

Camp Shalom 2010 Combined Forms Session and/or Weekly Enrollment

Camper's Name	Gender	Grade in Sept. 2010	Date of Birth	T-Shirt Size Yth-S M L XL Adult- S M L	Check Box for Session Enrollment				No. of Sessions
					Girls		Boys		
					I Rena	II Art	I Sports	II Reyim	

Cost Worksheet:	Session Total	
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- (A) Session Total _____ From table above
- (B) Cost per Session \$ _____ **\$695 early-bird by Mar 15** or \$745 after Mar 15
- (C) Gross Total Cost \$ _____ Line A times Line B
- (D) Total Additional Discounts \$ _____ No. of children after first attending 2 sessions times \$50
Loyalty Discounts [\$25/camper/session by April 30]
- (E) Discounted Total \$ _____ Line C minus Line D
- (F) Deposit Amount Due Now \$ _____ Line A times \$50 (fee is non-refundable)
- (G) Balance Due Estimate \$ _____ Line E minus Line F -- *Official Camp Shalom invoice will follow*

Camper's Name	Gender	Grade in Sept. 2010	Date of Birth	T-Shirt Size Yth-S M L XL Adult- S M L	Check Box for Weekly Enrollment								No. of Weeks
					Session 1				Session 2				
					1	2	3	4	5	6	7	8	

Cost Worksheet:	Weeks Total	
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- (A) Weeks 2,3,4,6,7,8 _____ x \$ _____ = _____ **\$210 early-bird by Mar 15** or \$220 after Mar 15 per week
- (B) Weeks 1, 5 _____ x \$ _____ = _____ **\$125 early-bird by Mar 15** or \$135 after Mar 15 per week
- (C) Weeks 3, 8 _____ x \$20 = _____ \$20 Grand Trip fee (per week/per camper additional)
- (D) T-Shirts _____ x \$10 = _____ One required per camper
- (E) Estimated Total \$ _____ Line A + Line B + Line C + Line D - Loyalty Discount [\$25 for at least 4 weeks per camper]
- (F) Deposit Amount Due Now \$ _____ Number of campers times \$100 (fee is non-refundable)
- (G) Balance Due Estimate \$ _____ Line E minus Line F -- *Official Camp Shalom invoice will follow*

▶ Mail this form with deposit payment to Camp Shalom, 2010 Linden Lane, Silver Spring, MD 20910

Camp Shalom 2010 Combined Forms Registration and Consent

All fees must be paid in full by the designated dates (Session I-June 14, Session II-July 12). Campers will not be admitted until payment is received. Payment accepted via check (to Camp Shalom) or credit card (form required).

Address: _____ **Home Phone:** _____

City: _____ **State:** _____ **Zip Code:** _____

Mother's Name: _____ **Email:** _____

Cell Phone: _____ **Work Phone:** _____

Father's Name: _____ **Email:** _____

Cell Phone: _____ **Work Phone:** _____

Emergency Contact Name (other than parents): _____

Relationship: _____ **Best Phone:** _____

Medical Information (separate medical forms must be filled out for EACH CHILD by the first day of camp)

Doctor's Name: _____ **Office Phone:** _____

Trip Consent

I give my child(ren) permission to accompany Camp Shalom (Rena Girls, Safed Art, Gibor Sports and/or Reyim Boys programs) on all trips this summer.

List Names: 1) _____ 2) _____
3) _____ 4) _____
5) _____ 6) _____

Picture Consent

I understand that Camp Shalom takes pictures and video of campers during daily activities for use in camp related brochures, flyers, and electronic slide shows/videos that are distributed via printed media, e-mail or on the camp web site. As a matter of policy and practicality, Camp Shalom cannot accommodate requests to guarantee that any particular child will not be included as such. By enrolling my child(ren) at Camp Shalom, I am implicitly providing consent for use of their likeness as indicated.

Check box to indicate your preference that your child(ren)'s likeness be minimized.

I give permission for my child(ren) to participate in all activities, including accompanying Camp Shalom on all trips this summer, swimming, hiking, rock climbing, boating, water activities, and physical sports, and agree to indemnify and hold harmless Camp Shalom, the Yeshiva, and it's employees in case of injury. In an emergency, and in the event that neither I nor my doctor can be reached, I hereby authorize Camp Shalom to administer first aid and/or take my child(ren) to a doctor or hospital to secure treatment.

My signature below acknowledges consent as specified above.

Mother or Legal Guardian Signature: _____ **Date:** _____

Father or Legal Guardian Signature: _____ **Date:** _____

Camp Shalom 2010 Combined Forms Health Inventory

Child's Name (separate form required for each child): _____

The following information is required by Maryland DHMH before a camper may be admitted to camp.

CAMPER IMMUNIZATION INFORMATION

All campers must be current on all immunizations, see www.EDCP.org (Immunization).

1. Provide date (month/year) of camper's last **tetanus (or DTP)** shot: _____

2. Is the camper currently enrolled in a Maryland school, public or private?

YES, provide name of Maryland school: _____

NO, provide a copy of immunizations confirming that the child has received all immunizations as required by the Maryland DHMH Recommended Childhood Immunization Schedule. See www.EDCP.org (Immunization) for information.

3. Is the camper exempt from any immunization on medical or religious grounds?

YES, provide a signed copy of Maryland Department of Health and Mental Hygiene Immunization Certificate from either a licensed physician indicating that the immunization is medically contraindicated, or the parent or guardian indicating that they object to immunizations for religious reasons.

NO

CONTACT INFORMATION

Parent or Legal Guardian: _____ Phone: _____

Emergency Contact Person: _____ Phone: _____

Camper's Physician: _____ Phone: _____

HEALTH INFORMATION

Provide information on any medical conditions, psychological conditions, behavioral conditions, medications, dietary restrictions, allergies, or special needs that we need to be aware of to ensure that your child's camp experience is positive (use additional page if more space is required).

Parent's or Legal Guardian's Signature: _____ Date: _____

