



Junior Camp Assistant Application

For Office Use Only: Date Application Rcv'd: _____ Approval: _____
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The Jr. Camp Assistant Training Program is an exciting professional development opportunity for rising 9th-12th grade students who are interested in working with children in an educational setting during our Camp IMAG weekly Spring/Winter/Summer sessions.

Students can apply to assist camp educators with the day-to-day camp activities. Be sure to check with your school for volunteer hours or community service credit!

Interested students (and their parents) should complete the application attached and return it to the IMAG Science and History Center for review. Museum staff will email to confirm application. Only a few spots will be filled based on performance and attendance during camp sessions.

Have you been a JCA in the previous camp sessions? Yes ____ NO ____

<p align="center"><u>Please select desired camp weeks</u></p> <p>___ Winter Session Week 1 Dec 26th - 29th</p> <p>___ Winter Session Week 2 Jan 1st -5th</p>

JCA Last Name	First Name	Age	Birthday	School Name	Grade in Fall '18
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Home Address	City	FL	Zip Code
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Home Phone	Cell Phone	Other Phone	Student Email Address
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Medical or Other Conditions that staff should be aware of

Parent or Guardian Name	Cell Phone	Other Phone	Parent Email Address
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Alternate Emergency Contact	Phone Number	Physicians Name	Phone Number
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Medications (Cannot be administered by staff)	Allergies	Special Needs
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I, the undersigned, in my individual capacity as parent or guardian of the minor child named in this application, hereby release and hold harmless the IMAG History & Science Center, its employees, instructors, volunteers, and supervisors, from any and all liability, actions, causes of action, debts, claims, demands or other liability of every kind and nature whatsoever which may arise from or in connection with my child's participation in any activities sponsored through the IMAG, whether caused by ordinary negligence or otherwise; or damages, both personal and property, arising out of or as a result of said minor child's attendance at Camp IMAG including transportation of campers to and from the IMAG. I assume all risks incident thereto with respect to myself and to any other individuals for whom this registration is made. I give permission for the IMAG staff to provide any medical assistance they feel appropriate for my child named above. I also give permission for any emergency personnel to treat my child in the event of an emergency. I will be responsible for any and all medical expenses that may be incurred. In case of emergency, the IMAG has my permission to have my child transported to and treated at Lee Memorial Hospital. This signed agreement will serve as a release or assumption of risks for my heirs, executor and administrators, assigns, or next of kin and for members of my family. If any portion of this release is found invalid, the balance will remain in full legal force and effect.

I hereby authorize the IMAG personnel to photograph, film, and/or interview the student during an IMAG program, to prepare slide presentations, photographs, video, and computerized multimedia in which the student named in this application will appear, so as to inform the public about the IMAG education programs.

Parent/ Guardian Signature

Parent/Guardian Printed Name

Date