



Gan Israel Day Camp Registration Form

CAMPER INFORMATION

1. Last Name _____ First Name _____ Hebrew Name _____
Gender M F Age School Attended _____ Grade Entering _____
Date of Birth / / Time of Birth am pm (to determine Hebrew birthday)
Hebrew Birthday _____ Child adopted Yes No

2. Last Name _____ First Name _____ Hebrew Name _____
Gender M F Age School Attended _____ Grade Entering _____
Date of Birth / / Time of Birth am pm (to determine Hebrew birthday)
Hebrew Birthday _____ Child adopted Yes No

FAMILY INFORMATION

Father's Name _____ Occupation _____

Address _____ City _____ State _____ Zip _____

Phone Numbers: Work _____ Cell _____

Email address: _____

Father is: Jewish by birth Jewish by conversion Not Jewish Married Divorced

Mother's Name _____ Occupation _____

Address _____ City _____ State _____ Zip _____

Phone Numbers: Work _____ Cell _____

Email address: _____

Mother is: Jewish by birth Jewish by conversion Not Jewish Married Divorced

Attending entire season _____ or check which week(s) your child(ren) will attend 1 2 3 4 5 6

Extended care needed _____ Scholarship needed _____

MEDICAL INFORMATION

Family Doctor _____ Phone Number _____

Health Insurance Company _____ Policy Number _____

LIST ANY ALLERGIES (FOOD OR MEDICATION)

1. Camper's Name: _____ Allergies _____

Does your child take regular medication? [] Yes [] No If yes, please specify _____

Does your child have any medical or physical problems of which we should be aware?

2. Camper's Name: _____ Allergies _____

Does your child take regular medication? [] Yes [] No If yes, please specify _____

Does your child have any medical or physical problems of which we should be aware?

Emergency Contact other than parents (please supply 2 emergency contacts):

1. Name _____ Phone number _____

Relationship to Camper _____

2. Name _____ Phone number _____

Relationship to Camper _____

MEDICAL AND FIELD TRIP AUTHORIZATION

In the event that neither parent nor the emergency person can be contacted, Camp Gan Israel has my permission to render any necessary first aid or to secure care by a physician to my child while attending camp. I also hereby give permission for my child to be taken on all field trips sponsored by Chabad of Southern Nevada and Camp Gan Israel.

AGREEMENT AND WAIVER

I understand that Gan Israel Day Camp is carrying limited liability insurance protecting the camp premises against physical damage and covering the camp staff against negligence. Nevertheless, I agree to accept complete responsibility for damages caused by my child and for injuries incurred, and agree to hold Chabad of Southern Nevada and Camp Gan Israel and its staff harmless and I hereby release said parties from all liability except in cases of gross negligence.

Father's Signature _____ Date _____

Mother's Signature _____ Date _____