

JUSTICE ACADEMY SUMMER CAMP APPLICATION FORM

Camper Name _____

DOB _____ Age _____ Grade _____

T-Shirt Size (circle one): Youth: XS S M L XL Adult: XS S M L XL

Registering for:

_____ Section A (2 weeks)

_____ Section B (4 weeks, entire camp period)

Parent/Guardian Name _____

Address _____

City _____ State _____ Zip _____

Cell # _____ Work # _____

Home # _____

Emergency Contact _____

Relationship _____ Cell # _____ Work # _____

Camper must be signed in/out daily. List any add'l persons authorized to sign camper in/out of camp:

_____ Relationship _____ Phone _____

_____ Relationship _____ Phone _____

Is your son/daughter allergic to any medication and/or foods? Yes _____ No _____

If yes, please list: _____

Does your son/daughter require any special accommodations? If yes. Please describe:

Camper will need to submit a one-page essay (500 words) about why they would like to be part of the Justice Academy Summer Camp.

Parent/Guardian Signature _____ Date _____

I understand and agree to abide by the operation rules as set by the Legal Services Clinic and/or Justice Academy Summer Camp. My signature authorizes to use a photograph of my son/daughter named on this form in future promotion. My signature also authorizes my son/daughter to be treated by the first available medical facility and physician should the need arise, and authorizes emergency contact listed above to pick up my son/daughter from the program and make decisions regarding my child if I am not available. I understand that every effort will be made to contact me in the event that such an emergency should take place.

JUSTICE ACADEMY AFTER SCHOOL PROGRAM APPLICATION FORM

Student Name _____

DOB _____ Age _____ Grade _____

T-Shirt Size (circle one): Youth: XS S M L XL Adult: XS S M L XL

Registering for:

Parent/Guardian Name _____

Address _____

City _____ State _____ Zip _____

Cell # _____ Work # _____

Home # _____

Emergency Contact _____

Relationship _____ Cell # _____ Work # _____

Camper must be signed in/out daily. List any add'l persons authorized to sign camper in/out of camp:

_____ Relationship _____ Phone _____

_____ Relationship _____ Phone _____

Is your son/daughter allergic to any medication and/or foods? Yes _____ No _____

If yes, please list: _____

Does your son/daughter require any special accommodations? If yes. Please describe:

Students will need to submit a one-page essay (500 words) about why they would like to be part of the Justice Academy After School Program.

Parent/Guardian Signature _____ Date _____

I understand and agree to abide by the operation rules as set by the Legal Services Clinic and/or Justice Academy After School Program. My signature authorizes to use a photograph of my son/daughter named on this form in future promotion. My signature also authorizes my son/daughter to be treated by the first available medical facility and physician should the need arise, and authorizes emergency contact listed above to pick up my son/daughter from the program and make decisions regarding my child if I am not available. I understand that every effort will be made to contact me in the event that such an emergency should take place.