



Camp Gan Israel of Greater S. Petersburg

Registration Form 2018

June 25-July 20

Please fill in all 3 pages as neatly as possible. (Please note the signature on page 3). The entire package should be sent in to the office.

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, special needs or disabilities? Please specify which child and give details

Medication? _____ Allergies? _____

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

Why? _____

Does 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 _____



Camp Gan Israel of Greater S. Petersburg 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 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. Please place your order by June 1st so we can guarantee to have the correct size. WE WILL BE USING THE SAME MULTI COLORED TIE DYED SHIRT AS LAST YEAR.... FEEL FREE TO REUSE IF IT STILL FITS!

Division	Rates Weekly	Complete Summer Session
Explorers (K-1)	\$165 Early Bird: \$150	\$640 Early Bird: \$535
Trailblazers (2-4)	\$165 Early Bird: \$150	\$640 Early Bird: \$535
Pioneers (5-7)	\$180 Early Bird: \$165	\$700 Early Bird: \$640

	Number of Sessions	@ \$__ Amount	= Total \$
Camp Tuition			
Morning Extended care (\$25 per week) 8:00am-9:00am 5:00pm			
Afternoon Extended Care (\$25 per week) 3:30-5:00			
T-Shirt (\$7 each)			
TOTAL			

Payment	☐ I am enclosing full payment by check.		
	☐ Charge my card for the full amount. ☐ MC ☐ Visa ☐ Amex		
	Card No. 		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 1st. 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, at 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, 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