



Camp Gan Israel Registration Form 2018

General Info

Child's Last Name _____ First Name (Legal) _____
 Preferred Name _____ Hebrew Name _____
 Date of Birth _____ School _____ Grade _____
 Home Address & Zip _____
 Father Cell Phone _____ Mother Cell Phone _____
 Email Address: _____

Contact Information

Father's Name _____
 Work Phone _____ Cell Phone _____
Mother's Name _____
 Work Phone _____ Cell Phone _____

Emergency Contact Person: (other than parent/guardian)
 Name _____ Relationship to Child _____
 Cell Telephone _____

Authorized Persons To Pick Up Your Child: (other than parents/guardians)
 Last Name _____ First Name _____ Day Tel _____
 Address _____ Eve/Cell Tel _____
 Email _____

Medical Info

Child's Physician _____ Phone _____
 Physician's Office Address _____
 Insurance Company _____ Policy Number _____

Please list below any psychological or medical conditions, medications currently being taken, dietary requirements, allergies (include allergies to medications), etc. pertaining to your child. _____

I/We _____ hereby give permission, in the event of an emergency, for the Director, Acting Director, or Counselor of Chabad of Sarasota's Camp Gan Israel to take whatever steps maybe necessary for the medical care of my child, _____ I understand that in order for Chabad of Sarasota to assume responsibility for my child, I, or the person(s) whom I have designated to drop off and pick up my child, must sign my child in at the time of arrival and out at the time of departure. I understand that unless there is a need for immediate action, the order of the steps taken will follow, but will not be limited to, the outline below:

Camper's Name: _____

Parental Agreement

- I am aware that I have to provide my child with a nutritious lunch. I know that all pack aged goods must have a kosher symbol.
- I agree that it is the responsibility of both the parents and staff to keep an open line of communication.
- I give permission to have my child's photograph used for publicity purposes in Chabad publications, websites and/or for public relations. I understand that my child can be dismissed if unable to abide to basic camp rules and /or follow safety procedures.
- I allow my child to participate in all activities on site and off site trips.
- I understand that swimming will take place at the on the Chabad campus at the Steinmetz family pool, and that there will be a Red Cross certified lifeguard on duty at all times.
- I understand that my child may be dismissed during camp due to illness

Signature of Parent or Legal Guardian _____ Date _____

Printed Name of Parent or Legal Guardian _____

Camper Background Information

1. Does Your Child Have Any Allergies or Special Diet That We Should Be Aware Of?
2. Does Your Child Benefit From Any Sort of Therapy?
If Yes, Please Describe
3. Does Your Child Take Any Regular Medication?
If Yes, For What Condition?
4. Are There Any Special Medical, Physical or Emotional Needs That the School and Staff Should Be Aware Of?
5. Describe your child's swimming abilities
6. If there is a reason to discipline, how would you like us to handle it?