



## Camp Gan Israel Registration Form

**“KIDS LOVE US; PARENTS TRUST US!”**

*95 Bellevue Road, Nashville TN 37221, 615-646-5750*

*www.chabadnashville.com*

*B”H*

Dear Parents,

We are thrilled your child will be joining us at Camp Gan Izzy! Over the years we have gained a reputation as a place that creates magical moments and Jewish enthusiasm. Campers begin each morning with a spirited line up, and the excitement and singing is woven throughout our daily activities, sports, crafts, games and trips.

**Children 7 – 13 years of age**

**Camp Gan Israel is in session June 18<sup>th</sup> – June 22<sup>nd</sup>**

**Monday through Thursday: 9:30 AM to 3:30 PM**

**Friday because of Shabbat: 9:30 AM to 2:30 PM**

We will continue to offer pre-care hours for working parents from 8:30 to 9:30 AM. Please call the office at 615-646-5750 to pre-arrange this.

Camp Gan Israel strives to be a truly fun and memorable experience; a place where children ages 7 to 13 see the importance of working, caring and sharing with others, and experiencing Judaism in a joyful way.

**We look forward to seeing you!**

Mrs. Esther Tiechtel  
Camp Gan Israel Nashville  
Educational Director  
Cell: 615-480-4225

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**Welcome to Camp Gan Israel, a fantastic summer experience 2018**

Family Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mom's Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Dad's Work # \_\_\_\_\_ Cell# \_\_\_\_\_ Email \_\_\_\_\_

**Camp June 18<sup>th</sup> -22nd**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_\_\_ T-shirt size \_\_\_\_\_ C.I.T

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**In case of emergency please contact:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to camper: \_\_\_\_\_

Specific Health notes (if applicable) \_\_\_\_\_

\_\_\_\_\_  
Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Others authorized to pick up child(ren):** \_\_\_\_\_

The cost is \$325 for the week. Registrations received and paid before April 30<sup>th</sup> can take advantage of our early bird rate of \$225. Camp T-shirt is \$10. Financial aid is available

**Discount for siblings:** Deduct \$10 per week per child.

**Refer a new camper** \_\_\_\_\_ and get a free camp T-shirt!

**Early care eate** is \$15.00 flat fee per day. Please specify dates: \_\_\_\_\_

**Camp fee includes delicious and hot daily lunch, snacks, crafts, baking, art, sports, swimming, and field trips!**

Method of payment:  Check  Credit card Amount enclosed: \$ \_\_\_\_\_

Credit card# \_\_\_\_\_ Exp Date \_\_\_\_\_

Participating in any Camp Gan Israel/CJA activities and use of recreational facilities involves a risk of accidental injury despite all safety precautions. Having been informed of the activities to be conducted by the CJA/CGI, I/We, as an individual or as a parent/guardian of the participants named herein, assume all risk & hazards incidental to the activities and release from responsibility and agree to indemnify and hold harmless to the CJA/CGI, its officers, directors, independent contractors, volunteers and all employees for any illness or injury to me, my children, or my family members occurring during my/their participation in any activities or any recreational facilities at/or conducted by CJA/CGI.

In case of emergency, I authorize Camp Gan Israel to obtain medical treatment for my child/ren. I also permit my child to be transported on all trips during the summer camp.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

## Trip Release Form

Camper: \_\_\_\_\_ Age: \_\_\_\_\_

Camper: \_\_\_\_\_ Age: \_\_\_\_\_

Camper: \_\_\_\_\_ Age: \_\_\_\_\_

Parent or Guardian Should Indicate Which Action Should Be Taken in the Event of an Emergency:

- In the event of an emergency when a parent/guardian is unavailable, I hereby authorize a representative of the Center for Jewish Awareness to make such arrangements as considered necessary for my child to receive medical or hospital care, including transportation. Under such circumstances, I further authorize the physician named below to undertake such care and treatment as considered necessary. In the event such physician is not available, I authorize such care and treatment to be performed by any licensed physician or surgeon.

Physicians Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Type of Medical Insurance: \_\_\_\_\_ Medical Insurance #: \_\_\_\_\_

- I do not choose the above; I desire the following action to be taken in the event of an emergency.

\_\_\_\_\_

The undersigned agrees to bear all costs as a result of the foregoing.

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

\_\_\_\_\_  
Camper's Name

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

By signing above, you agree to allow your child on all off-campus activities and trips.

# MEDICAL CONSENT FORM

Dear Parent/Guardian,

Your son/daughter is below legal age of consent (21 years old). The law requires that we have your permission if medical service should be needed. Your signature on the consent form will authorize us to proceed with the care of lesser types of medical problems, which may occur. In the event of any major health problems, we will notify you as promptly as possible and follow your instructions. If we are unable to contact you or your alternative listed below, your child will be taken to the nearest Emergency Room facility and will be treated there.

Name of Camper: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

<b>MEDICAL INFORMATION</b>	<b>YES</b>	<b>NO</b>
Does your child have any severe medical problems that we should know about (for example: asthma, allergies to foods, i.e. peanuts, allergies to drugs, hearing trouble, epilepsy, diabetes, physical disabilities etc.)? Please specify.		
Should there be any limits on your child's physical activity? If so, please specify.		
Has your child had any serious illness in the past three years? If so, please specify.		
At the present time, is your child under doctor's care? If so, please specify.		
Can your child swim?		
Can we contact your doctor for medical reports? Doctor: _____ Phone: _____ Hospital: _____		

Is your child covered by Medical Insurance?  Insurance: _____ Billing Info. _____		
When was the last time your child had a physical examination?  Date: _____ Doctor: _____ Phone: _____		
Please list any other information of importance.		

I do hereby authorize the performance of medical examinations and necessary treatments (including drugs, X-rays, tests etc.) as may be deemed advisable or necessary by the physician in attendance. This consent shall be in effect for the period of time that my child participates in Camp Gan Israel activities. If an emergency arises requiring a major surgical procedure, the Director will attempt to reach me and be guided by my wishes, but, if I cannot be reached, I authorize the attending physician to act as medical judgment may dictate.

Parent or Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_