

Temple Beth Sholom Camp Sholom 2009 APPLICATION

Parent(s)/Guardian Information

ADULT NAME: _____	ADULT NAME: _____
ADDRESS: _____	ADDRESS: _____
CITY & ZIP: _____	CITY & ZIP: _____
CELL #: _____	CELL #: _____
HOME #: _____	HOME #: _____
WORK #: _____	WORK #: _____
EMAIL: _____	EMAIL: _____

PAGER #: _____ <input type="checkbox"/> MEMBER OF TEMPLE BETH SHOLOM <input type="checkbox"/> NON-MEMBER, CONGREGATION:	PAGER #: _____ <input type="checkbox"/> MEMBER OF TEMPLE BETH SHOLOM <input type="checkbox"/> NON-MEMBER, CONGREGATION:
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CHILD 1: **CAMPER** Grades K-6 **AVODAH** Grades 7-9

NAME: _____

BIRTH DATE: _____ GRADE IN SEPT. 2009: _____

MALE FEMALE CAN CHILD SWIM? YES NO

CHILD 2: **CAMPER** Grades K-6 **AVODAH** Grades 7-9

NAME: _____

BIRTH DATE: _____ GRADE IN SEPT. 2009: _____

MALE FEMALE CAN CHILD SWIM? YES NO

3-DAY	5-DAY	CAMP WEEK	# OF T-SHIRTS	
<input type="checkbox"/>	<input type="checkbox"/>	WEEK 1	Qty	Child Sizes
<input type="checkbox"/>	<input type="checkbox"/>	WEEK 2		SMALL
<input type="checkbox"/>	<input type="checkbox"/>	WEEK 3		MEDIUM
<input type="checkbox"/>	<input type="checkbox"/>	WEEK 4		LARGE
<input type="checkbox"/>	<input type="checkbox"/>	WEEK 5	Qty	Adult Sizes
<input type="checkbox"/>	<input type="checkbox"/>	WEEK 6		SMALL
<input type="checkbox"/>	<input type="checkbox"/>	WEEK 7		MEDIUM
<input type="checkbox"/>	<input type="checkbox"/>	WEEK 8		LARGE

3-DAY	5-DAY	CAMP WEEK	# OF T-SHIRTS	
<input type="checkbox"/>	<input type="checkbox"/>	WEEK 1	Qty	Child Sizes
<input type="checkbox"/>	<input type="checkbox"/>	WEEK 2		SMALL
<input type="checkbox"/>	<input type="checkbox"/>	WEEK 3		MEDIUM
<input type="checkbox"/>	<input type="checkbox"/>	WEEK 4		LARGE
<input type="checkbox"/>	<input type="checkbox"/>	WEEK 5	Qty	Adult Sizes
<input type="checkbox"/>	<input type="checkbox"/>	WEEK 6		SMALL
<input type="checkbox"/>	<input type="checkbox"/>	WEEK 7		MEDIUM
<input type="checkbox"/>	<input type="checkbox"/>	WEEK 8		LARGE

Camp Tuition	\$
▪ \$20 surcharge for Disneyland if child does not have a pass	\$
▪ \$36 surcharge for week 3 - Avodah campers only	\$
▪ \$35 surcharge for Sea World (5-Day, Week 2 only)	\$
▪ Extra T-Shirts (\$15 ea.)	\$
▪ Non-Refundable Registration Fee (per child)	\$30.00
Total Child 1:	\$

Camp Tuition	\$
▪ \$20 surcharge for Disneyland if child does not have a pass	\$
▪ \$36 surcharge for week 3 - Avodah campers only	\$
▪ \$35 surcharge for Sea World (5-Day, Week 2 only)	\$
▪ Extra T-Shirts (\$15 ea.)	\$
▪ Non-Refundable Registration Fee (per child)	\$30.00
Total Child 2:	\$

TOTAL (Child 1 + Child 2): \$ _____ (OVER)

Payment & Mailing Information

YOU MUST SEND AT LEAST THE MINIMUM DEPOSIT TO RESERVE SPACE FOR YOUR CHILD(REN)!

CALCULATE MINIMUM DEPOSIT:

	CHILD 1	CHILD 2	
1 Week of Camp	\$	\$	Make checks payable to <u>Camp Sholom</u> & mail to: Temple Beth Sholom Attn: Camp Sholom 2625 N. Tustin Avenue Santa Ana, CA 92705
Campership Fund Donation			
Registration Fee	\$30.00	\$30.00	
Extra T-Shirts (\$15 ea)			
	\$	+ \$	
			= \$ Total Minimum Deposit
PAYING BY CREDIT CARD: <input type="checkbox"/> MASTERCARD <input type="checkbox"/> VISA <input type="checkbox"/> CHARGE MY CREDIT CARD NUMBER ON FILE.			
CARD #:			EXP. DATE:
NAME ON CARD:		CARDHOLDER SIGNATURE:	

Medical Release/Permission Slip – MUST BE COMPLETED

PEDIATRICIAN: _____ **PHONE:** (____) _____
EMERGENCY CONTACT: _____ **PHONE:** (____) _____
RELATIONSHIP: _____

	CHILD 1	CHILD 2
HEALTH/DIETARY CONDITION/RESTRICTIONS:		
LIST MEDICATIONS:		
IS THERE ANYTHING IMPORTANT WE SHOULD KNOW ABOUT YOUR CHILDS BEHAVIOR, PERSONALITY, ETC. (IE: FEAR OF HEIGHTS, SHY, ETC.)		

MEDICAL INSURANCE CARRIER _____ **POLICY/ID #** _____

The undersigned parent(s) of **(CHILDREN'S NAMES)** _____, hereby consent to his/her participation in the Temple Beth Sholom camp program.

In consideration of Temple Beth Sholom's acceptance of my/our child as a participant in this youth activity, I/we both individually and as the legal guardian(s) of my/our child hereby waive any and all claims against Temple Beth Sholom, its agents and its employees, that may arise out of any injury, loss or damage suffered by my/our child during the activity as a result of his/her leaving the group without authorization or failing to follow any of the camp rules.

I/we hereby authorize Temple Beth Sholom and its employees and agents to act as my/our agent to consent to or arrange any emergency medical treatment that may be deemed necessary by an attending physician with respect to any illness or injury suffered by my/our child on said activity.

In signing this release, I/we also understand that I/we consent to the photographing, reproduction, use, and retention of photographs, film, and/or video of my/our child(ren) taken by and/or for Temple Beth Sholom for use in education, publicity, and promotional activities in any and all publications and other media without limitation or reservation. Temple Beth Sholom shall retain all negatives.

PARENT/GUARDIAN SIGNATURE	DATE
PRINT PARENT/GUARDIAN NAME	RELATIONSHIP TO CHILD(REN)