Camp Ruach Cleveland
campruachcleveland@gmail.com
347-314-3375

# CRC EXTREME
# CAMPER REGISTRATION FORM

We are accepting registration for boys entering grade 7.

***Please note that registration for the CRC Extreme Program is “extremely” limited, and acceptance should not be assumed until you receive confirmation as such.

The following are the weeks of camp. Please check off which week (s) your son will be attending camp.

- ☐ July 2 – July 6
- ☐ July 9- July 13
- ☐ July 16- July 20
- ☐ July 23 – July 27

**CAMPER INFORMATION:**

Name: _____ DOB: _____

School: _____ Grade Completed: _____

T-shirt size: S M L XL (please circle)

**FAMILY INFORMATION:**

Father Name: _____ Cell number: _____

Mother Name: _____ Cell number: _____

Summer Address of Camper: _____

City _____ State _____ Zip _____ Home Phone: _____

Email Address: _____

**EMERGENCY CONTACT INFORMATION:**

Emergency Contact 1: _____ Cell number: _____

Relation to Child _____

Emergency Contact 2: _____ Cell number: _____

Relation to Child _____

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**MEDICAL RELEASE INFORMATION:**

Primary Care Physician: _____

Address: _____

Phone number: _____

Please fill out separately for each child:

**Child Name:** _____

Allergies:_____

Any medical conditions we need to be aware of ?

_____

**Child Name**: _____

Allergies:_____

Any medical conditions we need to be aware of ?

_____

The purpose of the above information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

**Waiver:**

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Signature_____ Date _____

I understand that Camp CRC will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Signature_____ Date _____

I hereby give permission for the transportation of my child for official Camp CRC activities.

Parent's/Guardian's Signature_____ Date _____

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## General Fees and Information: (Updated from previous years so please read carefully)

**Location:** Taylor Road Synagogue
**Hours:** 9:30am – 3:30 pm (Fridays until 2 pm)

**Camp Fees:**
$30 registration fee for all campers
$200/week (This includes Camp Major Trip to Niagara Falls)

ALL MONIES MUST BE IN BY JUNE 29th. Checks can be postdated until July 27th.
Checks should be made payable to Camp Ruach Cleveland.

Camp Tshirt will be distributed to all campers at no additional charge

**ALL REGISTRATIONS ARE FINAL AND NO REFUNDS ARE AVAILABLE**

Registration forms and monies should be mailed to:
Camp Ruach Cleveland
3642 Shannon Rd.
Cleveland, OH 44118

CRC thanks Mr. Vladimer Victor and Taylor Road Synagogue for availing their building to us. They understand the importance of our camp for the community and are excited to help out.

Mr. Victor brought to my attention that over the past few summers the Shul accumulated a large deficit. We therefore request a onetime (optional) tax deductible donation for the benefit of the Shul. If each family donates $100 we will hopefully cover their losses. Checks should be made out to Taylor Road Synagogue and sent along with registration and payment to:

Camp Ruach Cleveland
3642 Shannon Rd.
Cleveland, OH 44118

We greatly appreciate your understanding,

Rabbi Meshulum Yehuda Klugmann