



B"H

Camp Gan Israel

A Division of Chabad Jewish Center

3813 W. State St., Boise, ID 83703

(208) 853-9200

camp@jewishidaho.com

www.jewishidaho.com/camp

REGISTRATION FORM (1)

CAMP GAN ISRAEL, SUMMER 2016

Child's First Name _____ Last Name _____

Hebrew Name _____ Nickname _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ E-mail _____

Mother (or Guardian) name _____ Occupation _____

Bus. Phone _____ Cell Phone _____ E-mail _____

Father (or Guardian) name _____ Occupation _____

Bus. Phone _____ Cell Phone _____ E-mail _____

Marital Status: Married Single Divorced – How Long? _____

Please use the space provided to describe your child's physical strengths and/or weaknesses (physical, emotional, intellectual):

Indicate if parents are Jewish by birth, conversion or non-Jewish. Father: _____ Mother: _____

Is child adopted? Yes No Synagogue Affiliation: _____

Has your child had a past summer camp experience? If yes, which camp? _____

Does your child have friends who will be attending? If yes, who? _____

THE CHILD MAY BE PICKED UP FROM CAMP BY:

1. _____
Name _____ Relationship _____

2. _____
Name _____ Relationship _____



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REGISTRATION FORM (2)

CAMP GAN ISRAEL, SUMMER 2016

Medical and Emergency Contact Information

Emergency Contact Name	Telephone	Relationship	City
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Family Physician Name	Telephone	Medical Insurance Co.	Policy #
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Medical Release

I hereby give consent to the administration of Camp Gan Israel to take whatever medical measures they deem necessary, at my expense, for my child in the event of a medical emergency. I understand that every effort will be made to contact parent/guardian and emergency contacts before Camp Gan Israel will undertake such decision.

My child is permitted Children's Tylenol, Motrin, or similar: Yes No

Signature of parent _____ Date _____

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 AND CANCELLATION: Payment terms are a \$50.00 non-refundable deposit per camper to accompany registration. The balance is due by July 1, 2016 and is non-refundable after that date.

DISMISSAL OF CAMPER: Parent 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 fellow campers or who violates camp rules and regulations. In the event of dismissal, tuition will be refunded on a pro-rated basis less the \$50.00 registration deposit.

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 Chabad Lubavitch of Idaho, Chabad Jewish Center, 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 Application Form. I am including a non-refundable \$50.00 registration deposit along with submission of this form. I further agree to remit the full tuition and any other fees by July 1, 2016.

Parent/Guardian Signature: _____ Date: _____



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REGISTRATION FORM (3)

CAMP GAN ISRAEL, SUMMER 2016

Dear Parents,

The purpose of securing background and developmental information about your child is to help our camp staff better understand your child. Your child's care during the day is a responsibility we share. Please complete the following questionnaire.

Name of Child: _____ Nickname _____ Birthdate: _____

T-shirt Size: Small Medium Large

1. Has your child had previous group experience? Yes No

2. What are your child's particular strengths and talents? _____

3. Please specify: Left Handed Right Handed

4. Favorite Activity _____

5. Does s/he take a daily nap? Yes No Other _____

6. Food Allergies, please specify: _____

7. Is s/he up-to-date on immunizations? Yes No

8. Medication Allergies? _____

9. Does s/he have a Medical Condition that camp should be aware of? _____

10. Fears (history and how child shows fears) _____

11. Does s/he have any motor coordination difficulties? Please explain _____

12. Does s/he have difficulty speaking? Yes No Other _____

13. Please feel free to add anything else which you consider important to your child's success:

