

Registration



Name _____ Sex _____

Address _____ City _____ State _____ Zip _____

Parent/Guardian/Emergency Contact Name _____

Parent/Guardian/Emergency Contact Email _____ Phone _____

Participant Email _____ Phone _____

School Name _____

City _____ State _____

Date of Birth-Students Only ____/____/____ Graduation Year _____

Roommate Request (Name/school)-Students Only _____

Allergies/ health concerns/special diet _____

T-shirt Size (circle) Small Medium Large X-large

Acknowledgement and Assumption of Risk, and Release of Liability

I verify that my child have/has been checked by a licensed physician and is physically able to participate in the Virginia Association of Journalism Teachers and Advisers jCamp. As the parent or guardian of _____, I understand the nature and scope of the jCamp events and activities at James Madison University. I understand that, despite appropriate safety precautions, JMU cannot guarantee that no injury will occur in the course of my child's participation in the jCamp's events and activities at JMU. Further, I assume all risks resulting from his/her participation in jCamp's events/activities to be conducted at or about JMU.

The undersigned participant and his/her parent/legal guardian agree to hold the Virginia Association of Journalism Teachers and Advisers and James Madison University, their employees, trustees, officers, volunteers and agents harmless from any claims, damages, losses and/or expenses arising out of participation in camp activities and to assume all liability for any and all personal injury, bodily injury, illness or property damage that occurs as a result of participation in such camp activities. Signature of this agreement also warrants that participation is voluntary and that the participant and undersigned have read and understand the camp policies. The participant agrees to obey all rules and policies mandated by camp personnel.

It is imperative that all student participants in jCamp are covered by health insurance for the term of the camper's attendance. In addition, the participant and his/her parent/legal guardian agree to give James Madison University and its representatives permission to provide emergency medical response and/or treatment as needed for any injury or illness that may occur while the participant is involved in camp activities and agree to release James Madison University and its representatives from all liability arising out of such treatment. In case of medical emergency, the participant or his/her parent/legal guardian will be fully responsible for all expenses.

The undersigned participant and his/her parent/legal guardian also give permission for photographs and/or video to be taken during the activities at jCamp. These images and video will remain the property of James Madison University and may be used in publications and marketing campaigns for future workshop.

Tracks

(Indicate 1st and 2nd preferences.)

- _____ Reporting & Writing
- _____ Sports Writing
- _____ Photojournalism
- _____ Online Journalism
- _____ Video Journalism
- _____ Editorial Leadership
- _____ Design & Redesign

Payment Information

Early-Bird (postmarked by Mar 1), \$425
Normal (postmarked Mar 1-May 1)..... \$475
Late (postmarked May 1-Jun 1)..... \$525
Commuter Rate...Subtract \$200 from the rate above

Send this registration form and a check, purchase order or money order payable to VAJTA at James Madison University to:

Valerie Kibler
1062 Dodson Road
Mount Jackson, VA 22842

Participant (Please Print)

Participant Signature

Parent/Guardian, if student is under 18 (Please Print)

Parent/Guardian Signature

Photos by Bradley Wilson, Brad Jenkins and The Breeze