

Camp Chaverim 2019 Registration Form

2400 Pine Tree Drive, Miami Beach, FL 33140 | (305) 532-6421 | hebrewacademymiami.org/campchaverim

REGISTRATION DATE: _____

CHILD'S INFORMATION (PLEASE COMPLETE ONE APPLICATION PER CHILD)

Full Name _____ Birthday (Mo/Day/Yr) ____/____/____ Gender _____

School in Sept. 2019 _____ Grade in Sept. 2019 _____ Age _____

T-shirt Size: ☐ Youth XS ☐ Youth S ☐ Youth M ☐ Youth L ☐ Adult S ☐ Adult M ☐ Adult L ☐ Adult XL

Allergies or Diet Restriction _____ Medications _____

NEW CAMPER: ☐ Yes ☐ No *Health and immunization forms required for new campers.*

FAMILY INFORMATION

Address _____ City, State, Zip _____

Cell _____ Home/Work Phone _____

PARENT/GUARDIAN INFORMATION 1

Full Name _____ Email _____

Cell _____ Home/Work Phone _____

PARENT/GUARDIAN INFORMATION 2

Full Name _____ Email _____

Cell _____ Home/Work Phone _____

EMERGENCY & PICKUP AUTHORIZATION CONTACTS

Please provide an emergency contact who have authority to make all decisions regarding your child(ren) if we are unable to reach a parent/guardian as well as a list of people who are authorized to pick up your child(ren) from the Hebrew Academy. In the event of an emergency, we will attempt to contact a parent/ guardian first. Please notify the Hebrew Academy of any pick-up changes for the day if applicable. Please note proper identification will be required for anyone picking up your child(ren).

Full Name _____ Relation _____

Cell _____ Other Phone _____

WAIVER/PARENTAL CONSENT

I give permission for my child to participate in all the Hebrew Academy Summer Camp activities and field trips. I release and hold Hebrew Academy, AKA Camp Chaverim, the camp staff and administrators harmless, from any injury, loss or damage resulting from my child's participation in any of the above referenced activities including any injury, loss, or damage arising from any act or omission of any other person or entity providing goods or services in connection with the activity, except for acts or omissions that are willful or grossly negligent. I agree to indemnify the Hebrew Academy Camp not liable and harmless from all injury, loss, or damage to the person or property of others caused by my child. I release and hold the Hebrew Academy Camp not liable and harmless from any liability for reasonable decisions or actions as may be taken to protect the health and safety of my child. If in the event of an accident or an emergency, I authorize the Hebrew Academy Camp Chaverim to provide health care services to my child, at my expense. As deemed necessary, and I release and hold the Hebrew Academy not liable and harmless from all liability resulting from such health care services. I agree that Hebrew Academy Camp Chaverim shall have the right to enforce appropriate standards of conduct. The Undersigned agrees to allow his/her child's name, image, voice, and photograph(s) to be used by the School and Camp for publications, promotional materials, audio and/or video materials and website(s), without compensation and without prior notice. The Undersigned releases and holds the School and Camp harmless from any liability stemming from the use of the Student's name, image, voice or photograph(s).

I understand that camp must be paid in advance and deposits are non-refundable and non-transferable.

DISCIPLINE & CHILD BEHAVIOR

Camp Chaverim should be made aware in writing of any special needs or limitations a child may have. In the event our staff sees your camper is having difficulty with the structure that we provide, we will notify you. If we are not able to accommodate such needs, we may ask that the child be withdrawn from camp.

HEALTH AND SAFETY

The Parent or Guardian certifies that the child is healthy and able to participate in all camp activities at the time of application. If you are new to the Hebrew Academy, please provide your child's health/immunization records before the start of camp. Parent/guardian gives permission to secure proper medical treatment in case of an emergency, when parent/guardian cannot be reached.

FIELD TRIPS AND ACTIVITIES

Permission is hereby granted for the camper to participate in all field trips and activities. Camp Chaverim has the right to change the dates and locations of field trips as necessary.

X Parent/Guardian Signature _____ Date _____

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CAMP UNITS WEEKLY FEES

GENERAL CAMP

Camp times-
M-F 9:00 am-3:30 pm
Friday 9:00 am-2:00 pm

FULL DAY SUMMER RATES

☐ \$2,300

HALF DAY SUMMER RATES

☐ \$1,150

COST PER WEEK

☐ \$335

SELECT WEEKS FOR GENERAL CAMP:

☐ Week 1: 6/17 - 6/21

☐ Week 2: 6/24 - 6/28

☐ Week 3: 7/1 - 7/5 *Closed July 4

☐ Week 4: 7/8 - 7/12

☐ Week 5: 7/15 - 7/19

☐ Week 6: 7/22 - 7/26

☐ Week 7: 7/29 - 8/02

WEEKLY LUNCH OPTION

Weekly Lunch is \$30. Pizza Friday is \$6.

☐ Week 1: 6/17 - 6/21

☐ Week 2: 6/24 - 6/28

☐ Week 3: 7/1 - 7/5 *Closed July 4

☐ Week 5: 7/15 - 7/19

☐ Week 6: 7/22 - 7/26

☐ Week 7: 7/29 - 8/02

☐ Week 4: 7/8 - 7/12

PIZZA FRIDAY ONLY

☐ Week 1 ☐ Week 5
☐ Week 2 ☐ Week 6
☐ Week 3 ☐ Week 7
☐ Week 4

BEFORE & AFTER CARE FEES

Before Care (8:15 am - 9:00 am/M-F) Weekly Rate: \$50

After Care* (3:30 pm to 5:00 pm/M-Th) Weekly Rate: \$100

*No after care on Fridays

PAYMENT INFORMATION

Camp Fee: \$ _____

Lunch Option: \$ _____

AM Before Care: \$ _____

PM After Care: \$ _____

TOTAL: \$ _____

Deposit*: \$ 335

BALANCE: \$ _____

Payment Type: ☐  ☐  ☐ 

Credit Card* Type: ☐  ☐  ☐ 

Name on Card _____

Credit Card # _____

CVV # _____ Exp. Date _____

X Authorized Signature _____

*Please note that credit cards are subject to a 4% convenience fee.

*Please make checks payable to Hebrew Academy and drop-off or send to the Business Office at Hebrew Academy, 2400 Pine Tree Drive, Miami Beach, Florida 33140.

*Non-refundable deposit of \$335 will go towards your camp balance.