

Journalism Camp at Belmont University  
June 22-25, 2009

**Student application form due May 31, 2009. Camp is limited to 45 participants.**

FIRST NAME	LAST NAME	GENDER	DATE OF BIRTH
HOME ADDRESS: STREET	CITY	STATE	ZIP
TELEPHONE	E-MAIL		
NAME OF HIGH SCHOOL	CITY	STATE	

**CIRCLE YEAR IN SCHOOL FOR 2008-09:**

FRESHMAN      SOPHOMORE      JUNIOR

**PLEASE INDICATE T-SHIRT SIZE:**

S      M      L      XL      XXL

**PARENTAL CONSENT AND MEDICAL WAIVER (parent or guardian must fill out completely)**

This document is to ensure that persons under age 18 have permission from their parent or legal guardian to participate in the Journalism Camp at Belmont University June 22-25, 2009. It is also very important all student participants in camp are covered by health insurance. We want to ensure that your child's stay during the program is a safe one. Whether or not your child has health insurance, it is imperative that you review the statement below and sign it. This statement releases Belmont University from all liability during the camp, should your child require medical attention.

I, (parent or guardian) \_\_\_\_\_, hereby release Belmont University from any liability for my child during camp. In case of medical emergency, I will be fully responsible for all expenses. I hereby give permission for my child to participate in the Journalism Camp at Belmont University.

NAME OF PARENT OR GUARDIAN	RELATION TO STUDENT
SIGNATURE OF PARENT OR GUARDIAN	DATE
DAYTIME PHONE NUMBER (AREA CODE/NUMBER)	CELL/EVENING PHONE (AREA CODE/NUMBER)
CONTACT IN CASE OF EMERGENCY	RELATION TO STUDENT
DAYTIME PHONE (AREA CODE/NUMBER)	CELL/EVENING PHONE (AREA CODE/NUMBER)

**Cost:** \$200; send non-refundable deposit of \$100 with registration form.

Remaining balance due NO LATER than June 12, 2009. Credit card payments accepted upon request.

**Check payable to: J-Camp 2009**

**Mail application & check to:**

Bonnie Wagonfield, New Century Journalism Program, 1900 Belmont Blvd., Nashville, TN 37212