

# CAMP CHABAD

2204 CEDARVIEW DRIVE, BEACHWOOD, OH 44122

MRS. JILL WEISZNER (216) 382-9992

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or text Jill at 216-402-4877

	CHILD 1	CHILD 2	CHILD 3
<b>FIRST NAME</b>			
<b>LAST NAME</b>			
<b>DATE OF BIRTH</b>			
<b>AGE AS OF 6/24/17</b>			
<b>GRADE AS OF 09/17</b>			
<b>MALE/FEMALE</b>			
<b>FULL SESSION OR SPECIFY WEEKS</b>	<b>FULL: YES NO</b> 1 2 3 4 5 6 7 8 (CIRCLE)	<b>FULL: YES NO</b> 1 2 3 4 5 6 7 8 (CIRCLE)	<b>FULL: YES NO</b> 1 2 3 4 5 6 7 8 (CIRCLE)

Family Name: \_\_\_\_\_

Person to call in case of Emergency:

Father's Name: \_\_\_\_\_

Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Emergency #: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Family Doctor: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Father's Business #: \_\_\_\_\_

Family Dentist: \_\_\_\_\_

Mother's Business #: \_\_\_\_\_

Phone: \_\_\_\_\_

Special Health or Allergy Problems:

If yes, give details: \_\_\_\_\_

**DATES:** JUNE 26 - AUGUST 18, 2017  
**TIME:** 9:30 AM – 3:30 PM  
**PLACE:** For Girls Ages 4-14 AND Boys Ages 4-6      For Boys Ages 7-14  
 GREEN ROAD SYNAGOGUE      TBD  
 2437 S. GREEN ROAD  
**PRICE:** \$770 for 8 weeks or \$110 per week  
 (plus the cost of weekly trip) total cost of trips for 8 week summer \$95  
**LUNCH:** WE PROVIDE FREE LUNCH TO ALL CAMPERS AND COUNSELORS REGARDLESS OF INCOME

**Please Read this Agreement and Sign Below:**

**In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for the administration of treatment deemed necessary by our family physician or by any other licensed physician in the event the designated family physician is not available. This authorization does not cover major surgery unless the medical opinion of two other licensed physicians or dentists concurring in the necessity for each surgery are obtained prior to the performance of each surgery.**

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

Parent/Guardian

E-mail Address: \_\_\_\_\_