



## 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 9<sup>th</sup>-12<sup>th</sup> grade students who are interested in working with children in an educational setting during our Camp IMAG Spring/Winter/Summer sessions.

Students may 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 an IMAG JCA in previous camp sessions? Yes \_\_\_\_ NO \_\_\_\_

<u>Please circle desired camp weeks/grade levels- Please note that selections are not guaranteed.</u>										
	<b>Week 1</b> 6/3-6/7	<b>Week 2</b> 6/10-6/14	<b>Week 3</b> 6/17-6/21	<b>Week 4</b> 6/24-6/28	<b>Week 5</b> 7/1-7/5	<b>Week 6</b> 7/8-7/12	<b>Week 7</b> 7/15- 7/19	<b>Week 8</b> 7/22 - 7/26	<b>Week 9</b> 7/29 - 8/2	<b>Week 10</b> 8/5 - 8/9
Grades K-2	Super IMAG Academy	Clue: IMAG Edition	Critter Keepers	Adopt a Bot	IMAG Master Chef	Lego Engineers	Mix and Mash	Backyard Scientists	The Fast and the Curious	The Wright Stuff
Grades 3-5	Nailed It	As Seen On	Wizard School	Game of Games	How to Train Your Robot	Spy School	Frankenputer	Kit Hackers	STEAMhunt	Blockbuster Science
Grades 6-8	No Camp	Tech Garage	IMAG Sci Fi Channel	Ice Cream Wars	No Camp	Drones, Droids, & Robots.. Oh My!	IMAG: Behind the Scenes	A Game of Phones	STEAMhunt	No Camp

JCA Last Name                      First Name                      Age              Birthdate                      School Name                      Grade Level

Home Address                      City                      State                      Zip Code

Home Phone                      Cell Phone                      Other Phone                      Student Email Address

Medical or Other Conditions that staff should be aware of

Parent or Guardian Name                      Cell Phone                      Physician's Name                      Physician's Phone Number

Alternate Emergency Contact                      Cell Phone                      Other Phone                      Student Email Address

Medications (Cannot be administered by staff)                      Allergies                      Special Needs

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.

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Parent/ Guardian Signature                      Parent/Guardian Printed Name                      Date

