



Application ver 1.0



2017 JMM Computer Science Camp

June 19 - 23, 2017

Grades 6th – 9th (2017-18 school year)

9am – 3pm with extended care available

Jackson Medical Mall

Jackson, MS

Date of Application _____

Student Name _____

Student Address _____

Student City, ST, Zip _____

Student Birthdate _____ Age _____ Grade (2017-18) _____

Student School _____ City _____

Parents Name _____

Parents Cell / Home Phones _____

Emergency Contact (Name/Phone(s)) _____

This application is only valid with a completed Liability & Medical Packet & Waiver Packet (2 packets).

Applicant will provide their own lunch each camp day.

Parent/Guardian Name (Printed) _____

Parent/Guardian Signature _____ Date _____