

CAMP ADONAI
REGISTRATION FORM
(PLEASE WRITE CLEARLY)

I. CHILD GENERAL INFORMATION

BIRTHDATE (MMDDYYYY): _____ AGE: _____

LAST NAME: _____ FIRST NAME: _____ MI: _____

Male _____ Female _____

II. CHILD PICK UP INFORMATION (Additional fee of \$3/hr required for Early or Late campers.)

7:00 am- 7:50 am DROP OFF (Y/N) _____ TIME (HH:MM) _____

4:10 pm- 6:00 pm LATE PICK UP (Y/N) _____ TIME (HH:MM) _____

Pick up after 6:10 will require an additional LATE FEE of \$50 payable before the next camp day.

PICK UP PERSON (FIRST, LAST NAME & RELATIONSHIP TO CHILD) *All Pick up Persons must have ID and must be 16 yrs of age or older.*

1. _____ Relationship _____
2. _____ Relationship _____

III. CHILD T-SHIRT SIZE INFORMATION

SIZE CHART: AL = ADULT LARGE, AM = ADULT MEDIUM, AS = ADULT SMALL, YL = YOUTH LARGE, YM = YOUTH MEDIUM, YS= YOUTH SMALL, YXS = YOUTH EXTRA SMALL

SHIRT SIZE _____

IV. PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN: LAST NAME: _____ FIRST NAME: _____ MI: _____

ADDRESS: _____ CITY: _____ STATE: _____ Zip: _____

EMAIL ADDRESS: _____ @ _____

PLEASE WRITE EMAIL ADDRESS CLEARLY; EMAIL IS OUR PRIMARY METHOD OF CONTACT.

HOME PHONE (_____) _____

WORK PHONE (_____) _____

MOBILE PHONE (_____) _____

V. EMERGENCY CONTACT INFORMATION

CONTACT #1

NAME: _____ **HOME # ()** _____ **CELL # ()** _____

RELATIONSHIP TO CHILD: _____

CONTACT #2

NAME: _____ **HOME # ()** _____ **CELL # ()** _____

RELATIONSHIP TO CHILD: _____

VI. CHILD MEDICAL HISTORY

Physician Name: _____

Physician Telephone #: _____

Medical Insurance Name: _____ **Medical Insurance Policy Number:** _____

Child's current medications being taken:

ALLERGIES _____

MEDICAL ILLNESSES _____

Last tetanus shot (DATE) _____

Has your child or did your child have any of the following?

| | | |
|-------------------------------|------------|-----------|
| Fainting Spells | Yes | No |
| Headaches | Yes | No |
| Convulsions/Epilepsy | Yes | No |
| Asthma | Yes | No |
| High Blood Pressure | Yes | No |
| Kidney Problems | Yes | No |
| Hernia | Yes | No |
| Heart Disease/Disorder | Yes | No |
| Diabetes | Yes | No |
| Dental Plates | Yes | No |
| Poor Vision | Yes | No |
| Poor hearing | Yes | No |

| | | |
|----------------------------|------------|-----------|
| Allergies (specify) | Yes | No |
| Skin Disorder | Yes | No |
| Intestinal Disorder | Yes | No |
| Joint Dislocation | Yes | No |

Other or explanations of yes answers:

VI. PARENT/GUARDIAN CONSENT & RESPONSIBILITY FORM

My child and I are aware that participation in CAMP ADONAI is a potentially hazardous activity. I assume all risks associated with participation in camp, including but not limited to falls, contact with other participants, the effects of the weather, traffic and other reasonable risk associated with camp. All such risks to my child are known and understood by me.

I hereby give permission for _____ to participate in camp. Further, I authorize Camp Adonai and their affiliates to provide emergency medical treatment of an injury to my child if qualified medical personnel consider the treatment necessary and perform the treatment.

This authorization is granted ONLY if I am unable to be reached and a reasonable effort has been made to contact me

Date: _____

Parent/Guardian Signature: _____

OFFICIAL USE ONLY

RECEIPT OF \$150 DEPOSIT (Y/N) _____ **Deposit is non-refundable**

RECEIPT #: _____