

Camp Shalom
Registration/Emergency Contact/Health/Physicians Evaluation Form

Child's Name: _____ Birth Date: _____

School Now Attending _____ Entering Grade-2010 _____

Mailing Address _____ City _____ Zip _____

Parent/Guardian 1- Full Name _____ Home # _____

Work # _____ Cell # _____ E-mail _____

Parent/Guardian 2- Full Name _____ Home # _____

Work # _____ Cell # _____ E-mail _____

Camper T-Shirt Size: _____ Are you a member of the CSJCC: _____

Emergency Contacts (for emergencies when parent/Guardian can not be reached):

Name	Relationship	Cell Phone #
------	--------------	--------------

Swimming Level: Beginner (red bracelet) Moderate (yellow bracelet) Advanced (green bracelet)

Individuals Authorized to pick up child

(If a person is not on this list, you will need to fill out an alternate pick up form, available online www.csjcc.org)

Name	Relationship	Cell #
------	--------------	--------

Name	Relationship	Cell #
------	--------------	--------

Physician Name and Phone Number: _____

Preferred Hospital (in the unlikely case that a parent is unreachable): _____

Medical Insurance Information:

Insurance Policy Name: _____ Insured's Name: _____

Insurance Policy ID Name: _____ Group Number: _____

Health Related Information:

Food/medicine allergies: _____

Special Diet: _____

Medical/Physical Condition(s): _____

Medications taken on a regular basis: _____

If medication needs to be administered during Camp Shalom- an authorization to administer medication release will need to be filled out. Form available online

CAMP SHALOM AGREEMENT

Registration: The CSJCC and Camp Shalom reserve the right to dismiss any child for inappropriate behavior that disrupts the group. I understand the discipline policy found in the parent handbook. I agree to enclose a non-refundable registration fee of **\$25 per camper per week**, which will be applied against that week's camp fee. I understand that full payment for camps must be made prior to the first day of camp unless prior payment arrangements have been made. I understand fees for Camp Shalom can not be pro-rated on a daily basis. If the registration must be canceled for any reason, I must notify the camp office in writing. After the first day of camp, no refunds will be made if the child leaves or is removed from camp prior to the end of the session(s) for which he or she is registered. Every effort will be made by the staff in consultation with the parents or guardian to insure a positive camp experience for your child. CSJCC reserves the right to dismiss any camper who willfully disregards camp rules, or who endangers his/her own or any other camper's safety.

Add and Change Policy:

Before May 14th: If a camp is added and/or changed before May 14 the early bird price will still be in effect and there is no administrative fee.

After May 14th: If a camp is added and/or changed after May 14 the camp will have the REGULAR camp price (not the early bird price).

Weekly camp changes after May 14 will have an administrative fee of \$15 per week added.

All add/changes must be completed on the add/drop form (available on the camp forms table and online). Email and verbal request in person or over the phone cannot be accepted.

Payments: Weekly camp balances must be paid in full the Friday before camp starts on Monday.

Cancel a Camp Policy:

We must have 30 days written notice to avoid being charged the full price of camp. No refunds will be given for camps cancelled within 30 days of that camp. All cancelled camps must be completed on the cancel form (available on the camp forms table and online). Email and verbal request in person or over the phone cannot be accepted.

Parent Manual: I, the undersigned, have read this release and the Camp Shalom Parent Manual; understand all its terms and with full knowledge and understanding of its significance. I understand the add, change, cancel policy and the behavior guidelines and discipline policy.

Medical, Public and Field Trip Release: We understand that in case of emergency, if we are unable to be contacted, we give permission to the JCC to authorize any emergency action necessary to ensure the safety of our child. This does not in any way hold the JCC financially responsible for any medical or emergency care given. We permit the free use of our camper's pictures listed on this application in broadcasts, telecasts, newspapers, brochures and any other kind of communication to which such use may be applied. We permit our child to participate in all activities, which include day trips away from the campsite. We permit our child to be transported by the JCC staff in appropriate vehicles for the purpose of camp activities. This application is accepted subject to a physical examination of the camper by a physician. The form must be in your child's camp file prior to the first day of camp

Print Name: _____

Signature of Parent or Guardian _____ Date _____

CAMP SHALOM 2010

Health Evaluation Form

Dear Parents,

This form is to be completed by your child's physician. The form, complete with physician's signature, must be returned to the Camp Shalom office before your camper attends camp.

If you have any questions, please do not hesitate to contact the camp office.

Thank you,

Martha Kelley
Youth programs Director
Charles Schusterman Jewish Community Center
2021 E. 71st Street
Tulsa, OK 74136
(918) 495-1111 – phone
(918) 495-1220 – fax
mkelley@jewishtulsa.org

TO BE COMPLETED BY A PHYSICIAN

As a physician licensed by the State of Oklahoma, I have examined _____
_____ and found him/her fit to participate in Camp Shalom activities, including swimming and sports activities.

The individual's limitations are as follows: _____

The individual's immunizations are current and the next tetanus shot is not due until: _____.

The individual is in need of the daily medications (circle one)*: YES NO

* If yes, please attach a list of all medications, dosage/frequency specifics, and possible side effects.

Physician Signature: _____ **Date:** _____