

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

CAMPER REGISTRATION FORM

We are accepting registration for boys entering grades 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 13 – July 17
- July 20 – July 24
- July 27 – July 31
- Aug 03 – Aug 07
- Aug 10 – Aug 14

CAMPER INFORMATION:

Name: _____ DOB: _____

School: _____ Grade Completed: _____

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

Name: _____ DOB: _____

School: _____ Grade Completed: _____

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

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 _____

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

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 Ruach Cleveland LLC 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 Camp Ruach Cleveland activities.

Parent's/Guardian's Signature _____ Date _____

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

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

Location: Taylor Road Synagogue

Hours: 10:00am – 3:30 pm (Fridays until 2 pm)

Camp Fees:

\$30 registration fee **per camper**

\$165/week

**** There will be an extra fee for a special 6th and 7th grade trip (5th week of camp).

EARLY BIRD SPECIAL - Register by March 31st - \$145 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 9th. Checks can be post-dated, but must be cashable the Monday of that week.

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