



Please Print Clearly

Family Name: _____

Address: _____ City: _____ Zip: _____

Emergency Contact Name (other than parent): _____

Relation to Child: _____ Phone: _____

Father's information
Name: _____
Hebrew Name: _____
Occupation: _____
Home Phone: _____
Cel phone: _____
Email: _____
Address: (if same as above leave blank)

Mother's Information
Name: _____
Hebrew Name: _____
Occupation: _____
Home Phone: _____
Cel phone: _____
Email: _____
Address: (if same as above leave blank)

Camper(s) Information

1st child

Child's First Name: _____ Hebrew name: _____ Birthdate: __/__/__

School: _____ Age: _____ Grade entering in Sep '11: _____ Circle one: Boy Girl

Any Medical conditions, allergies or medications we need to be aware of: _____

Please indicate which dates this child will be attending:

Full Summer specific dates (please indicate) _____

2nd child

Child's First Name: _____ Hebrew name: _____ Birthdate: __/__/__

School: _____ Age: _____ Grade entering in Sep '11: _____ Circle one: Boy Girl

Any Medical conditions, allergies or medications we need to be aware of: _____

Please indicate when this child will be attending:

Full Summer Specific dates (please indicate) _____

I hereby register my child/ren in Camp Gan Israel and give my child permission to participate in all camp activities including trips. I understand that camp does not assume responsibility for any injury and in case of emergency, necessary medical attention may be secured by the camp.

Signature _____ Date _____