



**SPRING BREAK TRIP CAMP REGISTRATION FORM 5782 (2022)**

**CAMPER'S INFORMATION**

|  |               |     |               |
|--|---------------|-----|---------------|
| First & Last Name                          |               |     |               |
| Hebrew Name                                | Gender        | DOB | night or day? |
| Grade Entering                             | School        |     |               |
| Child's Cell                               | Child's eMail |     |               |
| Which camps have they gone to in the past? |               |     |               |

**PARENT'S INFORMATION**

|  |  |
|--|--|
| Child lives with <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> _____          |  |
| <b><u>MOTHER</u></b>   | <b><u>FATHER</u></b>   |
| <input type="checkbox"/> Single <input type="checkbox"/> Married to father <input type="checkbox"/> Married to other   | <input type="checkbox"/> Single <input type="checkbox"/> Married to mother <input type="checkbox"/> Married to other   |
| First & Last Name:   | First & Last Name:   |
| Full Address:  | Address: (if different than mother's address)  |
| Home ph #: ( ) -   | Home ph #: ( ) -   |
| Cell ph #: ( ) -   | Cell ph #: ( ) -   |
| Work ph #: ( ) -   | Work ph #: ( ) -   |
| E-mail:  | E-mail:  |
| Jewish? <input type="checkbox"/> By Birth <input type="checkbox"/> Converted <input type="checkbox"/> Not Jewish<br>If converted, please provide documentation | Jewish? <input type="checkbox"/> By Birth <input type="checkbox"/> Converted <input type="checkbox"/> Not Jewish<br>If converted, please provide documentation |
| Occupation:  | Occupation:  |
| Are there any ways you can be of assistance? Do you have access to any products that can help with the program or new building?                                |  |

Is your family a member of a Synagogue?      If yes, please specify:

**COMMUNICATION**

Which way will you commit to respond to?  eMail  Facebook  Text Message  Phone Message  Snail Mail

**DATES & FEES**

No refunds will be given for any withdrawals and/or incomplete attendance. • A \$35 fee will be charged for returned checks.

|                               |   |   |
|-------------------------------|---|---|
| Dates: March 21-24            | \$249 for all days or \$70 per day +5 for Lunch & Snack | <input type="checkbox"/> All days   or <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs  |
| Total Paid at Registration \$ | Method  | Date  |
| Terms                         |   | Total Commitment \$   |
| Credit Card #                 | Exp Date  | CUV   |
| Signature                     | Date  | <p style="text-align: center;">For Internal Use</p> <p style="text-align: center;">Registered with _____</p> <p style="text-align: center;"><input type="checkbox"/> Attendance <input type="checkbox"/> Salesforce <input type="checkbox"/> Complete</p> |

**EMERGENCY CONTACT & HEALTH RECORD**

In case of emergency, if either parent cannot be reached, I give authorization to contact:

|                         |                        |
|-------------------------|------------------------|
| Emergency Contact #1:   | Emergency Contact #2:  |
| Relationship to Child:  | Relationship to Child: |
| Phone #                 | Phone #                |
| Primary Care Physician: | Phone #                |

Physician's Address:

Medical Conditions/ Allergies:  
Medications/ Treatments:  
Special Dietary or Other Health Needs:

Does Child Have Health Insurance?  Yes  No Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

**PICK UP DESIGNATION**

The following person(s), other than carpool and parents are authorized to pick up my child. A note from you indicating who will pick up the child is still required even though you have indicated authorized persons. Your advanced notice will allow us to expect the alternate, and prepare your child without confusion. Thank you in advance for your prompt attention to this request and your continued cooperation.

|           |                        |          |
|-----------|------------------------|----------|
| Name # 1: | Relationship to Child: | Phone #: |
| Name # 2: | Relationship to Child: | Phone #: |

**PERMISSION TO CROSS STREET**

With the many activities that we have planned for this year's program, it is necessary to utilize multiple properties. Therefore, we will require your permission to transport your child(ren) between locations.

**FIELD TRIP STATEMENT**

I allow my child to participate in trips off Chabad Chayil grounds. I understand these trips will include busing to another facility.

**PHOTO RELEASE STATEMENT**

I hereby grant permission for photography and videography, taken by the staff of Chabad Chayil of myself and my child's activities at school, camp or any activities related it for promotional or public relations purposes. I agree that I am to receive no compensation for my child's appearance and that this participation confers on me no ownership rights whatsoever.

**MEDICAL EMERGENCY**

I give permission for my child to receive Tylenol and/or other medications and receive first aid when deemed necessary. I give permission for my child to receive emergency medical treatment from physicians in a medical facility, should he/she become seriously injured or ill. **Please list** any special medical instructions under Emergency Contact & Health Record section.

**PARENT POLICY AGREEMENT**

I have read the following in its entirety. I understand its content and agree to abide by the policies and procedures.

**PLEASE INITIAL EACH ITEM**

\_\_\_ Permission to Cross Street \_\_\_ Field trip Statement \_\_\_ Photo/Video Release Statement  
\_\_\_ Medical Emergency Authorization \_\_\_ Parent Handbook

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_