Camp Gan Israel Comprehensive Information Form

Sessions Attending:				\Box full day \Box half day
Name of Child:			Hebrew Name:	
Date of Birth:		Sex:	Phone:	
Address:	(street)		(city/town)	(zip)
Camper lives with: ☐ Both Pare	ents □ Mother	□ Father □ Ot	her	
How should camp-related materi	al be addressed?			
Mother's Name:		Hebrew	Name:	
Email:		Cell Phone:		
Address:	(if different from above)		Home Phone: _	
Work Phone:		Employer:		
Father's Name:		Hebrew N	Name:	
Email:		Cell Phone:		
Address:	(16 1166 · · · · · · · · · · · · · · · ·		Home Phone: _	
Work Phone:	(if different from above)	Employer:		
If child is staying temporarily with frien	d or relative during can	np:		
Local Guardian:				
Address:			Home Phone:	
EMERGENCY NUMBERS – Indi	viduals to call if par	ents cannot be reac	hed:	
Name:	Relationship:		Daytime	Phone:
Name:	Relationship:		Daytime l	Phone:
School child attended:			Grac	le entering:
Previous camp experience:				
Previous swim experience:				

Name of physician:	Phone:
Address:	
Name of dentist:	Phone:
Address:	
Are there activities and areas that are of special interest to y	our child?
Are there any strong dislikes or fears that your child has that	t you feel the staff should be aware of?
Does your child have any physical or emotional conditions t	that the staff should be aware of? (allergies, speech, etc.)
I HAVE READ AND AGREE TO THE FOLLOWING TERMS	k:
	registration procedures are not complete. In addition to this amp. I understand that I am responsible for full payment for
I give Camp Gan Israel permission to photograph or videota the camp at the discretion of the director.	pe my child for use in newspapers, brochures or to be used by
I authorize my child to participate in all camp activities and	to go on all camp trips.
If I cannot be reached in an emergency, I give permission to secure proper treatment for, and order injection, anesthesia	the physician selected by the camp director to hospitalize, for surgery for the person named above.
Parent's Signature	Date
Parent's Name	