

CAMP GAN ISRAEL 2010 REGISTRATION FORM

Upon completion, mail to: **Camp Gan Israel, 3904 West Park Blvd., Plano TX 75075**
 or fax to us at **(972) 769-7554**. For more information, call **(972) 596-8270**

You can also download this form in pdf format from our website, www.cgipiano.org

1. Camper's Name	D.O.B.	Camp Gan Israel <input type="checkbox"/> 1st wk <input type="checkbox"/> 2nd wk <input type="checkbox"/> 3rd wk <input type="checkbox"/> 4th wk (all ages) <input type="checkbox"/> 5th wk <input type="checkbox"/> 6th wk <input type="checkbox"/> All 6 weeks
	<input type="checkbox"/> M <input type="checkbox"/> F	Shorashim only <input type="checkbox"/> 5 days until 3:30 <input type="checkbox"/> 3 days (M,W,F) until 3:30 (preschool, 3-4 year olds) <input type="checkbox"/> 5 days until 1:00 <input type="checkbox"/> 3 days (M,W,F) until 1:00

School	Age	Grade Entering	<input type="checkbox"/> Early Drop-off <input type="checkbox"/> Late Stay	T-Shirt Size: Youth <input type="checkbox"/> S (6/8) <input type="checkbox"/> M (10/12) <input type="checkbox"/> L (14/16) Adult <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL
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List up to two children you would like your child to be placed with:

2. Camper's Name	D.O.B.	Camp Gan Israel <input type="checkbox"/> 1st wk <input type="checkbox"/> 2nd wk <input type="checkbox"/> 3rd wk <input type="checkbox"/> 4th wk (all ages) <input type="checkbox"/> 5th wk <input type="checkbox"/> 6th wk <input type="checkbox"/> All 6 weeks
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List up to two children you would like your child to be placed with:

PARENT INFORMATION

Mother's Name	<input type="radio"/> Mrs. <input type="radio"/> Dr.	Home Phone	Work Phone
		Mobile Phone	E-Mail
Father's Name	<input type="radio"/> Mr. <input type="radio"/> Dr.	Home Phone	Work Phone
		Mobile Phone	E-Mail
Camper's Address	City, State, Zip		Synagogue Affiliation

EMERGENCY CONTACTS (Other than parents)

Name	Relationship	Phone Number
Name	Relationship	Phone Number

MEDICAL QUESTIONNAIRE

Please list all food and medical allergies.

Please verify by initialing here that your child is current on all immunizations. _____

May we give your child Tylenol or Benadryl?

Please list all medications your child takes regularly and any that must be administered during camp and provide applicable instructions.

Family Doctor's Name _____ Phone Number _____

Medical Insurance Carrier _____ Policy Number _____

Does your child have any mental, social, physical, other condition, limitation, or anything else of which we should be aware?

PERMISSION & ENROLLMENT FORM

I hereby give permission for my child to participate in all camp activities. In addition I give Camp Gan Israel permission (a) to transport campers in connection with all camp activities; (b) to render necessary first aid or to arrange care by medical personnel, if deemed necessary; (c) to use photographs and videos and names of campers in printed material and websites associated with Camp Gan Israel; (d) I indemnify and hold harmless Camp Gan Israel from any liability or claim for any loss, injury, damage or expense resulting or arising from my child's participation in camp activities; and (e) The camp administration reserves the right to reconsider the enrollment of any camper if we feel the child's needs or level of functioning or behavior cannot be accommodated, or if the child's conduct limits his or her ability to participate in, or to benefit fully from, the programs and activities at Camp Gan Israel.

I hereby agree to the above items:

Parent Signature: _____ Date: _____

REGISTRATION & PAYMENT OPTIONS

Complete the registration form on the reverse side. **\$150** deposit per child must accompany each registration. (includes **\$45** processing fee, with the remaining **\$105** to be applied towards camp tuition.) **Balance is due by Monday, June 1.**

Camp has limited enrollment and fills quickly. Please register early!

BY CHECK: Full Tuition Enclosed (You may send post-dated checks) Deposit Only Invoice me for the balance due **Tues. June 1.**

BY CREDIT CARD: Charge Full Tuition Enclosed Charge Deposit Only

(Unless indicated balance will be charged on **Tues. June 1.**)

Indicate date to have balance charged: Date _____ Amount _____

Name on Card: _____ Cardholder's Signature _____

Visa MC Amex Card # _____ Exp. Date _____ Security Code _____