

[over]

Name of physician: _____ Phone: _____

Address: _____

Name of dentist: _____ Phone: _____

Address: _____

Are there activities and areas that are of special interest to your child?

Are there any strong dislikes or fears that your child has that you feel the staff should be aware of?

Does your child have any physical or emotional conditions that the staff should be aware of? (allergies, speech, etc.)

I HAVE READ AND AGREE TO THE FOLLOWING TERMS:

The camp reserves the right to refuse any applicant if all the registration procedures are not complete. In addition to this form, a Health Form must be completed and submitted to camp. I understand that I am responsible for full payment for the entire time reserved, payable to Camp Gan Israel.

I give Camp Gan Israel permission to photograph or videotape my child for use in newspapers, brochures or to be used by the camp at the discretion of the director.

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 the physician selected by the camp director to hospitalize, secure proper treatment for, and order injection, anesthesia for surgery for the person named above.

Parent's Signature _____ Date _____

Parent's Name _____