



JEDI Robotics Summer Camp

Registration Form

Spots fill up fast, register today. Registration forms must be received by **May 15, 2025**

Camp Details:

- Dates: May 27-30
- Time: 8:00 AM - 12:00 PM
- Cost: \$75.00

Camper Information:

- Camper's Name: _____
- Grade (25-26 School Year): ____ 4th ____ 5th ____ 6th ____ 7th ____ 8th
- Health Concerns (Please list any allergies, medical conditions, or dietary restrictions):

Parent/Guardian Information:

- Parent/Guardian Name: _____
- Relationship to Camper: _____
- Address: _____
- City, State, Zip: _____
- Phone Number: _____
- Email Address: _____

Emergency Contact Information:

- Emergency Contact Name (Other than Parent/Guardian):

- Relationship to Camper: _____
- Phone Number: _____

Payment Information:

- Payment Method: (Check One)
 - ☐ Check (Payable to: **JALSD-Robotics**)
 - ☐ Cash
- Amount Paid: \$ _____



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Waiver and Release:

I, _____ (Parent/Guardian Name), hereby give permission for my child, _____ (Camper Name), to participate in the JEDI Robotics Summer Camp. I understand and acknowledge that there are inherent risks associated with participating in robotics activities, including but not limited to, minor injuries. I hereby release and hold harmless the camp organizers, instructors, and volunteers from any and all liability for any injuries or damages that may occur during the camp.

I also give permission for the camp to use my child's image in camp pictures and videos that are for the purpose of promoting the camp.

Parent/Guardian Signature: _____ Date: _____

Please return this completed form along with your payment by May 15 to:

**Nancy Hamper
JAHS- Robotics Camp
207 W. Mulberry St.
Jefferson, OH 44047**

Contact Coach Hamper with any questions:

nancy.hamper@jalsd.org

For camp organizers:

- Confirmation of payment received: _____
- Date payment received: _____
- Camper confirmed to attend: _____