

ON-LINE REGISTRATION IS AVAILABLE!

Go to www.marinjcc.org and click the Summer Camp button on our homepage and save money!

JCC CAMP KEHILLAH 2008 REGISTRATION FORM

PLEASE REGISTER ON-LINE OR USE ONE FORM PER CAMPER / COMPLETE BOTH SIDES

To enroll additional children, please photocopy this form or download a form from our website - www.marinjcc.org. Return completed forms to:
Camp Office, Osher Marin JCC, 200 North San Pedro Road, San Rafael, CA 94903. Phone: 415.444.8055 FAX: 415.444.8185

Camper's Full Name (First, Middle, Last) _____ Nickname _____

Name of Person Responsible for Camp Fees (print please) _____ Phone _____ Signature of Person Responsible for Camp Fees _____

Osher Marin JCC Family Membership? Yes No

Bus Stop Location (circle one only) 1 2 3 A B C D E F G H I J
 See page 15 for bus stop details.

CAMP NAME		ENTERING GRADE '08	DATE		PRICE
EXAMPLE 1 Beyt	EXAMPLE 2 Yeladim half-day	EXAMPLE 3rd	EXAMPLE 7/21-8/1		EXAMPLE \$570
Sub-Total					\$
Sibling Discount - 10% off lowest fee (does not apply to Extended Care or Bus) Subtract					\$
Camp Fee Total					\$
SUPPLEMENTARY FEES		CAMP WEEKS	# Weeks	Cost/Week	PRICE
No. Marin Bus Circle weeks needed	1 2			\$50	
So. Marin Bus Circle weeks needed	3 4 5 6 7 8			\$50	
SF Bus Circle weeks needed	3 4 5 6 7 8			\$60	
Extended Care AM Care Weeks	1 2 3 4 5 6 7 8 9			\$35/\$40*	
PM Care Weeks	1 2 3 4 5 6 7 8 9			\$55/\$60*	
<i>For Extended Care by day call Camp office for form.</i>					
Supplementary Fees Total					\$
Tax deductible donation to Scholarship Fund Add					\$
*JCC Family Member discounted rates are listed first, followed by public rates. (\$member/\$public)					
GRAND TOTAL					

ROCK ON! CAMP ONLY
 Please tell us which instrument you play:

CANCELLATION, CHANGE & REFUND POLICY
 No refunds can be given for cancellations after May 16, 2008. In order to receive a refund, less the \$50 non-refundable deposit for each camp for each child, **written notice of cancellation must be received on or before May 16.**
Changes: There is a \$20 fee for each change from one program to another.

MEMBER PRICES
 JCC Family members save from \$30-\$145 per session, per child. For membership information, please call 415.444.8000.

SIBLING DISCOUNT
 After the first child is enrolled, a 10% discount applies to one additional child enrolled from the same household. Discount is applied to lowest camp fee. (Does not apply to transportation or extended care costs.)

MULTI-SESSION DISCOUNT
 Only available online at www.marinjcc.org

METHOD OF PAYMENT
 I have read and understand the Cancellation, Change & Refund policy.
 \$50 non-refundable deposit is due for each camp for each child at time of registration.
 Please make checks payable to: **Osher Marin JCC**

- FULL PAYMENT NOW** (required if registering after 6/1/08):
 - Check enclosed Bill my credit card in full
- DEPOSIT ONLY**
 - Check enclosed** for deposits now and automatically bill balance to my credit card on or after 6/1/08.
 - Bill my credit card** for deposits now and automatically bill balance to my credit card on or after 6/1/08.

Grand Total — Deposits = Balance

Credit Card Info Visa Mastercard

Card Number _____ Expiration Date _____

Print Name of Credit Card Holder _____ Authorizing Signature _____

SCHOLARSHIPS
 For more information, see page 15. Deadline is April 7, 2008.
 Send me information on JCC Camp Scholarships

OFFICE USE ONLY
 Date/Time Received _____
 Date deposit paid _____
 Date final payment _____

PLEASE READ & SIGN

RELEASE OF LIABILITY & PARENTAL CONSENT FOR TREATMENT OF A MINOR

Parents/guardians must read this section and then sign below.

I request and authorize that my child be allowed to participate in the Summer Camp program of the Osher Marin Jewish Community Center ("JCC"). I understand that the JCC does not provide any accident or health coverage for its members or guests. I further understand that it is the responsibility of every individual participant, his or her parents, or his or her legal guardian to provide for his or her own accident or health coverage while participating in all JCC activities. In the event of an emergency or need for medical treatment, and I cannot be reached, I authorize the Executive Director of the JCC or his/her authorized representative to consent to any medical treatment and/or hospitalization rendered to my child. I understand and agree that I will be responsible for the cost of such medical treatment.

I understand and fully accept that there are risks of physical injury involved in some camp sports and activities, and that accidents and injuries are common and ordinary occurrences of camp sports and activities. In consideration of my child being allowed to participate in JCC activities and programs, I hereby, on behalf of myself and my child, waive, release, relinquish and hold harmless the JCC and their agents and representatives, group leaders or group chaperones from any and all claims of loss, injury or damage to myself or my child, whether the result of active or passive negligence or other legal fault, which may now or hereafter occur and whether on or off the JCC premises, arising from or related to my child's participation in or presence at the JCC Summer Camp. My child has permission to ride in any necessary transportation arranged by the Osher Marin JCC. I grant permission for my child to participate in all summer camp activities and I hereby authorize the JCC to use photographs, videos, likenesses or testimonials of my child for JCC marketing purposes unless otherwise indicated in writing. My child has permission to go on all field trips and camp overnights.

I acknowledge and agree that this general release of liability and consent is binding upon me personally as well as in my capacity as the parent or guardian of my child, and on my heirs, personal representatives, successors and assigns.

I have read the above Release of Liability & Parental Consent for Medical Treatment of a Minor and grant permission for my child's participation with such understanding and agreement.

Signature of Parent or Guardian

Relationship

Date

COMPLETE BOTH SIDES OF THIS APPLICATION

CONTACT INFORMATION/RELEASE & CONSENT FORM

Form will not be processed without release signature.

Camper's Last Name _____ First Name _____ Nickname _____
Grade as of Fall '08 _____ Birth Date _____ Male Female

Camper lives at this address.

Parent 1: Name _____

Day Phone _____

Evening Phone _____

Cellular _____

Pager _____

Email requested _____

Address _____

City _____

ZIP _____

Camper lives at this address.

Parent 2: Name _____

Day Phone _____

Evening Phone _____

Cellular _____

Pager _____

Email requested _____

Address _____

City _____

ZIP _____

LOCAL EMERGENCY CONTACT INFORMATION (not parents):

Name _____

Relationship _____

Day Phone _____

Evening Phone _____

Cell/Pager _____

MEDICAL INFORMATION:

Insurance Company _____

Policy No. _____

Doctor's Name _____

Phone _____

List any medical conditions we should know about such as hospitalizations, operations, serious illnesses, dietary restrictions, activity limitations, **allergies** and/or any medications this child takes regularly:

For First Aid, my child may receive: Acetaminophen Ibuprofen Benadryl

Has your child had the up-to-date full series of childhood immunizations? Yes No

Immunizations: Fill in date of last Tetanus shot _____ (required)

Does your child suffer from any of the following: Asthma Frequent Ear Infections

Heart Problem Seizures Diabetes Other _____

Allergies: Hay Fever Insect Sting Penicillin Foods _____ Other _____

List any special healthcare, learning or social needs your child may have.

Please call the Camp Administrator for an appointment to discuss these needs **before** camp begins.

My child is a Non-Swimmer Beginning Swimmer Comfortable Swimmer

My child will arrive by Car Bus Foot Bike

My child has permission: To leave camp alone Yes No / Walk home from bus stop alone Yes No

The following persons are authorized to sign out my child (including sitters, siblings & friends):

Please attempt to place my child with the following campers:

Members of the family who are Jewish: Camper Mother Father None

My child is a returning camper new camper to the JCC this summer first-time camper at any camp

Camper's T-shirt size: Kids: Small Medium Large Adults: Small Medium Large