



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 '10: \_\_\_\_\_ 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 '09: \_\_\_\_\_ 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 \_\_\_\_\_