



# Beth Israel Summer Camp Consent & Emergency Information Form 2019

CAMP SABABA: KINDERGARTEN – GRADE 7 (2019-2020 School Year)

## EMERGENCY INFORMATION *You must complete a separate form for each child*

Camper \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/ Guardian 1 \_\_\_\_\_ Parent/ Guardian 2 \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Phone Home \_\_\_\_\_ Work \_\_\_\_\_

Cell \_\_\_\_\_ E-mail \_\_\_\_\_ Cell \_\_\_\_\_ E-mail \_\_\_\_\_

Child lives with:  Both Parents  Other Arrangements \_\_\_\_\_

Please advise the office of any changes.

## EMERGENCY CONTACT INFORMATION

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

In addition to the people listed above, the following people also have the authority to pick up our child(ren):

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

## MEDICAL INFORMATION

Child's Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Emergency Hospital \_\_\_\_\_

*(Please note that in a critical emergency, it may not be possible to honor this preference)*

Health Insurance Company \_\_\_\_\_ Phone \_\_\_\_\_

ID or Group # \_\_\_\_\_ Date of child's last Tetanus Booster: \_\_\_\_\_

Does your child have any allergies? Yes \_\_\_ No \_\_\_ If yes, please list: \_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian (Print Name) Signature Date





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AS A PARENT/LEGAL GUARDIAN OF \_\_\_\_\_  
*Print camper name*

I UNDERSTAND AND AGREE TO THE FOLLOWING POLICIES:

1. The undersigned person, having legal custody/guardianship of the above said minor gives permission for the minor to participate in all Camp Programs (including field trips). The undersigned represents that the minor is physically able and mentally prepared to participate in all activities described in Camp Beth Israel brochure.
2. The undersigned person, having legal custody or guardianship, hereby gives the consent to the Beth Israel to provide emergency, dental, or medical care prescribed by a duly licensed physician (M.D.) or dentist (D.D.S.) for my child/children listed above. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.
3. I give my permission to apply Neosporin or the like and antiseptic wipes to my child, if necessary. Also, staff may apply sunscreen to avoid sunburn.
4. In case of sudden injury or illness, I hereby give authority to any hospital or doctor selected by Beth Israel to render immediate aid as may be required at the time for my child's health and safety. I understand that medical expenses are my responsibility. I hereby assume all risks (injury or illness) for my child and family members that may occur during participation in any activity or use of facilities owned or rented by Beth Israel. I hereby agree to in no way hold the management of Beth Israel, its agents or employees liable for lost or damaged belongings or injury that my child may sustain while involved in camp or at Beth Israel.
5. In order to register for camp, I understand my Beth Israel account must be in good standing. To ensure placement in camp I understand all camp and/or membership fees (if applicable) must be paid in full by June 16, 2019.
6. A fee of \$50 will be assessed for camp payments received after June 16, 2019.
7. Beth Israel reserves the right to cancel any camp program due to insufficient enrollment.
8. A \$50 non-refundable deposit fee for each child per session must be submitted upon registration. This will be credited toward your camp fee.
9. It is the practice of Camp Beth Israel to use photographs of campers in its publication and in selected media for the purpose of promoting camp. Parents have the right to deny permission to use a child's image in such photographic material by stating so in writing. No names of campers are ever used.
10. I understand that this is a contract that extends from the time of registration until the end of the camp season, August 31, 2019. I understand and acknowledge that Beth Israel will be purchasing services that will be provided to my child based on my enrollment, and I understand that I am legally obligated to pay the tuition for the session in which my child is registered. I further acknowledge that there are no allowances made for absences or for camp holidays (e.g. July 4th in observance of Independence Day).
11. The undersigned participant or parent/guardian, in consideration of participation in this program, activity and/or camp/class indicated on this form agrees to indemnify and hold harmless Beth Israel, its representatives, its successors, and assigns and releases the same from any and all liability for any injury or illness which may be suffered by the participant, named herein arising out of, or in any way connected with the program, activity and/or camp/class indicated, and assumes the risk for such injury or illness.

I/we assume financial responsibility for my/our child and agree to meet all financial obligations as due. I have read and understand the above statements.

\_\_\_\_\_  
Signature of parent/legal guardian (required to process application)

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

