



C.G.I. REGISTRATION & INFORMATION

Last, First Name _____	Jewish Name: _____
DOB: _____ Age: _____ Gender: _____ Grade '16: _____	School Sept. 2016: _____
Last, First Name _____	Jewish Name: _____
DOB: _____ Age: _____ Gender: _____ Grade '16: _____	School Sept. 2016: _____
Last, First Name _____	Jewish Name: _____
DOB: _____ Age: _____ Gender: _____ Grade '16: _____	School Sept. 2016: _____
Home Address: _____	City/ State/ Zip: _____
Home Phone: _____	E-mail Address: _____
Father's name: _____	Mother's name: _____
Father's Work Phone: _____	Mother's Work Phone: _____
Father's Cell Phone: _____	Mother's Cell Phone: _____

GENERAL INFORMATION	
<p style="text-align: center;">Gan Izzy (ages 5-12) \$175/Week Full Summer: \$1000 *Early Bird Discount \$950 full summer if registered by April 15th. *5% Sibling Discount Mini Gan Izzy (ages 12mos-4yrs) \$225 Per Week</p>	<p style="text-align: center;">Registration: \$35 per child includes Camp T-shirt. Camp T-Shirt is worn on ALL trips. Tuition Due by June 1 Payment Options Available ~ Call for details Before & After Care available - please call for rates (subject to minimum enrollment).</p>

DATES & FEE SCHEDULE (PLEASE CHECK/CIRCLE WHICH APPLY)			
Dates	Attending	Before Care Request	After Care Request
1. June 14th – June 17th		M Tu W Th F	M Tu W Th F
2. June 20th – June 24th		M Tu W Th F	M Tu W Th F
3. June 27th - July 1st		M Tu W Th F	M Tu W Th F
4. July 5th - July 8th		M Tu W Th F	M Th W Th F
5. July 11th - July 15th		M Tu W Th F	M Th W Th F
6. July 18th - July 22nd		M Tu W Th F	M Tu W Th F
7. July 25th - July 29th (Mini Gan Izzy Campers ONLY)		M Tu W Th F	M Tu W Th F
8. August 1st - August 5th (Mini Gan Izzy Campers ONLY)		M Tu W Th F	M Tu W Th F

PAYMENT DETAILS	
Registration Fee:	
Total cost of camp:	
Amount enclosed for payment:	
Payment type: Visa MC Amex Cash Check:	

T-SHIRT SIZES	
Child:	Adult:
<input type="radio"/> Small	<input type="radio"/> Small
<input type="radio"/> Medium	<input type="radio"/> Medium
<input type="radio"/> Large	<input type="radio"/> Large

Parental Consent

I hereby permit my child to participate in all activities of Camp Gan Israel - on site, off site and trips. 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. The parent who signs this registration form represents that s/he has full authority to do so and will be responsible for payment of the camp fees.

Print Name _____ Signature _____ Date _____



MEDICAL CONSENT FORM

Dear Parent/Guardian,

Your son/daughter is below legal age of consent. The law requires that we have your permission if medical service should be needed. Your signature on the consent form will authorize us to proceed with the care of lesser types of medical problems, which may occur. In the event of any major health problems, we will notify you as promptly as possible and follow your instructions. If we are unable to contact you or your alternative listed below, your child will be taken to the nearest Emergency Room facility and will be treated there.

Name of Camper: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Date Of Birth: _____ Social Security #: _____

Home Phone: _____ Work Phone: _____

Mobile Phone: _____ Parents Names: _____

IN CASE OF EMERGENCY AND PARENT OR GUARDIAN
CAN NOT BE REACHED – PLEASE CONTACT:

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____



MEDICAL INFORMATION	YES	NO
Does your child have any severe medical problems that we should know about (for example: asthma, allergies to foods, i.e. peanuts, allergies to drugs, hearing trouble, epilepsy, diabetes, physical disabilities etc.?) Please specify.		
Should there be any limits on your child's physical activity? If so please specify.		
Has your child had any serious illness in the past three years? If so please specify.		
At the present time is your child under doctor's care? If so please specify.		
Can your child swim?		
Is your child taking medications at this time? If so, please specify.		
Can we contact your doctor for medical reports? Doctor: _____ Phone: _____ Hospital: _____		
Is your child covered by Medical Insurance? Insurance: _____ Billing Info. _____		
When was the last time your child had a physical examination? Date: _____ Doctor: _____ Phone: _____		
Please list any other information of importance.		

I do hereby authorize the performance of medical examinations and necessary treatments (including drugs, X-rays, tests etc.) as may be deemed advisable or necessary by the physician in attendance. This consent shall be in effect for the period of time that my child participates in Camp Gan Israel activities. If an emergency arises requiring a major surgical procedure, the Director will attempt to reach me and be guided by me wishes, but if I cannot be reached, I authorize the attending physician to act as medical judgment may dictate.

Parent or Guardian's Signature: _____ Date: _____



TRIP RELEASE FORM
GAN IZZY CAMPERS ONLY

Camper: _____

Age: _____

Parent or Guardian should indicate which action should be taken in the event of an emergency:

- In the event of an emergency when a parent/guardian is unavailable, I hereby authorize a representative of Camp Gan Israel to make such arrangements as considered necessary for my child to receive medical or hospital care, including transportation. Under such circumstances, I further authorize the physician named below to undertake such care and treatment as considered necessary. In the event such physician is not available, I authorize such care and treatment to be performed by any licensed physician or surgeon.

Physicians Name: _____ Phone Number: _____

Type of Medical Insurance: _____ Medical Insurance #: _____

- I do not choose the above, I desire the following action to be taken in the event of an emergency.

The undersigned agrees to bear all costs as a result of the foregoing.

Parent /Guardian Signature

Camper's Name

Home Phone

Work Phone

By signing above, you agree to allow your child on all off-campus activities, trips, late-night activities and over nights (where applicable).