



R E G I S T R A T I O N
F O R M
P L E A S E P R I N T

P E R S O N A L I N F O R M A T I O N

Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone (_____) _____ Cell Phone (_____) _____

Email _____ Birthdate _____

Parent/Guardian(s) Name(s) _____

A C A D E M I C I N F O R M A T I O N

School Name _____ City & State _____

Grade/Year _____ GPA _____ Class Rank _____

Extracurricular Activities _____

F I N A N C I A L I N F O R M A T I O N

Do you have a savings account? Yes No If yes, how often do you deposit money? _____

Do you receive an allowance? Yes No Do you have a job? Yes No

If yes, what do you do? _____

K N O W L E D G E , S K I L L S & A B I L I T I E S

Do you have a computer at home? Yes No If so, PC or MAC? _____

List the Microsoft Office programs you are familiar with? _____

P A R T I C I P A N T A G R E E M E N T

Participant Requirements

- Must be in junior or senior high (or a 2011 high school graduate)
- Must have a savings account
- Must arrive on-time and be prepared at the start of each session
- Must keep cell phone on vibrate or silent during all sessions
- Must observe the Business Casual Dress Code below:
 - No jeans, t-shirts, gym shoes or baggy pants
 - Males: collared shirt and slacks; no earrings or braids
 - Females: dress, skirt, pants and shirt (no sleeveless, low-cut or midriff tops)

- I have read the participant requirements and agree to adhere to the guidelines that have been laid out for me. I will be a willing participant and a team player during the camp. I understand that my failure to comply with the participant requirements and any improper conduct during the event will result in my removal from the camp and the loss of camp fees.

Signature of Participant

Date of Signature

P A R E N T A L / G U A R D I A N R E L E A S E

- I hereby authorize and give my consent to A Millionaire's Journey to photograph/video my child (or me), and without limitation, to use such photographs/video in connection with promoting/advertising the services, programs, and facilities of the Youth Business Day Camp, without consideration of any kind. I have read and fully understand the above important information, warning of risk, assumption of risk, waiver and release of all claims, and photo/video authorization. If registering online or via fax, my online or facsimile signature shall substitute for and have the same legal effect as an original form signature.
- I have read through the Participant Agreement with my child and will ensure that he/she observes the requirements of the camp.
- I, _____, give my permission for my child to participate in the A Millionaire's JourneySM Youth Business Day Camp. I understand that my child will be participating in activities on-site at Wheaton Christian Center (WCC) and off-site with field trips, job shadowing and business plan preparation activities. In granting permission, I agree to assume the full risk and liability for any and all injury, damage or loss to any person or property caused by my child and waive and release all claims for injuries, damages or loss which might be sustained as a result of participating in any and all activities connected with and associated with this camp (including transportation services and vehicle operations when provided). I expect WCC to provide my child with transportation to and from the agreed upon



**P A R E N T / G U A R D I A N P E R M I S S I O N &
M E D I C A L R E L E A S E F O R M**
P L E A S E P R I N T

Signature of Parent or Guardian	Date of Signature
Daytime Telephone Number	Evening Phone Number
Cell Phone Number	Emergency Phone Number
2 nd Emergency Contact/Relationship	2 nd Emergency Contact Number

MEDICAL INFORMATION/RELEASE

Does your child have any food or medicine allergies? Yes No

If yes, please list. _____

Is your child on any medication(s)? Yes No

If yes, please list. _____

I, _____, release my child, _____, to receive medical care and do hold harmless WCC, its affiliates and partner organizations and the staff and volunteers of the aforementioned organizations, their subsidiaries and contractors.

Medical Insurance Company/Provider	Policy No.
Physician Name	Physician's Phone Number
Signature of Parent or Guardian	Date of Signature