



PLEASE
ATTACH
CAMPER
PHOTO
HERE

Camp Enrollment Application – Summer 2010/5770

CAMPER INFORMATION

Camper's Name _____ Hebrew _____
First Last

Address _____ Apt _____ City _____ State _____ Zip _____

Home Phone (____) _____ Camper's Email Address _____

Date of Birth ____/____/____ Age _____ Name of School _____ Grade Completing _____

Does your child attend an after/Hebrew school Program? Yes No Details _____

Does your child know how to read Hebrew? Yes No Other _____

What Hebrew studies did your child learn in Hebrew school/Yeshiva this past year? _____

Which Shul/Synagogue does your family attend? _____

Rabbi's name _____ Rabbi's phone (____) _____

Has your child been to sleep away camp before? Yes No please list _____

Health Insurance Company _____ Policy / Group ID # _____

Referred to camp by _____ Phone (____) _____

Comments _____

PARENTS INFORMATION

Father's Name _____ Father's Email Address _____
Last First

Father's Occupation _____ Work Phone (____) _____ Cell Phone (____) _____

Mother's Name _____ Mother's Maiden Name _____
Last First

Mother's Occupation _____ Work Phone (____) _____ Cell Phone (____) _____

Mother's Email Address _____

Marital Status: Married Separated Divorced Other _____ With whom does the camper reside? _____

Is the child's natural mother Jewish? Yes No In your family, are there any conversions? Yes No

EMERGENCY CONTACT – other than parents

Contact Name _____ Phone (____) _____ Relation to Camper _____
 Other than parents

PLEASE MAKE SURE TO READ AND SIGN ALL THE INFORMATION ON THE REVERSE SIDE

2010 Sessions and Fees

- 1st session (Wednesday, June 30 – Tuesday, July 27)..... \$2,200.00 (*Early Bird Rate \$2,100.00)
- 2nd session (Tuesday, July 27 – Thursday, August 19).....\$2,000.00 (*Early Bird Rate \$1,900.00)
- Entire season (Wednesday, June 30 – Thursday, August 19)..... \$4,000.00 (*Early Bird Rate \$3,800.00)

*If you wish to take advantage of our Early Bird Rates you must register your child by March 15th, and all fees must be paid in full by May 1st, 2010.

- Please find my check for the full payment Please find my check for the deposit of \$500, and post-dated checks for the rest of the payment
Checks payable to: Camp L'man Achai

Please charge my credit card for the full payment amount of \$ _____ Visa Master Card Discover American Express

Please charge my credit card in _____ equal installments of \$ _____ on every: _____

Name on Card _____ Card # _____ Exp. Date ____/____

Billing Address (if different than home address provided above) _____

Conditions Of Enrollment

General Rules

By signing this application, the camper, his parents, guardians and sponsors, agree to abide by all the rules and regulations of Camp L'man Achai. (These rules and regulations include, but are not limited to, a strict policy that limits visits by parents, guardians and other relations of the campers to set aside "Visiting Days." No one is allowed onto the campgrounds on any other day without the express permission of the administration of Camp L'man Achai.)

Payment & Cancellation Information

We will process applications only if they are accompanied with a \$500.00 deposit and post-dated checks (or credit card information) for the balance. By this application the camper, his parents, guardians and sponsors agree and understand that:

- (i.) any balance outstanding for the first session must be satisfied by May 16, 2010;
- (ii.) any balance owing for the second session must be satisfied by June 16, 2010;
- (iii.) any and all changes to the application information (or cancellations) must be made in writing;
- (iv.) cancellations made before May 1, 2010, may result in the forfeiture of \$250.00, of the deposit;
- (v.) failure to satisfy any amount outstanding may result in cancellation of the application and forfeiture of the \$500.00, deposit.
- (vi.) there is no refund if a camper voluntarily leaves the camp, or if he is dismissed for non-compliance with the rules and regulations; and
- (vii.) there is no refund or deduction for campers that arrive late or leave early from the camp.

Medical & Liability Information

Prior to the start of camp, the camper's Medical Form must be signed and attested by a licensed medical doctor and returned to the camp. By signing this application, the camper, his parents, guardians and sponsors agree and understand that no camper will be allowed into camp without a completed Medical Form.

By signing this application, the camper, his parents, guardians and sponsors expressly agree to release Camp L'man Achai, its Directors, and employees from any and all liability that may arise from an illness, accident or misfortune that occurs to the camper: (i.) while traveling to or from camp; (ii.) while on camp property; and (iii.) while on a camp trip that occurs off of the camp property.

By signing this application, the camper, his parents, guardians and sponsors expressly agree that in the event of a medical emergency, they hereby give permission to the administration of Camp L'man Achai and any other professional health care provider (including hospital personnel, paramedics, nurses and others) to administer health care services to the camper. This includes but is not limited to hospitalization, medication, X-rays, anesthesia, or surgery. Every effort will be made to contact the parents as soon as possible, but in the event that the parents cannot be contacted, the Administration shall have discretion to determine that a medical emergency exists.

By signing this application, the camper, his parents, guardians and sponsors expressly agree to allow the camper to participate in all camp activities that take place on camp property and any trips which take place outside of the camp property. Further they expressly agree to release Camp L'man Achai from any liability that arises from accidents or injuries which may occur during the course of such activities.

The insurance policy of Camp L'man Achai does not cover the cost of medical treatment of the campers, unless medical insurance is purchased. Any camper who is uninsured and requires known medical attention, must deposit at least \$150.00, with the camp to cover these medical expenses (the balance of which will be refunded after the camp season). Such deposit (and any other medical fees) will be reflected on your statement.

Dismissal of camper

The camp director reserves the right to dismiss a camper whose physical condition, mental condition, behavior, personal conduct, or influence on other campers is deemed detrimental to the camp atmosphere. Should this occur, the deposit or unused camp fees will NOT be refunded.

Damages & Losses

By signing this application the camper, his parents, guardians and sponsors agree and understand that Camp L'man Achai is not responsible for damage to (or loss of) clothing or personal belongings of any camper that results from fire, water, theft, laundry loss, or any other cause. Camp L'man Achai assumes no responsibility for baggage shipped through any airline or any other transportation companies.

Scholarships

Scholarships will only be considered for those campers who: (i.) submit a completed and signed scholarship form; (ii.) provide proof of recent income; and (iii.) stay the full session of camp.

Photos / Videos Etc

By signing this application the camper, his parents, guardians and sponsors agree and understand that Camp L'man Achai is hereby given permission to photograph and/or video the camper for use in promotional and publicity purposes.

I fully understand and agree that the registration is subject to the final approval of the Executive Board of Camp L'man Achai, and to all the terms and conditions of enrollment set forth on the Camper Enrollment Application

Signature of Guardian or Parent (with legal custody of child)

Date of Application

All applications, forms, and payments should be sent to:

Camp L'man Achai
4429 18th Avenue
Brooklyn, NY 11204