the child becomes ill or injured and the Parent/Guardian/Emergency Contact Person will arrange to have the child picked up as soon as possible. The Parent/Guardian authorizes the Camp Organizers to provide /obtain immediate medical care if an emergency occurs when he/she cannot be immediately reached.

Parent/Guardian Print Name: _____

Parent/Guardian Signature: _____

Date: _____

Emergency Medical Authorization and Waiver of Liability

I consent to my child's participation in the programs and activities offered by Stafford Junction. I acknowledge the risks associated with such activities, and I release Stafford Junction, its employees, agents, and volunteers from liability for any injury, loss, or damage to persons or property that may occur. In an emergency where I cannot be reached immediately, I authorize Stafford Junction to obtain prompt medical care, including diagnostic tests, surgery, hospitalization, and/or medication administration for my child. I understand that this authorization applies exclusively to genuine emergencies where I cannot be reached, and that Stafford Junction will make every effort to reach me or the designated emergency contacts. I understand that I am responsible for any costs incurred for my child's medical treatment not covered or reimbursed by my health insurance provider.

Medical Insurance Company _____ Policy Number _____

Stafford Junction Photograph and Video Waiver

I acknowledge that Stafford Junction may use photographs or videos of participants taken during involvement in Stafford Junction activities. This includes internal and external use, including but not limited to Stafford Junction's website, Facebook, and publications. I consent to such uses and waive all rights to compensation. If I do not wish my child's image to be included, I am responsible for informing them to exclude themselves from photographs or videos taken during such activities.

Autorización médica de emergencia y exención de responsabilidad

Doy mi consentimiento para que mi hijo/a asista a los programas y actividades organizados por Stafford Junction. Entiendo que hay riesgos involucrados en cualquier actividad y libero a Stafford Junction, sus empleados, agentes y voluntarios de toda responsabilidad por cualquier lesión, pérdida y/o daño a la persona / propiedad que pueda ocurrir. Autorizo a Stafford Junction a obtener atención inmediata y doy consentimiento para la hospitalización, el desempeño de pruebas diagnósticas necesarias, el uso de cirugía y/o la administración de medicamentos a mi hijo/a si ocurre una emergencia cuando no pueda ser localizado inmediatamente. También se entiende que este acuerdo abarca únicamente aquellas situaciones que son verdaderas emergencias y sólo cuando no pueda ser localizado. Entiendo que Stafford Junction hará todo lo posible para ponerse en contacto conmigo y/o con los contactos de emergencia designados. Reconozco que soy responsable en última instancia de todos los costos incurridos no reembolsables por mi proveedor de seguro médico.

Compañía de Seguro Médico _____ Número de póliza _____

Stafford Junction exención de fotografía y vídeo

Reconozco que Stafford Junction puede utilizar fotografías o vídeos de los participantes que sean tomadas durante su participación en las actividades de Stafford Junction. Esto incluye uso interno y externo, incluyendo, pero no limitado a la página web de Stafford Junction, Facebook, y publicaciones. Doy mi consentimiento para tales usos y renuncio a todos los derechos de compensación. Si no deseo que la imagen de mi hijo/a se incluya en lo anteriormente mencionado, es mi responsabilidad informarles que no participen en las fotografías o vídeos tomados durante dichas actividades.

Parent/Guardian Print Name - Padre/Guardian Nombre: _____

Parent/Guardian Signature - Padre/Guardian Firma: _____

Date - Fecha: _____



Summer Junction Registration Form 2025

Please return the completed form to Stafford Junction, 791 Truslow Road, Fredericksburg, VA 22406
by email to office@staffordjunction.org Questions? Call us at 540-368-0081

Space is limited. Registrations will be taken on a first come, first served basis
All sections of the application must be filled out completely to be processed.

Summer Junction Camps, Dates, and Times (Please Check All Camps Your Child Will Attend and Circle the Correct Session According to Grade Completed as of May 2025)

☐ STEAM (Science, Technology, Engineering, Arts, and Math) Camp at Stafford Junction, **June 9 - June 12, 12 PM – 3 PM. 6th - 12th grade only.**

☐ Summer Camp at Stafford Junction runs from **June 30 – July 31, 12 PM – 3 PM.**

☐ **K – 2nd grade (Monday, Wednesday)**

☐ **3rd – 5th grade (Tuesday, Thursday)**

General Information of the Child (Please Print Clearly)

First Name _____ Last Name _____

Date of Birth _____ Gender _____

Grade Completed as of May 2025 _____ School _____ Neighborhood _____

Address _____

City _____ State _____ Zip Code _____

Medical Issues or Allergies _____

Foods to Avoid due to Religious Beliefs _____

Parents or Guardians:

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

Email _____

Cell Phone _____ Home Phone _____ Work Phone _____

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

Email _____

Cell Phone _____ Home Phone _____ Work Phone _____

Emergency Contact and Pick-Up Information (Please Print Clearly)

The name and phone numbers provided must be different from the parent or guardian.

First Name _____ Last Name _____

Relationship _____ Phone _____

First Name _____ Last Name _____

Relationship _____ Phone _____

Persons authorized to pick up your child

Persons **NOT** authorized to pick up your child

Additional Required Information (optional) – Stafford Junction only uses this information for funding purposes.

Parents Primary Language (English, Spanish, Farsi, etc.): _____

Hispanic, Latino, or Spanish Origin: ☐ Yes ☐ No

Race (you may choose more than one):

☐ White ☐ Black/African American ☐ Native Indian/Alaska Native ☐ Native Hawaiian/Pacific Islander

☐ Asian ☐ Other _____

Are the Adults in the Household Employed? ☐ Yes, How Many _____ ☐ No, How Many _____

(How Many in Each Category)

Full Time _____ Part Time _____ Retired _____ Student _____ Unemployed _____

Estimated Household Income: ☐ Under 20,000 ☐ 20,000 – 40,000 ☐ 40,001-60,000

☐ 60,001-80,000 ☐ Over 80,000

Other Income (WIC, SNAP, SSI, SSD, etc.)

Does the enrolling child receive free or reduced lunch? ☐ FREE ☐ REDUCED

Emergency Medical Authorization and Waiver of Liability

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Medical Insurance Company _____ Policy Number _____

Transportation

I consent to the following transportation situations, allowing my child to be transported as outlined:

STEAM Camp (Monday June 9 – Thursday June 12): transportation is provided by Stafford Junction van on a first come, first served basis limited to 13 participants.

Summer Junction (Monday June 30 – Thursday July 31): transportation is provided through SCPS school buses.

Specific pick-up and drop-off locations and times will be shared with those registered through email

Code of Conduct

Stafford Junction practices four core values: Caring, Honesty, Respect, and Responsibility. We are not a daycare service. The program is staffed by volunteers whose sole responsibility is to provide stimulating activities to youth and prevent summer learning loss. Students' misbehavior will not be tolerated.

The standard disciplinary process is as follows: (1) verbal warning, (2) a second verbal warning and parents contacted, (3) two-day suspension from the program and parents contacted, and (4) finally dismissal from the program.

Exceptions: If a student commits a serious infraction, the Youth Programs Manager can immediately dismiss the child from the program.

Photograph and Video Waiver

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Parent/Guardian Print Name: _____

Parent/Guardian Signature: _____

Date: _____

Child's T-shirt size (choose one circle child or adult size):

Child Size:	X-Small	Small	Medium	Large	X-Large
Adult Size:	Small	Medium	Large	X-Large	2X