



Camp Gan Israel of Bethesda-CC 2011 Registration Form



CAMPER INFORMATION

Last Name	First Name	Hebrew Name	DOB	Age	Gender
Care Card Number	Previous Camp Experience	School Attending			Grade Compl.
Home Address					
City / ST / Postal Code			E-Mail Address		
Father's Name	Hebrew Name	Home Phone	Work / Cell Phone	Occupation	
Mother's Name	Hebrew Name	Home Phone	Work /Cell Phone	Occupation	
Emergency Contact		Relation to child	Cell Phone	Other Phone	
Family Doctor		Address of Practice		Office Phone	

SESSIONS and FEE SCHEDULE – Indicate # of sessions and dates

Full Day Option	<input type="checkbox"/> 1 Session - \$450 <input type="checkbox"/> 2 Sessions - \$850 <input type="checkbox"/> 3 Sessions - \$1250 <input type="checkbox"/> Extra Week - \$250 <input type="checkbox"/> 3 Sessions + Extra Wk - \$1450
Half Day Option (Kiddie Kamp only)	<input type="checkbox"/> 1 Session - \$300 <input type="checkbox"/> 2 Sessions - \$550 <input type="checkbox"/> 3 Sessions - \$800 <input type="checkbox"/> Extra Week - \$150 <input type="checkbox"/> 3 Sessions + Extra Wk - \$900

Session One: June 27 – July 8
 Session Two: July 11 – July 22
 Session Two: July 25 – July 5
 Extra Week: August 8 – August 12



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CONDITIONS OF ENROLLMENT AND PARENT RELEASE FORM

- A. The camper and parents agree to abide by the rules and regulations set by the camp for the health, safety and welfare of the campers.

- B. The camp is not responsible for articles of clothing, or personal belongings lost or damaged.

- C. The camp will make every effort to protect the health and safety of every camper. However, it will not be responsible for the injury or health impairment of any camper. Therefore, it is understood the Camp Gan Israel cannot assume responsibility for accidents or losses, as a non-profit organization, and I do hereby release the Camp Gan Israel from any liability for injury or loss to my child.

- D. In case of emergency, doctors and hospitals may refuse to treat a minor unless the expressed prior consent of a parent or legal guardian has been obtained. Because of the possibility of being unable to reach a parent in an emergency, we request your permission (as indicated by your signature below) to exercise our best judgment in this matter, but without liability for such a determination.

- E. I do give my child permission to participate in the Camp Gan Israel, which includes field trips where campers may walk or be conveyed by other modes of transportation. I also permit my child to take part in all other activities that are included in the Camp Gan Israel. The above releases from liability also apply here, as well.

PARENT'S SIGNATURE _____ DATE _____

REFUNDS

- A. If the camper is ill prior to going to camp, then a doctor's certificate attesting to such illness must be sent to the Camp Office with a request for a refund of camp fees. The maximum amount refundable under this clause shall not exceed two-thirds of all camp fees.

- B. No refund shall be given in the instance where a camper starts later than the agreed upon date of commencement or misses a regularly scheduled camped day.

- C. No refund shall be made in the instance where a camper terminated attendance earlier than the agreed upon date, unless it is in the Camp Director's judgment that such earlier termination is necessary due to illness or other cause. In such an event a refund may be made not exceeding 50% camp fees.

- D. In the event that a camper voluntarily terminates attendance prior to the agreed upon date of termination, no refund shall be made.

CAMP T-SHIRTS - MUST BE WORN ON TRIP DAYS

\$10.00 each T-SHIRT	Size of T-shirts: Small - (6/8) _____ Medium - (10/12) _____ Large - (14/16) _____ XL - (18+) _____
# of shirts _____	



Camp Gan Israel of Bethesda-CC Health History & Medical Release



Please have your child’s primary care physician complete the following form and return it as soon as possible. NO CHILD WILL BE ALLOWED TO ATTEND CAMP WITHOUT A COMPLETED MEDICAL RELEASE FROM THE CHILD’S PHYSICIAN.

I) CHILD’S FULL NAME: _____ DATE OF BIRTH: _____

NAME OF PRIMARY CARE PHYSICIAN/PRACTICE: _____

PHYSICIAN’S ADDRESS: _____

PHYSICIAN’S PHONE #: _____ SECONDARY #: _____

II) PAST OR PRESENT CONDITIONS, ALLERGIES, ILLNESS(ES) AND/OR INJURIES OR SURGERY:

III) MEDICATION(S) CURRENTLY BEING TAKEN (NAME, DOSAGE, CONDITION):

IV) DOES THE CHILD NEED TO BE GIVEN MEDICATION DURING CAMP? IF YES, PLEASE ADVISE EXACT INSTRUCTIONS ON HOW MEDICATION SHOULD BE GIVEN (NAME OF MEDICATION, AMOUNT, NUMBER OF PILLS, TIMES, SIDE EFFECTS, RESTRICTIONS, ETC.):

V) PLEASE ATTACH COPY OF IMMUNIZATIONS: DPT, MMR, TB, HIB, TETANUS, HEP B, POLIO (TOPV), CHICKEN POX.

VI) ON THE BASIS OF PAST MEDICAL EXAMS AND THE CHILD’S HISTORY, IS THERE ANY MEDICAL REASON WHY THIS CHILD SHOULD NOT PARTICIPATE IN ALL CAMP SPORTS, TRIPS AND ACTIVITIES? _____ IF YES, PLEASE EXPLAIN:

VII) I HAVE EXAMINED THE ABOVE CAMP APPLICANT WITHIN THE PAST YEAR. ALL INFORMATION LISTED ABOVE IS CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF PHYSICIAN: _____ DATE: _____

NAME OF PHYSICIAN (PLEASE PRINT): _____