

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

CAMPER REGISTRATION FORM

We are accepting registration for boys entering grades 2, 3, 4, 5, 6, and 7. The following are the weeks of camp. Please check off which week (s) your son will be attending camp.

- ☐ July 22 – July 26
- ☐ July 29- Aug 2
- ☐ Aug 5 – Aug 9
- ☐ Aug 12 – Aug 16
- ☐ Aug 19-Aug 23

CAMPER INFORMATION:

Name: _____ DOB: _____

School: _____ Grade Completed: _____

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

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

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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 – 3:45 pm (Fridays until 2 pm)

Camp Fees:

\$30 registration fee **per camper**

\$165/week

**** There will be an extra fee for a special 7th grade trip

EARLY BIRD SPECIAL - Register by March 31st - \$140 per week

Registration fee MUST be received by March 31st in order to receive the early bird special!

ALL PAYMENT MUST BE IN BY JULY 21st. Checks can be postdated until August 19th.

Checks should be made payable to Camp Ruach Cleveland.

Camp T-shirt will be distributed to all campers at no additional charge

ALL REGISTRATIONS ARE FINAL AND NO REFUNDS ARE AVAILABLE.

Registration forms and payment should be mailed to:

Camp Ruach Cleveland

3642 Shannon Rd.

Cleveland, OH 44118