

# Camp Gan Israel 2015 Registration Form

CHILD'S NAME: \_\_\_\_\_  
 HEBREW NAME: \_\_\_\_\_  
 DATE OF BIRTH: \_\_\_\_\_ AM/PM  
 HOME ADDRESS: STREET \_\_\_\_\_  
 CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
 FATHER'S NAME: \_\_\_\_\_  
 BUSINESS NAME: \_\_\_\_\_  
 BUSINESS ADDRESS: \_\_\_\_\_ TEL.: \_\_\_\_\_  
 MOTHER'S NAME: \_\_\_\_\_  
 BUSINESS NAME: \_\_\_\_\_  
 BUSINESS ADDRESS: \_\_\_\_\_ TEL.: \_\_\_\_\_

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EMERGENCY CONTACT: \_\_\_\_\_  
 RELATIONSHIP: \_\_\_\_\_ TEL.: \_\_\_\_\_

Does your child have any health conditions we need to know about?  
 Does your child have any allergies?

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I GIVE PERMISSION TO CAMP GAN ISRAEL/ CHABAD OF  
 NORTHERN NEVADA TO: (please initial)  
 \_\_SEEK MEDICAL HELP FOR MY CHILD IN AN EMERGENCY AT  
 MY EXPENSE.  
 \_\_INCLUDE MY CHILD IN PHOTOS TAKEN FOR C.G.I. OR  
 PUBLICITY.  
 \_\_ALLOW MY CHILD TO PARTICIPATE IN SWIMMING AND TRIPS.  
 \_\_ALLOW MY CHILD TO USE THE DIVING BOARD.

PARENTS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Camp Gan Israel 2015

**EMERGENCY CONSENT FORM**

Medical Information in Case of Emergency:

Name of Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

My child has the following health conditions: \_\_\_\_\_

My child takes the following medication: \_\_\_\_\_

1. I do hereby authorize that all of the above information is correct and that my child is fully able to participate in the routine program and does not have a contagious disease. In the event of an emergency, I hereby consent and authorize Camp Gan Israel/Chabad and its agents to seek medical help and provide transportation for my child if necessary, at my expense. I understand that I will be notified as soon as possible.

I, the undersigned, as parent/guardian of \_\_\_\_\_, for and in consideration of the agreement with Aleph Academy and Chabad of Northern Nevada release, acquit, discharge and hold harmless Aleph Academy and Chabad of Northern Nevada and its agents, employees, representatives, successors and assigns, for all manners of claims, demands and damages of every kind and nature whatsoever, which the undersigned my now ir in the future have against Aleph Academy/Chabad of Northern Nevada and its agents, employees, representatives, successors or assigns on account of any personal injuries, physical or mental condition, known or unknown, to the person and the treatment thereof, as successors or assigns, including but not limited to their negligence or gross negligence in executing the services above described or in any way incidental thereto. I, the undersigned, do hereby release, indemnify, and hold harmless Aleph Academy/Chabad of Northern Nevada and its affiliates, agents and subsidiaries from any and all actions or claims as a result of any injuries to my child or any other children while participating in Aleph Academy.

**Parent/Guardian Signature:**

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

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## CHS Fees 2015

<b>Rates</b>		Amount	Total:
Daily Camp Fee	\$40		
Week I (closed July 3 <sup>rd</sup> )	\$125		
Week II	\$160		
Session Rate (both weeks, best value!)	\$270		
Daily Lunch Fee	\$3.25		
Camp T-shirt (required on trip days)	\$10		
<b>Discounts</b>			
New Camper	-\$20		
Second Sibling	-\$15		
Camperships are available! Call Sarah for details.	775-544-8456		<b>TOTAL</b>

*We look forward to having a wonderful summer with your child. Fees are not refundable once camp has begun. Camperships are available. No Jewish child will be turned away for lack of funds. Please contact Sarah for details.*

*A detailed camp schedule will be sent prior to the start of the session. Please check your email daily for camp photos, updates and notices. If you have any questions, do not hesitate to call or email us!*