



For Office Use Only:

**Activity Information**

Stafford Junction/Summer Junction  
791 Truslow Road, Fredericksburg, VA 22406  
(540) 368-0081

**Summer Junction Dates & Times**

July 1 - August 1, 2019  
Monday & Wed. Pre-K & K, 12-3pm  
Tuesday & Thursday Grades 1-5, 1-4:00pm

**Summer Junction Participation 2019**

Participant Information (To be completed fully by the parent or guardian)

Name of Participant: \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. \_\_\_\_\_ Sex \_\_\_\_\_  
Grade as of 2018-2019 school year \_\_\_\_\_  
Grade as of 2019-2020 school year \_\_\_\_\_

Name of Parent(s)/Guardian(s): \_\_\_\_\_

Email: \_\_\_\_\_ Telephone number: ( ) \_\_\_\_\_ - \_\_\_\_\_

Physical Address: \_\_\_\_\_ (City) \_\_\_\_\_ VA (Zip Code) \_\_\_\_\_

Name of child's school: \_\_\_\_\_ Name of neighborhood: \_\_\_\_\_

Days of the week enrolled in Summer Junction \_\_\_\_\_ Monday and Wednesday (Pre-K & K, 12-3pm)  
\_\_\_\_\_ Tuesday and Thursday (Grades 1-5, 1-4:00pm)

Check One:

- I give my child permission to be transported during Summer Junction in church vans.
- I will make arrangements for my child to be transported to Summer Junction.

Names of persons authorized to pick up child: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

T-Shirt Size Check One:

Youth Small  Youth Medium  Youth Large  
 Adult Small  Adult Medium  Adult Large  Adult XL

Is your son or daughter enrolled in the school year Brain Builders program?  Yes  No

Do you have other children enrolled in Summer Junction? Yes, Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

Will your child be enrolled in Badges for Baseball (Ages 7 & Up) June 24- June 28?  Yes  No

Does your son or daughter receive free or reduced lunches?  Free  Reduced  No

***It is the policy of Stafford Junction not to discriminate on the basis of sex, race, national origin, creed, religion, age, or disability in its educational programs and activities. The following section MUST be completed for grant tracking purposes, in its entirety.***

Parent Primary Language:  English  Spanish  Other (specify) \_\_\_\_\_  
Student Race:  African-American  Asian  American Indian  Caucasian  Other (specify) \_\_\_\_\_  
Approximate Household Income: Weekly \$ \_\_\_\_\_ or Monthly \$ \_\_\_\_\_ or Yearly \$ \_\_\_\_\_  
Other Income:  SSI  WIC  SNAP

**\*\*\*\*\*IMPORTANT\*\*\*\*\***

**Please return this form into Stafford Junction no later than June 14, 2019 for proper processing of forms. If your child is currently enrolled in Brain Builders, please have your child return the form during Brain Builders as soon as possible.**



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**Health/Emergency Information**

Name of any person(s) unauthorized to pick up child: \_\_\_\_\_

Name and Phone number in case of emergency: \_\_\_\_\_

List allergies and medical conditions: \_\_\_\_\_

Will your child need medication(s) administered during Day Camp?  No  Yes (specify)\_\_\_\_\_

Is Stafford Junction authorized to approve medical treatment?  No  Yes

Is camper covered by personal/family health insurance?  No  Yes \_\_\_\_\_

**Participation Agreement**

I recognize that participation in the activity described above involves a risk to the Participant (and the parents or guardians of the participant, if the participant is a minor), and can lead to various types of injuries, including but not limited to, the following: sickness, physical injury, death, emotional damage, personal injury, property damage and economic damage. In consideration for the opportunity to participate in activities Stafford Junction, the participant (or parent / guardian if entrant is a minor) acknowledge and accept the risk associated with participation and transportation to and from Stafford Junction injuries. The participant (or parent / guardian) accepts personal financial responsibility for any damage or other loss suffered during activities in Stafford Junction or during transport to and from Stafford Junction, as well as for any medical treatment provided to the participant who is authorized by Stafford Junction or its agents, employees, volunteers, or any other representatives (collectively referred to hereinafter as the Stafford Junction.) In addition, the participant (or parent / guardian) releases and agrees to indemnify, defend and hold harmless Stafford Junction for any damage arising directly or indirectly from the activities or transportation to and from Stafford Junction if such injury arising from the negligence of employees Stafford Junction, volunteers, interns, the participant, or otherwise. If a dispute over this agreement or any claim for damages arises, the participant (or parent / guardian) agrees to resolve the issue through a process of mutually acceptable alternative resolution of conflicts. If the participant (or parent / guardian) and Stafford Junction can not agree on a process of this type, the dispute shall be submitted to an arbitration panel of three members for resolution in accordance with the rules of the American Association Arbitration.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parental Consent**

Please Initial:

\_\_\_\_\_ Acknowledgement and Consent: I understand the conditions under which it operates Stafford Junction is not providing childcare service. I understand that the staff is local and community volunteers.

\_\_\_\_\_ Waiver of photography and video: For internal and external use including but not limited to the website and Facebook Stafford Junction. Stafford Junction acknowledges that can include photographs or videos of participants taken during activities. Consent to the use and therefore waive all rights to compensation.

\_\_\_\_\_ Permission to participate in field trips: I give permission for my child to go on field trips as part of the activities of this program. This includes permission to be transported to the activities in person and/ or vehicles church.

Note: Your signature below acknowledges that you have read and accept the policies of Stafford Junction as described above.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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