

Camp Darom 2012 Camper Application

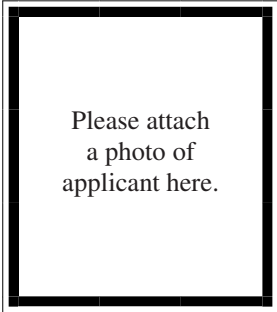
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Application For children entering 3rd-9th grade



Please return application to:

Camp Darom	Phone: 901-683-7485
c/o Baron Hirsch Congregation	Fax: 901-680-7990
400 S Yates Road	email: darom@baronhirsch.org
Memphis, TN 38120	www.campdarom.com



(For teens entering 10th grade - ask our office about the Staff Assistant program)

Please complete all spaces below and on page 2.

Camper's name: _____ Name camper goes by: _____
last first Hebrew

Address: _____ City _____ St _____ Zip _____ email _____

Phone (____) _____ Date of birth: ____/____/____ Male Female

Grade entering in Fall 2012 _____ T-Shirt Size: Youth ____S ____M ____L Adult ____S ____M ____L

* Please note that camper info listed here will appear in the Camper Directory unless parent specifies otherwise.

Father: _____ Home # (____) _____ Cell # (____) _____

Address: _____ Business # (____) _____
(if different) street apt# email: _____

Mother: _____ Home # (____) _____ Cell (____) _____

Address: _____ Business # (____) _____
(if different) street apt# email: _____

Parental Status: () Married () Separated/Divorced () Widowed () Other-Explain: _____

Child Lives With: _____

Please list two emergency contacts that we may call if the camper's parents cannot be reached:

Name: _____ Relationship: _____ Phone 1: _____ Phone 2: _____

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Congregation Affiliation(s): _____

Please list the current school the child attends as well as other schools he/she has previously attended (if applicable):

name of school years attended name of school years attended

What special interests does the camper have? _____

Please list any health problems or allergies: _____

Are there any activities that the camper should be restricted from? _____

Registration Contract/Liability Waiver

- I hereby give my child permission to attend Camp Darom, and to participate in all camp activities, unless otherwise noted on this application form. I hereby give my child permission to leave the camp grounds and to ride in transportation provided by the camp, for supervised camp activities and/or medical treatment by qualified medical personnel.

- In case of surgical or medical emergency, I hereby give permission to the physician selected by the camp to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery for my child. Camp Darom will make every effort to immediately contact parents in the event of an emergency.

- I do hereby waive, release and hold harmless Camp Darom, Baron Hirsch Congregation, and all their various divisions, officers, staff, volunteers and representatives for any injury that may be suffered by my child in the normal course of participation in the camp program, whether the result of negligence or any other cause.

- I agree to furnish the camp with any additional contact information they may need to get in touch with me during the camp season. This includes dates, location and phone numbers where I may be reached should I be traveling.

- I understand that cancellation of this registration will result in forfeiture of the non-refundable registration fees and tuition fees in accordance with the camp's policy as stated below. I understand that my child will not be permitted to attend camp until all fees have been paid and medical forms have been received.

- I understand that Camp Darom has the right to dismiss any camper, without refund, who threatens the safety of him/herself or other campers; who willfully damages camp property; who willfully disregards the rules of the camp; who steals or intentionally damages the property of other people in camp; or who is found using or in possession of drugs or alcohol.

This application must be accompanied by a \$250 non-refundable registration fee. The balance of the tuition must be paid in full by May 1, 2012, unless arrangements are made with the business director. Cancellations made in writing before May 1 will be refunded in full, except for the registration fee. Cancellations made in writing by June 1 will be refunded by 50%. There will be no refunds for cancellations made after June 1.

I have read and hereby accept the contract & waiver, and attest that information I have provided in the application is true and accurate.

➡ **Parent or Guardian Signature** _____ **Date** _____

2012 Camp Tuition - Please check the appropriate box

	Full 4 Week Session	Two Week Starter Session**
Before February 29:	<input type="checkbox"/> \$2,495	<input type="checkbox"/> \$1,400 ____ 1 st two weeks ____ 2 nd two weeks
After February 29:	<input type="checkbox"/> \$2,795	<input type="checkbox"/> \$1,500 ____ 1 st two weeks ____ 2 nd two weeks

All tuition rates include a \$250 registration fee which must accompany this application.

Sibling Discount: Parents sending two or more children may deduct \$100 per child.

**** The Two Week Session is only available for children entering 3rd or 4th grade. Children attending the first two weeks have the option of extending, providing space is available. Extensions are accepted on a first come first served basis.**

If your child has never attended a Jewish sleep away camp, and is not currently enrolled in a daily Jewish educational institution, he/she may be eligible for a \$1,000 Camper Incentive Grant. Please contact David Fleischhacker in our office to inquire!

You may enclose a check or fill in the information below to pay by credit card:

Visa MC AMEX Discover

Card # _____ Exp _____ / _____ Sec. Code _____

Amount to charge: \$ _____ Name on Card _____

Signature _____