



# Camp Gan Israel of Greater S. Petersburg Registration Form 2012

June 25-July 20th

Please fill in the form as neatly as possible!

Family Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Email \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Emergency Contact (Other than parents):**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**Camper Information**

	First Name	T-shirt size	Age	Date of birth	Grade Entering	Session (please circle)				
Camper #1				/ /		1	2	3	4	full session
Camper #2				/ /		1	2	3	4	full session
Camper #3				/ /		1	2	3	4	full session

**Quick Health Notes**

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Do any of the children attending camp have any health problems or disabilities? Please specify which child. \_\_\_\_\_

Medication? \_\_\_\_\_ Allergies? \_\_\_\_\_

Are there any activities in which your child/ren should not participate?

Why? \_\_\_\_\_

Do your child/ren swim? Yes \_\_\_ No \_\_\_

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

My child/ren may be dismissed to: 1. \_\_\_\_\_ Relation to camper \_\_\_\_\_

2. \_\_\_\_\_ Relation to camper \_\_\_\_\_



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## Registration Form

### Camp Divisions and Dates

**\$75 non-refundable registration fee per camper due with registration. The registration fee will be applied toward the total camp tuition.**

**Camp Tuition includes most trips and daily snacks.**

**Note: For safety purposes, all campers are REQUIRED to wear the camp T-shirt. T-shirts can be purchased for \$7 each. Please place your order by June 1st so we can guarantee to have the correct size in stock.**

Group	Early Bird (by 4/15/2012) Weekly price	Early Bird (4/15/2012) Whole summer price	Regular weekly price	Regular whole summer session
Main Camp 5-10 yrs	\$150	\$580	\$165	\$640
Pioneers 11-12yrs	\$165	\$640	\$180	\$700
C.I.T's Girls 13-15 yrs	\$135	\$520	\$150	\$580

	Number of Sessions	@ \$__ Amount	= Total \$
Camp Tuition			
Extended care (\$40 per week for pre-care, \$40 per week for after-care)			
T-Shirt (\$7 each)			
<b>TOTAL</b>			

<b>Payment</b>	<input type="radio"/> I am enclosing full payment by check.		
	<input type="radio"/> Charge my card for the full amount. <span style="margin-left: 100px;"><input type="radio"/> M/C</span> <span style="margin-left: 50px;"><input type="checkbox"/> Visa</span> <span style="margin-left: 50px;"><input type="checkbox"/> Amex</span>		
	Card No.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Expiration:
	Amount:	_____	
Signature:	_____		



# Camp Gan Israel of S. Petersburg Registration

## TERMS AND CONDITIONS

**PARENTAL CONSENT:** I hereby give consent for my child to participate in all activities of Camp Gan Israel (CGI) both on and off site, trips, transportation to and from trips etc., unless I advise you otherwise **in writing.**

**PAYMENT:** Payment terms are a \$75.00 non-refundable fee to accompany registration. All tuition is due by June 18th . Campers will be admitted to camp after tuition is paid in full. Scholarships are available on a first come-first served basis. Please contact the office.

**DISMISSAL OF CAMPER:** Parent/Guardian fully understands and agrees that the Camp reserves the right to dismiss, in its sole discretion, any Camper whose condition, conduct, influence or behavior is deemed unsatisfactory or detrimental to the best interests of the Camp or his or her fellow campers or who violates camp rules and regulations. In the event of dismissal, tuition will be refunded on a pro-rated weekly basis less the non-refundable \$75.00 registration fee.

**MEDICAL CARE:** In case of emergency, I hereby give permission to the physician selected by the camp director, to hospitalize, to secure proper treatment for and to order injection, anesthesia, or other procedure deemed necessary for my child by an M.D. as named on this form or if unavailable another M.D.. Every effort will be made to contact the parent / guardian and emergency contacts first. Should it be necessary for the well being of the

camper to utilize outside medical or dental services all expenses involved will be paid for by the Parent. To the best of my knowledge, my child is in good health and I will notify the camp if he/she is exposed to any infectious diseases. I understand that my child may be dismissed during a camp day, due to illness, at the discretion of the camp, and I agree to abide by the Director's decision.

**IMAGES, ETC.:** Permission is hereby given to use in promoting the Camp and in other ventures directly relating to the Camp (i) digital, photographic and video images or likenesses of camper; audio of camper; and (ii) statements, articles, names, music, art, photographs, audio recordings, films and videos created by camper or originating from Camp or from a Camp-related activity.

**INDEMNIFY & HOLD HARMLESS:** I further release and agree to indemnify and hold harmless Camp Gan Israel (CGI) and its officers, servants or assigns from any liability concerning our child's involvement in CGI and further agree that the use of any premises during the CGI camp day is made at the risk of the registrant.

I have read and agree to all of the terms and conditions in this Registration Form. I am including a non-refundable \$75.00 registration deposit **for each camper** along with submission of this form.

Parent (or Legal Guardian) \_\_\_\_\_ Date \_\_\_\_\_

Please make checks payable to Camp Gan Israel and mail to:  
Camp Gan Israel of S. Petersburg, 4010 Park St, N, St. Petersburg FL 33709

727-344-4900      director@MyJewishCamp.org      www.MyJewishCamp.org