

CAMP GAN ISRAEL REGISTRATION FORM 2015

CAMPER INFORMATION

1. Name (Last, First, MI)	School (fall 2015)	Grade Entering	Birth Date	Age	M/F
	Hebrew School (if applicable)	Shoe Size	Dates of Attendance		
2. Name (Last, First, MI)	School (fall 2015)	Grade Entering	Birth Date	Age	M/F
	Hebrew School (if applicable)	Shoe Size	Dates of Attendance		
3. Name (Last, First, MI)	School (fall 2015)	Grade Entering	Birth Date	Age	M/F
	Hebrew School (if applicable)	Shoe Size	Dates of Attendance		

PARENT OR GUARDIAN – All parents/guardians are permitted to visit during camp hours and are allowed to pick up the child unless access is prohibited or restricted by a court order.

Mother's Name	Address –Home (Street, City)	Home Phone No.	Cell Phone No.	Work Phone	Email Address
Father's Name	Address –Home (If different)	Home Phone No.	Cell Phone No.	Work Phone	Email Address

EMERGENCY CONTACT – The person(s) to be notified in an emergency when parents/guardians cannot be reached. ☐ Yes ☐ No This person is authorized to pick up child.

Name	Relationship to Child	Address – Home (Street, City)	Contact No.	Phone Other
Name	Relationship to Child	Address – Home (Street, City)	Contact No.	Phone Other

AUTHORIZED PERSONS –Persons other than parents/guardians who are authorized to pick up the child. **Please Note: Your child will NOT be released to anyone not on this list!**

☐ Yes ☐ No I am interested in car-pooling with other parents.

PHYSICIAN OR MEDICAL FACILITY

Name	Address (Street, City, State, Zip Code)	Telephone Number
------	---	------------------

HEALTH HISTORY –A *Health History and Emergency Care Plan* form is required, by law, for each child. Please fill out these additional questions.

In the past six months, has your child had any serious illness?	Camper 1: <input type="checkbox"/> No <input type="checkbox"/> Yes If so, please list:	Camper 3: <input type="checkbox"/> No <input type="checkbox"/> Yes If so, please list:
	Camper 2: <input type="checkbox"/> No <input type="checkbox"/> Yes If so, please list:	
In the past six months, has your child been on any medications?	Camper 1: <input type="checkbox"/> No <input type="checkbox"/> Yes If so, please list:	Camper 3: <input type="checkbox"/> No <input type="checkbox"/> Yes If so, please list:
	Camper 2: <input type="checkbox"/> No <input type="checkbox"/> Yes If so, please list:	
Does your child receive individualized assistance in school?	Camper 1: <input type="checkbox"/> No <input type="checkbox"/> Yes If so, please list:	Camper 3: <input type="checkbox"/> No <input type="checkbox"/> Yes If so, please list:
	Camper 2: <input type="checkbox"/> No <input type="checkbox"/> Yes If so, please list:	

DEPOSIT PAYMENT INFORMATION

Name on Card:	Total Deposit Amount :
CC Type:	CC Number: Exp Date: CCV:

REGISTRATION POLICIES AND PARENTAL CONSENT

I hereby permit Camp Gan Israel to transport my child(ren) on camp provided transportation and to obtain emergency medical care as the situation mandates.

It is my responsibility to apply sunscreen on my child(ren) every morning before camp and to send along a labeled bottle for reapplication. However, in case of emergency, Rocky Mountain SPF 30 sunscreen is provided. I am giving my permission for my child(ren) to participate in any pontoon/speed boating, horseback riding, ropes course, field trips, overnight trips and any other activity that is scheduled on the CGI calendar for his or her age group. I allow Camp Gan Israel to photograph and/or videotape my child(ren) and to use these images for all promotional purposes.

I understand that my deposit is non-refundable and that **full payment is due or a payment plan must be set by June 1st** at which time the balance of tuition becomes non-refundable, and that refunds will not be made for incomplete attendance. In addition, I understand that sending in a deposit does not guarantee me a spot in camp, and that acceptance into Camp Gan Israel is at the discretion of the camp.

The parent who signs this registration form represents that he/she has full authority to do so and will be responsible for payment of the camp fees.

SIGNATURE – Parent or Guardian

Date Signed