

Camp Gan Israel Registration form

2012-5772

Camper information!

Campers First Name _____ Family Name _____

Hebrew name _____ Boy _____ Girl _____ Date of Birth _____

Age ____ Grade completing this June _____ Session: Full 1st 2nd

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

1st Emergency contact name and phone: _____

2nd 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.)

New for 2012: Electives: Softball ___ Scrapbooking ___ or choose both ___

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? _____

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 _____