

ENROLLMENT APPLICATION WINTER CAMP 2009-2010

**** Application will not be processed unless you fully complete both sides.****

PLEASE
ATTACH
CAMPER
PHOTO
HERE

PLEASE PRINT CLEARLY

CAMPER INFORMATION

Name of Camper(Last): _____ (First): _____ (Hebrew): _____

Street Address: _____

City: _____ State: _____ Zip: _____ Phone Number: _____

Date of Birth: Mo/Day/Yr _____ Hebrew Birthday: Mo/Day _____ Name of School: _____

Referred by: _____ Grade in School as of Sept. 2009 (circle): **3 4 5 6 7 8 9 10**

Has your child attended a Camp Gan Israel Day Camp? Yes No If yes, where and for how long? _____

PARENT INFORMATION

Parent 1:

(Last, First): _____ Relation to camper: _____

Mr Mrs Ms Dr Rabbi

Address of Parent 1 (if different than Camper information): _____

E-mail Address: * _____

Cell: _____ FAX: _____ Work Phone(s): _____

Parent 2:

(Last, First): _____ Relation to camper: _____

Mr Mrs Ms Dr Rabbi

Address of Parent 2 (if different than Camper information): _____

E-mail Address: _____ Work Phone(s): _____

Cell: _____ FAX: _____ Work Phone(s): _____

***Note:** Emails are required for essential camp communication. Confirmation & correspondence will be sent via email.
Please add info@CGIRunningSprings.com to your address book to ensure receipt of materials.

Child Lives with : Both Parents Mother Father Other **Parents are :** Married Divorced Separated Widowed

EMERGENCY CONTACT :

(Other than parents) Name: _____ Phone: _____ Relationship to Camper: _____

Winter Camp Schedule & Fees

For GIRLS in grades 3 through 9 as of Sept. '09

_____ \$650 Session 1: Dec. 24th -Dec. 29th 2009

For BOYS entering grades 3 through 10 as of Sept. '09

_____ \$650 Session 2: Dec. 29th - Jan. 3rd 2010

Please send this application, together with full payment to the address below.

Make checks payable to: Camp Gan Israel Running Springs

Visa/MC/AMEX #: _____ Exp: _____

Name on Card: _____ Card Billing Address: _____

City: _____ State: _____ Zip: _____ Phone Number: _____



**CGI Running Springs
741 Gayley Ave.
Los Angeles, CA 90024**

FOR OFFICE USE ONLY

Date Rec'd: _____ Amt. Encl.: _____

Check #: _____ Accepted Date: _____

PARENT QUESTIONNAIRE

Please answer the following questions as fully as possible so that we may provide the best summer experience for your child.

Has your child been to sleepaway camp before? Yes No

If yes, list camp name and years: _____

Has your child been asked to leave a camp for disciplinary issues? Yes No

If yes, please explain: _____

Are there any special family situations that we should know about? If yes, please explain: _____

Has your child ever experienced any unusual psychological/physical trauma? If yes, please explain: _____

Has your child ever received psychological or psychiatric counseling or treatment? If yes, please explain: _____

Does your child have any physical or medical condition which will impact his/her program and activities at camp? If yes, please specify: _____

Please list food allergies: _____

Please list dietary restrictions: _____

Are there past illnesses of which we should be aware? If yes, list: _____

Does your child take medications? If yes, list: _____

Is there anything else we should know about your child that might help in making his/her stay at camp more pleasant? _____

PARENT'S AGREEMENT AND MEDICAL AUTHORIZATION

Please read carefully and sign below

- RULES & REGULATIONS:** The Camper and Parent(s) agree to abide by all of the rules and regulations established by CGI Running Springs ("the Camp") including, without limitation, those relating to enrollment and withdrawal of Campers and visitation.
- PAYMENT TERMS AND CANCELLATION:** I hereby apply for the enrollments of my daughter/son for the 2009 Winter season at Camp Gan Israel Running Springs. As required, I am enclosing, full payment. I understand that all changes and cancellations must be in writing. There will be no refunds after December 1st 2009
- BELONGINGS:** Camp is not responsible for Camper's belongings or equipment while in transit or at Camp.
- IMAGES, ETC:** Parent authorizes the use of still or video photos and audio recordings of camper(s) for Camp Gan Israel Running Springs publicity purposes.
- MEDICAL CARE:** In case of medical emergency, Parent hereby gives permission to the physician selected by the Camp Director to secure proper treatment for Camper; which may mean hospitalizing, ordering injections, anesthesia, or surgery for Camper as named above. Should it be necessary for the wellbeing of the Camper to use outside medical care, all expenses involved will be paid by Parent. In addition, any dental, orthodontic, or optical work will be paid by Parent.
- DISMISSAL OF CAMPER:** The Camp Director reserves the right to dismiss a camper whose physical condition, mental condition, behavior, personal conduct, or influence on other campers is deemed detrimental to the camp atmosphere. Should this occur, the deposit or unused camp fees will NOT be refunded.
- PERMISSION TO PARTICIPATE:** Parent grants Camper permission to participate in all Camp activities, excursions, and special outings and understands that accidents and injuries may occur in the natural course of participation in such activities.

I certify that the information on this application is both true and accurate, and that I have not left out any health or medical information that would help Camp Gan Israel Running Springs understand or work with my child.

I and my child's other guardian are aware of and accept all of CGI Running Springs rules and policies in the "Parent Handbook 2009" including policies regarding: no cell phone, visitation, phone calls and packages.

SIGNATURE OF PARENT OR GUARDIAN: _____ DATE: _____



All applications, forms, and checks should be sent to:

Camp Gan Israel Running Springs
741 Gayley Avenue
Los Angeles, CA 90024