

# Camp Gan Israel

## Registration form

2020-5780

### Camper information!

Campers First Name \_\_\_\_\_ Family Name \_\_\_\_\_  
Hebrew name \_\_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Age \_\_\_\_ Grade completing this June \_\_\_\_\_ **Session: \_\_\_\_\_ Full \_\_\_\_\_ 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup>**  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_  
Mother's Hebrew name \_\_\_\_\_ Father's Hebrew name \_\_\_\_\_  
Email: \_\_\_\_\_ Email: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Cell: \_\_\_\_\_ Cell: \_\_\_\_\_  
Cell carrier: \_\_\_\_\_ Cell carrier: \_\_\_\_\_  
Work: \_\_\_\_\_ Work: \_\_\_\_\_

**Please note:** these numbers are needed for updates and in the event of an emergency.

Marital status: M D S W Child resides with \_\_\_\_\_

### **Emergency Information and Pick-Up Authorization**

1<sup>st</sup> Emergency contact name and phone: \_\_\_\_\_

2<sup>nd</sup> Emergency contact name and phone: \_\_\_\_\_

Persons authorized to pick up camper (Include Names and phone numbers):  
\_\_\_\_\_  
\_\_\_\_\_

Camper's strong likes and dislikes? \_\_\_\_\_

Camper makes friends: Easily \_\_\_\_\_ Fairly well \_\_\_\_\_ with difficulty \_\_\_\_\_

How does your child feel about going to camp this summer? \_\_\_\_\_

What is the most important thing that you would like us to know about your child? \_\_\_\_\_  
\_\_\_\_\_

Are there any special situations or difficult transitions in your Child's life (i.e.- moving, school, changes in family situations, etc.)? It is important for your child that you use this space to share this information with us. \_\_\_\_\_  
\_\_\_\_\_

Are the natural parent's of the child/ren Jewish? Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Any conversions or adoptions in the family? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes please explain \_\_\_\_\_

Are you affiliated with any Synagogue? Yes \_\_\_\_\_ No \_\_\_\_\_ Name \_\_\_\_\_

Does your child attend Hebrew school \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Name of full time school now attending \_\_\_\_\_

Does your child swim? Yes \_\_\_ No \_\_\_ Does your child have fear of water?  
Yes \_\_\_ No \_\_\_

Swim level: List most recent American Red Cross Card, child earned, Date &  
Place received \_\_\_\_\_

T-shirt size-please circle-6-8 10-12 14-16 Adult S Adult M Adult L

*Actual shirt size usually run small (e.g. if you need a 10-12 size order 14-16 etc.)*

I would be willing to help in camp activities  yes  no

### **Medical/Health Information**

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Health Insurance Policy \_\_\_\_\_ Policy # \_\_\_\_\_

Medication that your child takes regularly \_\_\_\_\_

Will this medication need to be dispensed at camp? \_\_\_\_\_

Special dietary needs or restrictions: \_\_\_\_\_

Any recent surgery or serious illness: \_\_\_\_\_

List any allergies (food or medication) \_\_\_\_\_

Is your child prone to ear? Sinus infection? \_\_\_\_\_ Other? \_\_\_\_\_

Does your child have any mental or social handicap or any other problem of  
which we should be aware in caring for him/her? \_\_\_\_\_

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### **Please enclose with these forms a copy of your child's immunization records and child's health examinations forms.**

- 1) I give my permission to use the photograph of my child as well as myself for promotional purposes. Camp group list can be disseminated with campers and parents names and phone numbers.
- 2) My child has my permission to participate in Camp Gan Israel Day Camp. I understand that this program includes field trips and activities off the premises.
- 3) I understand that in case of emergency and I am unable to be contacted, I give permission to Camp Gan Israel to authorize any emergency action necessary to insure the safety of my child.
- 4) I understand that by participating in any Camp Gan Israel activities and use of any recreational facilities involves risk of accidental injury despite all safety precautions. Having been informed of the activities to be conducted by the Camp Gan Israel, I/ We as an individual or as a parent or guardian of the participants named herein, assume all risk and hazards incidental to the activities and release from responsibility and agree to indemnify and hold harmless the Camp Gan Israel, its officers, directors, independent contractors, volunteers and all employees for any illness or injury to me or my children or family members occurring during his/her/our participation in any activities or use of any facilities at or conducted by Camp Gan Israel.
- 5) I understand that all deposits are non refundable.
- 6) I understand that by enrolling in Camp Gan Israel I am agreeing to abide by all its policies.
- 7) I have read the application forms and parent handbook and agree to abide by all its policies.

Signed (Parent or Guardian) \_\_\_\_\_ Date of Registration \_\_\_\_\_