



JA Alaska Biz Kids Camp

Camper Registration

Select Camp (you can choose more than one)

☐ June 8 – 12, 2026 | 8:00 AM – 3:30 PM | Changepoint | Grades K-8

☐ June 15 – 19, 2026 | 8:00 AM – 3:30 PM | Changepoint | Grades K-8

Camper Information

Student Name _____ Nickname _____

Date of Birth _____ Grade Level _____ School _____

Physical Address _____

Parent/Guardian Information

Parent/Guardian 1

Name _____

Cell Phone _____

Email _____

Work Phone _____

Parent/Guardian 2

Name _____

Cell Phone _____

Email _____

Work Phone _____

Student resides with: ☐ 1st Parent/Guardian ☐ 2nd Parent/Guardian ☐ Both

Emergency Information

Emergency contact must be 18 years old or older.

Emergency Contact _____ Relationship to student _____

Phone _____

I certify that the information on this form is true, accurate, and complete to the best of my knowledge.

Parent/Guardian Signature _____

Date _____



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Camper Information

Camper Name _____

Camper Daily Check In and Out

All campers must be checked in and out by a parent/guardian or person list below, and show state issued ID.

Names and phone numbers of persons other than parents/guardians allowed to pick up your child.

Name _____ Phone Number _____

Name _____ Phone Number _____

Name _____ Phone Number _____

Parent/Guardian Authorization

Please initial in agreement with each statement below.

_____ Junior Achievement of Alaska does not discriminate on the basis of race, color, sex, handicap, religion or national origin. Junior Achievement of Alaska reserves the right at its sole discretion to refuse an application or dismiss a child from camp. No refund will be made of fees if the child has attended any portion of the camping period.

_____ I give Junior Achievement of Alaska permission to photograph and/or videotape my child for public relations and/or marketing purposes. Photos will remain archived at Junior Achievement of Alaska and can be used for promotional purposes without notification.

_____ I agree to adhere to all the Policies and Procedures set forth by Junior Achievement of Alaska.

_____ I, the parent or guardian of the child (camper) listed above, am leaving my child in the care of JA Biz Camp Alaska and hereby release and waive against all claim of Junior Achievement of Alaska, its agents, employees, volunteers, representatives, officers, directors, from injuries or damages arising from injuries relating to my child's participation at the JA Biz Camp Alaska. I further agree to indemnify, save, and hold indemnities harmless from any loss, liability, attorney fees, damage, or cost that they (or any of them) may incur out of or related to the services offered by Junior Achievement of Alaska.

I certify that the information on this form is true, accurate, and complete to the best of my knowledge.

Parent/Guardian Signature _____

Date _____



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Medical Authorization Form

Camper Name _____

Camper Health and Medical Information

Allergies: (Please put N/A if your child does not have an allergy)

Food _____

Medication _____

Other _____

List all current medications regardless of whether it needs to be taken a camp or not:

Will your child need to take any prescription medications while at camp? ☐ Yes ☐ No

Please mark "Yes" if your child requires an Epi-pen.

If yes, you will receive a medical dispensing form. Return the form and medication in a Ziplock bag with your child's name on it on the first day they attend camp.

Medical Authorization

I authorize Junior Achievement management to act as the agent of the parents in any emergency situation or to administer basic first aid for the health and welfare of the camper involved. I am responsible for the expenses involved if the services of emergency personnel, medical professionals or a hospital are required.

Preferred Hospital _____

Parent/Guardian Signature _____ Date _____

Additional Camper Information

Please provide any additional information about your child that is important for camp staff to know, medical or otherwise.

I certify that the information on this form is true, accurate, and complete to the best of my knowledge.

Parent/Guardian Signature _____ Date _____