



Camp Gan Israel of Louisville

1654 Al Mara Circle, Louisville KY 40205. Ph: (502)-4141-CGI. Email: cgilouisville@gmail.com Director: Chaya Susman

CAMPER INFORMATION

Family Name _____ Home Phone _____

Address _____ City /State _____ Zip _____

E-mail Address: Father’s _____ Mother’s _____

Father’s Name _____ Occupation _____ Cell _____ Work _____

Mother’s Name _____ Occupation _____ Cell _____ Work _____

Parent’s Status Married Widowed Divorced Separated

How did you hear about Gan Israel / Who referred you? _____

Is this your child’s first summer at Gan Israel? Yes No

Synagogue / Hebrew School Affiliation _____

First Name/ Hebrew Name	D.O.B.	Age	Grade Entering 2011-12	School	T-Shirt Size: Child: S M L XL Adult: S M L XL	Sessions Attending 1 – June 27 th – July 1 st 2 – July 4 th – 8 th 3 – July 11 th – 15 th 4- July 18 th – 22 nd 5 – Full Session

EMERGENCY CONTACT INFORMATION

In case of an emergency, and we are unable to contact a parent, please call:

Name: _____ Relationship: _____ Phone: _____ Cell: _____

Family Physician: _____ Phone: _____

CONSENT FOR EMERGENCY MEDICAL TREATMENT:

I do hereby give permission to the Gan Israel Day Camp staff to obtain necessary emergency medical treatment for my child with the understanding that the family will be notified as soon as possible.

Signature: _____ Date: _____

HELP A CHILD

There are some children whose parents cannot afford to send them to day camp. Your contribution will give them the fun they deserve.

Give a child a week of fun! \$125	Give a child 2 weeks of fun! \$250	Give a child 3 weeks of fun! \$375	Give a child 4 weeks of fun! \$500	Help a child come to camp. \$ _____
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PAYMENT DETAILS

<input type="radio"/> I am enclosing the \$30 fee (after May 1 st) per child	<input type="radio"/> I am enclosing one week of tuition. \$125 per child	<input type="radio"/> I am enclosing full tuition. \$500 per child	<input type="radio"/> I am enclosing \$_____ for _____ weeks of tuition per child.
Total \$	Total \$	Total \$	Total \$
Total Amount Enclosed (including Help a Child \$_____ (please make checks payable to Camp Gan Israel) For scholarship information please call Rabbi Susman @ 502-994-9233 or email rabbisusman@gmail.com			

TERMS AND AGREEMENTS

1. Completed application and additional medical forms must be signed and returned prior to camp, otherwise your child/ren will not be allowed in to camp. This is the law and we cannot make any exceptions.
2. **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.
3. **PAYMENT AND CANCELLATION:** Registration must be accompanied by a \$30.00 non-refundable deposit. However, this fee will be waived if registration is submitted before May 1st, 2011 and is non-refundable. Camp tuition may be paid weekly, one week in advance or in full prior to camp. The first week’s tuition must be paid by June 20th, 2011.
4. **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 / Legal 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. I also agree to submit a copy of both sides of my child/s insurance card with registration and understand that without it my child will not be admitted to camp.
5. **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.
6. **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 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, or misbehavior, 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. I fully understand and agree to abide by the Terms and Agreements of the camp.

Signature: _____ Date: _____