## 2023 CAMP SHEMESH

PLEASE PRINT

ACETAMINOPHEN/ IBUPROFEN:

| YES |  | NO |
|-----|--|----|
|-----|--|----|

| DATE:  | GENDER:                     |                            |               |  |
|--|-----------------------------|----------------------------|---------------|--|
| NAME OF CAMPER:  | FIRST                       | MIDDLE                     | HEBREW NAME:  |  |
| ADDRESS:   |                             |                            | 1             |  |
| CITY:  | CITY: STATE: ZIP:           |                            |               |  |
| BIRTHDATE:   | GRADE IN AUG., 2023         | SCHOOL:                    |               |  |
| FATHER'S NAME:   |                             | MOTHER'S NAME:             |               |  |
| FATHER'S CELL:   |                             | MOTHER'S CELL:             |               |  |
| FATHER'S BUSINESS ADDRESS:   |                             | MOTHER'S BUSINESS ADDRESS: |               |  |
| FATHER'S BUSINESS PHONE:   |                             | MOTHER'S BUSINESS PHONE:   |               |  |
| FATHER'S E-MAIL:   |                             | MOTHER'S E-MAIL:           |               |  |
| IF UNABLE TO REACH PARENTS OR IN THE CASE OF AN EMERGENCY, PLEASE CALL AND/OR RELEASE MY CHILD TO:   |                             |                            |               |  |
| #1 ADULT:  |                             |                            |               |  |
| NAME:  | PHONE:                      | F                          | RELATIONSHIP: |  |
| #2 ADULT:  |                             |                            |               |  |
| NAME:  | PHONE:                      | F                          | RELATIONSHIP: |  |
| Date of last Tetanus Booster:  |                             |                            |               |  |
| ANY MEDICAL CONDITIONS THAT WOUL   | D LIMIT CAMPER'S ACTIVITIES | 3:                         |               |  |
| FOOD ALLERGIES:  |                             |                            |               |  |
| DRUG ALLERGIES:  |                             |                            |               |  |
| DAILY PRESCRIPTION DRUGS (MEDICATION AND DOSAGE)   |                             |                            |               |  |
| IS STAFF GOING TO ADMINISTER MEDICATION? YES NO  |                             |                            |               |  |
| IF THE ANSWER IS YES, PLEASE BE AWARE THAT ALL MEDICATION MUST BE KEPT IN THE FRONT OFFICE AND WILL BE<br>ADMINISTERED BY THE FRONT OFFICE, NOT COUNSELORS. PRIOR TO THE START OF CAMP, PRESCRIPTION MEDICATION MUST<br>BE BROUGHT TO THE OFFICE WITH WRITTEN DIRECTIONS FOR DOSAGE AND TIME FOR ADMINISTRATION (PERMISSION<br>FORMS ARE AVAILABLE IN THE OFFICE). CAMPERS REQUIRING INHALERS SHOULD HAVE A BACK-UP INHALER IN THE OFFICE.<br>NO PRESCRIPTION MEDICATION WILL BE ADMINISTERED WITHOUT WRITTEN INSTRUCTIONS. IF YOUR CHILD'S PRESCRIPTION<br>CHANGES DURING THE COURSE OF THE SUMMER, PLEASE NOTIFY CAMP SHEMESH AND COMPLETE A NEW MEDICATION<br>FORM. |                             |                            |               |  |
| Every Camper must turn in a current vaccination record to the Front Office due by June 9th   |                             |                            |               |  |
| INS. PROVIDER:   |                             | POLICY #:                  |               |  |
| GROUP #:   | ROUP #:TEL. AUTH. #: ( )    |                            |               |  |
| PHYSICIAN: PHONE: ( )  |                             |                            |               |  |
| PHYSICIAN ADDRESS:   |                             |                            |               |  |

## **CAMP SHEMESH APPLICATION AND CONTRACT FORM 2023**

| MALE FEMALE  | FEES AND ENROLLMENT DATES:  |  |  |
|--|---|--|--|
|  | PreK3-2nd Grade:<br>Weekly Rate: \$275  |  |  |
| T-SHIRT SIZE: (Child) (Adult)  | 3rd-5th Grade:  |  |  |
| CAMPER'S NAME:   | Weekly Rate: \$325  |  |  |
| Last First MI  | All registration forms and payment are due by March 31, 2023. The per family registration fee is a non-refundable \$50, and registrations received after March 31 are \$75. |  |  |
| Half of your total fees are due at the time of registration for each camper for Camp   |   |  |  |
| Shemesh/Shemesh Sports. The balance of camp fees is due in full prior to the start   | Beginning April 1, 2023 there will be an additional \$25 fee added on per   |  |  |
| of camp. There will be no refunds and no date changes. If you sign up for the whole summer and your schedule changes, you will not receive a refund!                     | week per child.   |  |  |
| All camp fees are non-refundable.  All camp fees are non-refundable.  PLEASE INDICATE THE DESIRED CAMP GROUP AND ENROLLMENT PERIOD:                                      |   |  |  |
| Parents' Authorization: In the event I cannot be reached in an emergency, the  | DAGIM: Entire Summer  |  |  |
| undersigned parent or guardian gives permission to the physician selected by Camp Shemesh to hospitalize, administer treatment, or secure proper treatment,              | For children entering PreK-3  |  |  |
| and to order injection, anesthesia or surgery for child registered in the activities on  | or PreK-4 in Fall, 2023 June 14 – June 16*<br>Must be fully toilet trained!   |  |  |
| this form. Permission is hereby granted for (please write camper's full name)  | June 19 – June 23   |  |  |
| to take partto take partto take part   | SHEMESH JUNIORS         For boys and girls entering         June 26 - June 30   |  |  |
|  | Kindergarten through Grade 2<br>in Fall, 2023   |  |  |
| Release of liability/assumption of risk: The undersigned participant or parent/<br>guardian, in consideration of participation in the program, activity and/or class     | □ SHEMESH GIRLS: □ July 10 - July 14  |  |  |
| indicated on this form, agrees to indemnify and hold harmless Camp Shemesh,<br>Margolin Hebrew Academy/ Feinstone Yeshiva of the South, its representatives, its         | For girls entering Grades 3-5   |  |  |
| successors, and assigns and releases the same from any and all liability for any   | in Fall, 2023 July 17 - July 21   |  |  |
| injury or illness which may be suffered by the participant, named herein, arising out of, or in any way connected with the program, activity, and/or class indicated and | SPORTS CAMP:         For boys entering Grades         July 24 - July 26*  |  |  |
| assumes the risk for such injury or illness.   | 3-5 in Fall 2023  |  |  |
|  | I * 3/5th weekly rate<br>**NO CAMP July 4th   |  |  |
| \$Amount Enclosed  | · · · · · · · · · · · · · · · · · · ·   |  |  |
|  | Notes:     Camp hours are 8:30 - 3:45 M-Th, 3:00 on Friday  |  |  |
| Credit Card # Exp.   | <ul> <li>Camp hours are 6:30 - 3:45 M- In, 3:00 on Friday</li> <li>There will be no camp July 4th in observance of Independ-</li> </ul>                                     |  |  |
|  | ence Day  |  |  |
|  | <ul> <li>PreK 3 &amp; 4 have daily water activities at camp</li> <li>Kindergarten and up swim at the pool of Esther &amp; Allan Katz</li> </ul>                             |  |  |
|  | <ul> <li>Details about schedules and programming will be sent out</li> </ul>  |  |  |
| <u>Please note that there is 3.5 % fee for</u>   | soon  |  |  |
| credit card payments   |   |  |  |
|  | Total Camp Fees:  |  |  |
| FOR OFFICE USE ONLY  | Secolal Factor  |  |  |
| Paid by:   | Special Fees:   |  |  |
| Check #  |   |  |  |
| C.C  |   |  |  |
| Cash   |   |  |  |
|  |   |  |  |
| Bill to (other than parents):  |   |  |  |
| Name:  |   |  |  |
| Address:   |   |  |  |
|  |   |  |  |