

Camp Gan/Camp Shalom 2011 Registration Form

Campers Information:

Last name: _____ First name: _____
 Date of birth: _____
 Age: _____ Entering grade _____

Parent or Guardian Information:

Last name: _____ First name: _____
 Address: _____
 City, state, zip: _____
 Home phone: (____) _____ Work phone: (____) _____

Application fee	
Session I	
Session II	
AM care	
PM care	
Extended care	
Other adjustments	
Total Due	

Circle days attending: M T W Th F
 Circle Weeks attending:

Week 1	Week 2	Week 3	Week 4
Week 5	Week 6	Week 7	Week 8

Health and Release Information

In the event of an emergency, when no parent or guardian can be reached, I authorize the following individuals to act in my behalf:

Name: _____ Phone: _____
 Name: _____ Phone: _____

In the event of an emergency which affects the health of the participant, I undersigned, do hereby authorize Camp Shalom to contact directly the person named on this form if neither parent nor guardian can be contacted. I authorize the named physician to render treatment as may be deemed necessary in an emergency, for the health of the participant. In the event that neither parents, guardians, nor physician can be reached, I hereby give the personnel of Camp Shalom permission to make arrangements for emergency medical attention, to transport the individual to an accredited facility for diagnosis and treatment and to authorize the administration of medication as necessary. I request and authorize physicians, dentists and staff of the accredited medical facility to perform any diagnostic procedure, treatment procedure, x-ray treatments and administration of anesthetics as may be necessary in the diagnosis and treatment of the above participant. I understand that I have not been given a guarantee as to the results of examination or treatment. I agree to pay for the services rendered and expenses incurred pursuant to this authorization.

Furthermore, I will not hold Camp Shalom or their Officers, Directors, Administration, Teachers, Personnel, or Employees financially responsible for the emergency care and/or transportation for said participant. The authority granted herein will expire one year from the acknowledged date.

I give my permission for my child to participate in all activities including trips away from camp.

I give my permission for camp to use my child's photograph/video in all program publications and publicity .

I give permission for my child to be transported by a Camp vehicle for offsite activities. (Does not apply to infants, mini-tots, or toddlers.)

Please list any allergies, chronic conditions that we might need to know about:

I give permission to apply sunscreen on my child. I am supplying _____

Any medications to be administered _____ Telephone: _____
 Name of physician: _____ (____) _____

I hereby agree to all of the above. All information given is accurate.

Signature of Parent or Guardian _____