

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

## **CAMPER REGISTRATION FORM 2024**

We are accepting registration for boys in grades 1, 2, 3, 4, 5, and 6. 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)

Your son is a star. We want him to shine. Help us do that by telling us about his unique talents/capabilities/interests that will help us light him up!

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**Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Grade Completed:** \_\_\_\_\_

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

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**Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Grade Completed:** \_\_\_\_\_

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

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**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 \_\_\_\_\_

**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 \_\_\_\_\_

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

**Location:** Taylor Road Synagogue

**Hours:** 9:15am – 3:50 pm Fridays until 2:10 pm

**CAMP FEES**

\$35 registration fee per camper

4-5 Weeks: \$195/week

1-3 Weeks: \$205/week

**EARLY BIRD SPECIAL - Register by April 7<sup>th</sup>:**

\$35 registration fee per camper

4-5 weeks: \$185/week

1-3 weeks: \$195/week (NEW FOR THIS YEAR!)

\*\* There will be an extra fee for a special 5<sup>th</sup> and 6<sup>th</sup> grade trip.

**ACE UPDATE:** We are working on getting eligibility through ACE. Further updates will be sent out once available.

**Registration cannot be processed without the \$35 registration fee.**

ALL PAYMENT MUST BE IN BY JULY 18th.

Zelle to [campruachcleveland@gmail.com](mailto:campruachcleveland@gmail.com)

Paypal to [campruachcleveland@gmail.com](mailto:campruachcleveland@gmail.com).

We do accept credit cards.

**Please note: For credit card and paying PayPal, there is a fee of \$5 per week that your child is attending camp.**

Checks can be post-dated, but must be cashable the Monday of each week.

Checks should be made payable to Camp Ruach Cleveland.

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

Registration and payment can be dropped off at: 3642 Shannon Rd., Cleveland Heights

**Refund Policy:**

- Refunds available within seven days of enrollment.

- No refunds will be processed after June 16th unless there are severe health concerns.

Please contact us for any refund inquiries within the specified time frame.