



A Summer
for a
Lifetime

The Tikvah Program

Camp Ramah in California, Inc. AMITZIM ENROLLMENT APPLICATION

2011 SEASON

(310) 476-8571 or (888) CAMP-RAMAH

Website: www.ramah.org • Email: Info@ramah.org

Application must be accompanied by a photograph approximately 1.5" x 1.5"

BOX FOR OFFICE USE ONLY

APPLICATION MUST BE FILLED OUT BY PARENT OR GUARDIAN – PLEASE PRINT

<u>Last</u>	<u>First</u>	<u>Hebrew</u>	<u>Gender</u> <input type="checkbox"/> Male <input type="checkbox"/> Female	<u>Date of Birth</u> ____/____/____ (mm/dd/yyyy)
<u>Camper Email:</u> (published in camp roster)	<u>School Grade:</u> (Fall 2010) Name of Daytime School :	<u>School Grade:</u> (Fall 2011) Name of Daytime School:	Did child attend Camp Ramah in California during the 2010 summer? Yes <input type="checkbox"/> No <input type="checkbox"/> Other Years: _____ Names of any other siblings applying to Camp Ramah: _____	
<u>Synagogue (Name, City):</u> Synagogue Affiliation: <input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Other _____ Indicate Camper's T-Shirt Size <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL		<u>Name of Hebrew School/Education*:</u> <input type="checkbox"/> Hebrew School <input type="checkbox"/> Day School Grade Level: _____ Hours per week of Jewish studies: _____ Name of Principal: _____		

FAMILY INFORMATION

Parent 1 (or Step-Parent, Guardian)	Parent 2 (or Step-Parent, Guardian)	Camper's Address
Relationship:	Relationship:	Address 1:
Title/First Name:	Title/First Name:	Address 2:
Last Name:	Last Name:	City:
Work Phone:	Work Phone:	State:
Cell Phone:	Cell Phone:	Zip:
Work Fax:	Work Fax:	Country:
Occupation:	Occupation:	Home Phone:
Company:	Company:	Home Fax:
Email: (For Camp Correspondence) 2nd Email:	Email: (For Camp Correspondence) 2nd Email:	Parents are : Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Child lives with: Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other <input type="checkbox"/> If divorced-Legal Custody is: Mother <input type="checkbox"/> Father <input type="checkbox"/> 50/50 <input type="checkbox"/> * Financial responsibility is: Mother <input type="checkbox"/> Father <input type="checkbox"/> 50/50 <input type="checkbox"/>
Address (if different than Camper):	Address (if different than Camper):	Name of Legal Guardian (if different than above):
City:	City:	
State/Zip:	State/Zip:	
Home Phone:	Home Phone:	*Application must be signed by both parents

EMERGENCY CONTACT : (Other than parents)

Name:	Phone:	Relationship to camper:
Name:	Phone:	Relationship to camper:

Date Rec'd	Amt. Encl. _____	<input type="checkbox"/> Check <input type="checkbox"/> Credit Card
	p.3 Session: _____ 2 nd Choice: _____	<input type="checkbox"/> Payment Agreement <input type="checkbox"/> Full Payment <input type="checkbox"/> Donation
	Ses. 1 2 A B C D E Edah Assigned:	Notes:

CAMP RAMAH IN CALIFORNIA is a non-discriminatory educational institution. Rules for acceptance and participation in the camp program are the same for everyone without regard to race, color, national origin, age, sex, or handicap.

Session & Tuition

SESSION I \$4,610
(June 23– July 19) 11-15 years

SESSION II \$4,610
(July 22 – August 17) 15-18 years

Final determination of session confirmed after application is reviewed.

Camp Fees include:

- ◆ *Bus Transportation from Southern California*
- ◆ *T-shirt*
- ◆ *Laundry service*
- ◆ *Camp Photo*
- ◆ *Meals, Housing & Programs*
- ◆ *Canteen*
- ◆ *All Off-Campus Trips*

TUITION:

Session 1	\$4,610									
Session 2	\$4,610									
Full Summer	\$9,220									
Payment :										
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"></td> <td style="width: 35%; text-align: center;">Enroll before January 1st: 3% discount</td> <td style="width: 35%; text-align: center;">After January 1st</td> </tr> <tr> <td>Session 1 or 2</td> <td style="text-align: center;">\$4,470</td> <td style="text-align: center;">\$4,610</td> </tr> <tr> <td>Full Summer (1 & 2)</td> <td style="text-align: center;">\$8,940</td> <td style="text-align: center;">\$9,220</td> </tr> </table>		Enroll before January 1st: 3% discount	After January 1st	Session 1 or 2	\$4,470	\$4,610	Full Summer (1 & 2)	\$8,940	\$9,220
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Full Summer (1 & 2)	\$8,940	\$9,220								

To calculate your 2011 Tuition, including discounts, please use the payment / payment plan contract. If you are paying in full, complete the payment contract. If you are paying in monthly installment , please complete the payment plan contract.

You can reinforce the lessons of tzedakah your child will learn at camp with your gift to Camp Ramah now!

You may not realize how critical donations are to Camp Ramah. We need our camp family to help provide the financial support which will ensure that Camp Ramah continues to be an amazing and rewarding experience for our children for the next 50 years and beyond. In order for Camp Ramah to continue to maintain the existing camp grounds, explore opportunities to expand the grounds and facilities, and to provide new and innovative programming, we ask you, as an integral part of our Camp Ramah family, to make a meaningful gift this year. Your donation will be used to enhance the Ramah experience for all our children, including those who cannot afford to attend Camp Ramah without financial assistance. We ask you to consider a gift to Camp Ramah with this application so that no child is denied the summer of a lifetime, and to ensure that our facilities and our programs remain the best they can be. Because of your help, we will continue to influence many young lives, the next generation of Jewish educators and communal leaders.

- Donation to
Camp Ramah Fund
- \$ 2,500
 - \$ 1,000
 - \$ 500
 - \$ 250

Please mail this application, together with your payment to:

Camp Ramah in California
17525 Ventura Blvd, Suite 201
Encino, CA 91316

Camp Ramah strives to enroll campers regardless of ability to pay. Please see our website for financial assistance information.
Financial Aid Applications are available now and due March 2, 2011.

A Payment / Payment Plan Contract is due with each application.
Payment / Payment Plan Contracts are available on our website, http://www.ramah.org/re_forms.php. The contract must be used to calculate discounts, balance due and establish a payment plan. Each camper family is required to submit a payment / payment plan contract.

Tuition Amount \$ _____
(see above)

Donation Amount: \$ _____

Check/Money Order Credit Card
(One check per camper application)

Financial assistance and scholarship information is available on our website at:
http://www.ramah.org/re_financial_resources.php

Visa Mastercard

Exp. Date

(we cannot accept Discover Card and American Express)

Name on Card: _____ Card Billing Address: _____

Signature _____

FAXED APPLICATION WILL NOT BE ACCEPTED

MEDICAL

RAMAH PARENT QUESTIONNAIRE

The educational philosophy of our program emphasizes the uniqueness of each camper. It is, therefore, important that we have specific information about your child which only you as a parent can provide. Your detailed replies, which will be kept confidential, will help us enrich your child's

ARE THERE ANY PAST ILLNESSES OF WHICH WE SHOULD BE AWARE? YES NO

IF YES, PLEASE LIST: _____

CHECK ITEMS THAT APPLY TO YOUR CHILD:

- Tendency to catch cold Fainting spells Frequently constipated
- Tendency to gain weight Unable to participate in certain activities **(please be specific)**

IF ANY OF THE ABOVE ITEMS ARE CHECKED, PLEASE EXPLAIN: _____

DOES YOUR CHILD HAVE MOTOR DIFFICULTIES? YES NO IF YES, PLEASE EXPLAIN:

HAS YOUR CHILD'S DISABILITY BEEN PROFESSIONALLY EVALUATED? YES NO
IF YES, WHAT WAS THE DIAGNOSIS? (Please indicated below)

- | | | |
|--|--|--|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Impaired Speech |
| <input type="checkbox"/> Asperger's Syndrome | <input type="checkbox"/> Pervasive Developmental Delay | <input type="checkbox"/> Impaired Vision |
| <input type="checkbox"/> Down Syndrome | <input type="checkbox"/> Dyslexia | <input type="checkbox"/> Learning Disability |
| <input type="checkbox"/> Developmental Delay | <input type="checkbox"/> Impaired Hearing | <input type="checkbox"/> Motor Delay |
| <input type="checkbox"/> Emotional Disorder | <input type="checkbox"/> Impaired Perception | |

Other

BRIEFLY DESCRIBE YOUR CHILD'S DISABILITY: _____

IS YOUR CHILD EPILEPTIC? YES NO ARE SEIZURES UNDER CONTROL? YES NO

DATE OF LAST SEIZURE _____ IS YOUR CHILD ON MEDICATION FOR SEIZURE CONTROL? YES NO

DESCRIBE:

DOES YOUR CHILD HAVE ALLERGIES? YES NO PLEASE DESCRIBE THE ALLERGIES AND POSSIBLE REACTIONS.

IS YOUR CHILD ON MEDICATION FOR ALLERGIES? YES NO DESCRIBE:

IF YOUR CHILD IS CURRENTLY ON A MEDICATION PROGRAM, PLEASE COMPLETE:

MEDICATION	SPECIFIC SCHEDULE	DOSAGES

PRESCRIBING PHYSICIANS:

NAME	ADDRESS	TELEPHONE ()

NAME	ADDRESS	TELEPHONE ()

IS YOUR CHILD CURRENTLY RECEIVING PSYCHOLOGICAL THERAPY? YES NO
IF YES, HOW FREQUENTLY, AND WHAT IS THE NATURE/REASON FOR THERAPY?

IS YOUR CHILD ON MEDICATION PRESCRIBED BY A PSYCHIATRIST? YES NO (PLEASE DESCRIBE:)

MEDICATION	SPECIFIC SCHEDULE	DOSAGES

THERAPIST:

MEDICATION	SPECIFIC SCHEDULE	DOSAGES

LIST THE NAMES, ADDRESSES, AND PHONE NUMBERS OF ANY CLINICS, SOCIAL AGENCIES, PHYSICIANS, AND THERAPISTS WHO KNOW YOUR CHILD (OTHER THAN THOSE ALREADY LISTED).

NAME	ADDRESS	TELEPHONE ()

NAME	ADDRESS	TELEPHONE ()

NAME	ADDRESS	TELEPHONE ()

PLEASE DESCRIBE BRIEFLY ALL OUTSTANDING CHARACTERISTICS OF YOUR CHILD IN THE FOLLOWING AREAS:

Eating management (include dietary restrictions as well as eating habits): _____

Does your child need assistance in limiting his/her food intake? YES NO Please describe: _____

IS YOUR CHILD'S APPETITE GOOD? YES NO PLEASE COMMENT: _____

CAN YOUR CHILD CUT HIS/HER OWN FOOD? YES NO

CAN YOUR CHILD DETERMINE APPROPRIATE AMOUNTS OF FOOD TO SERVE HIMSELF/HERSELF? YES NO

IS YOUR CHILD A FUSSY EATER? IF YES, PLEASE EXPLAIN: YES NO

ARE THERE ANY FOODS NOT ALLOWED FOR MEDICAL REASONS? YES NO IF YES, PLEASE EXPLAIN: _____

Please describe what specific personal care activities your child will need help with (for example: showering, shampooing, eating, arranging personal articles, making his/her bed, brushing teeth, toilet habits): _____

DOES YOUR CHILD WET THE BED? YES NO Please describe any specific circumstances that causes bed wetting for you child, and the last time he/she wet the bed: _____

CAN YOUR CHILD SHOWER BY HIMSELF/HERSELF? YES NO

DOES YOUR CHILD NEED HELP WITH SETTING THE WATER TEMPERATURE? YES NO

DOES YOUR CHILD NEED HELP WITH SHAMPOOING? YES NO

DOES YOUR CHILD WAKE UP OR CALL OUT DURING THE NIGHT? YES NO

IF YES, PLEASE COMMENT: _____

AT WHAT TIME DOES YOUR CHILD NORMALLY GO TO SLEEP? _____

HOW LONG DOES YOUR CHILD TAKE TO GO TO SLEEP? _____

DOES YOUR CHILD WALK OR TALK IN HIS/HER SLEEP? YES NO

IF YES, PLEASE COMMENT: _____

CAN YOUR CHILLD MAKE HIS/HER BED? YES NO

CAN YOUR CHILD DRESS HIMSELF/HERSELF? YES NO

CAN YOUR CHILD TIE HIS/HER OWN SHOES? YES NO

CAN YOUR CHILD WRITE LETTERS HOME BY HIMSELF/HERSELF? YES NO

MALES

DOES YOUR SON SHAVE, AND IF SO: BY HIMSELF WITH HELP ELECTRIC RAZOR REGULAR RAZOR

PLEASE NOTE: COUNSELORS WILL ALWAYS SUPERVISE CAMPERS SHAVING WITH A REGULAR RAZOR.

FEMALES

IS YOUR DAUGHTER MENSTRUATING? YES NO

IF YES, IS SHE CAPABLE OF TAKING CARE OF HER OWN FEMININE HYGIENE NEEDS?

WATER SAFETY

HAS YOUR CHILD HAD WATER SAFETY INSTRUCTION OR SWIMMING LESSONS? YES NO

IS YOUR CHILD COMFORTABLE IN THE:

SHALLOW END OF POOL YES NO

DEEP END OF POOL YES NO

CAN YOUR CHILD BE LEFT IN THE POOL WITHOUT ONE ON ONE SUPERVISION? YES NO

(THERE WILL ALWAYS BE WSI LIFEGUARD SUPERVISION AT ALL TIMES IN THE SWIMMING POOL, IN ADDITION TO TIKVAH COUNSELORS.)

Does your child have any fears of the water that our staff needs to know about? Please be specific:

PERSONALITY

PLEASE CHECK THE ADJECTIVES MOST DESCRIPTIVE OF YOUR CHILD:

- outgoing non-verbal aggressive hostile sensitive hyperactive
- eager self-motivated excitable alert self-sufficient shy
- dependable friendly immature calm helpful passive
- withdrawn respectful well-mannered careless unruly communicative

Other: _____

IS YOUR CHILD SHY? YES NO PLEASE COMMENT: _____

DOES YOUR CHILD MAKE FRIENDS EASILY? YES NO PLEASE COMMENT: _____

IS YOUR CHILD HAPPIER ALONE OR WITH OTHER CHILDREN? Alone With other children PLEASE COMMENT: _____

DOES YOUR CHILD GET ALONG WITH CHILDREN OF THE SAME AGE? YES NO PLEASE COMMENT: _____

DOES YOUR CHILD GET ALONG WITH GIRLS? YES NO PLEASE COMMENT: _____

DOES YOUR CHILD GET ALONG WITH BOYS? YES NO PLEASE COMMENT: _____

DOES YOUR CHILD DAYDREAM MUCH? YES NO PLEASE COMMENT: _____

DOES YOUR CHILD FOLLOW DIRECTIONS WELL? YES NO PLEASE COMMENT: _____

DOES YOUR CHILD NEED VERBAL/VISUAL CLUES TO FOLLOW DIRECTIONS? YES NO
PLEASE COMMENT: _____

DESCRIBE YOUR CHILD'S ATTITUDE TOWARD HIS/HER BEING
EXCEPTIONAL: _____

BEHAVIOR PROBLEMS (include fears, if
any): _____

WHAT MAKES YOUR CHILD ANGRY?

HOW DOES HE/SHE SHOW ANGER OR HOSTILITY? _____

HAS YOUR CHILD EXHIBITED AGGRESSIVE BEHAVIOR TOWARDS HIMSELF/HERSELF OR OTHERS?

YES NO IF YES, PLEASE

COMMENT: _____

PLEASE COMMENT ABOUT SPECIFIC METHODS THAT YOU FIND EFFECTIVE AT HOME IN DISCIPLINING YOUR
CHILD (I.E. TIME OUT, BEHAVIOR MODIFICATION TECHNIQUES, ETC.) BE SPECIFIC, AS THIS INFORMATION WILL
HELP US IN ALLOWING YOUR CHILD TO HAVE THE BEST POSSIBLE CAMPING EXPERIENCE.

HAS YOUR CHILD EXPRESSED ANXIETY ABOUT COMING TO CAMP? YES NO PLEASE COMMENT: _____

HAS YOUR CHILD EVER BEEN AWAY FROM HOME BEFORE? YES NO
IF YES, WHERE AND FOR HOW LONG?

IF YES, WAS YOUR CHILD HOMESICK? YES NO PLEASE COMMENT: _____

DOES YOUR CHILD LIVE WITH BOTH PARENTS? YES NO

IF NO, HAS YOUR CHILD ADJUSTED WELL TO THE SITUATION? YES NO PLEASE EXPLAIN:

MISCELLANEOUS

WILL YOUR CHILD BE BRINGING STUDY MATERIALS TO CAMP IN PREPARATION FOR A BAR/BAT MITZVAH? YES NO

HOW DO YOU FEEL THE TIKVAH PROGRAM CAN BEST CONTRIBUTE TO YOUR CHILD'S DEVELOPMENT?

IS THERE ANY OTHER INFORMATION REGARDING YOUR CHILD WHICH MAY BE HELPFUL IN MAKING YOUR CHILD'S SUMMER PLEASANT?

HAS YOUR CHILD EVER BEEN TOLD OF THE RELIGIOUS AND EDUCATIONAL POLICIES OF THE CAMP? YES NO

DOES YOUR CHILD PLAY A MUSICAL INSTRUMENT? YES NO IF YES, WHICH ONE? _____

PLEASE DESCRIBE ANY OTHER SPECIAL SKILLS, TALENTS, OR INTERESTS YOUR CHILD EXHIBITS: _____

HOW WERE YOU REFERRED TO THE TIKVAH PROGRAM?

DOES YOUR CHILD HAVE ANY SIBLINGS LIVING WITH HIM/HER? YES NO

NAME AGE NAME AGE

NAME AGE NAME AGE

DOES YOUR CHILD GET ALONG WITH HIS/HER SIBLINGS? YES NO PLEASE COMMENT: _____

ARE THERE ANY SPECIAL FAMILY PROBLEMS WE SHOULD KNOW ABOUT? YES NO IF YES, PLEASE DESCRIBE

LIST ANY RELEVANT SOCIAL OR EDUCATIONAL EXPERIENCES IN WHICH YOUR CHILD HAS PARTICIPATED (CLUBS, YOUTH GROUPS, ETC.):

HOBBIES AND INTERESTS:

GENERAL EDUCATION

SCHOOL NOW ATTENDING

Address _____ Street _____ City _____ State _____ Zip Code _____

Phone _____ Principal _____ Teacher of special program _____
(_____)

DESCRIBE YOUR CHILD'S SCHOOL PROGRAM (I.E. SPECIAL CLASSES, RESOURCE ROOM, ETC.):

PLEASE LIST ANY MAINSTREAM CLASSES YOUR CHILD ATTENDS: _____

GRADE LEVEL COMPLETED AS OF THIS JUNE: _____

WHAT DOES YOUR CHILD LIKE BEST IN SCHOOL? _____

WHAT DOES YOUR CHILD LIKE LEAST IN SCHOOL? _____

HAS YOUR CHILD EVER ATTENDED A DAY OR RESIDENTIAL CAMP BEFORE? YES NO IF YES, PLEASE LIST BELOW:

Camp _____ Dates attended _____

Camp _____ Dates attended _____

MAY WE CONTACT THE ABOVE CAMP(S)? YES NO

RELEASE: Please contact your child's school and sign a release of information for the Camp Ramah Tikvah Director to contact your child's teacher(s) and school psychologist. This must be done before the Director can legally speak with your child's teacher. An interview with the Tikvah Director and your child must be completed prior to a decision of acceptance. If your child is a client of a Regional Center, please make application for funding along with this application, as Camp Ramah scholarship funds are limited. If you submit an application for financial assistance from Camp Ramah, the application and all documentation are available on our website now and **must** be in Business Office no later than March 2, 2011.

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Please Note:

All questions must be answered and the application must be signed by a parent or guardian before it can be processed.

Action on this application cannot be completed until a current IEP and current Psychological Evaluation have been submitted.

If you have any questions about the camp, the Tikvah Program, or your child's appropriateness for the program, please call the camp office. Send the IEP and Psychological Evaluation directly to:

TIKVAH DIRECTOR
Camp Ramah in California
17525 Ventura Blvd, Suite 201, Encino, CA 91316

THIS FORM COMPLETED BY: NAME: _____ DATE: _____

Signature _____ Relationship _____



CAMP RAMAH IN CALIFORNIA

Our Mission

Camp Ramah in California creates religious educating communities in which campers and staff learn skills for a life committed to God, Torah, the Jewish people and *tikkun olam*. Such communities support and strengthen Jewish identity and experiences fostered in the home, the synagogue and the school.

Affiliated with the National Ramah Commission and under the educational auspices of the Ziegler School of Rabbinic Studies at American Jewish University, Camp Ramah in California works in partnership with institutions of the Conservative movement in the Western United States.

PARENT'S AGREEMENT AND MEDICAL AUTHORIZATION

Camper's name

Please read carefully and sign below.

I/We hereby apply for the enrollment of my son/daughter for the 2011 season at Camp Ramah in California. By submitting an application on behalf of a child, each parent and /or guardian signing the application accepts and agrees to comply with all camp rules and regulations, including camp cancellation policy displayed below.

1. I/We certify that the information on this application is both true and accurate and that no health or medical information is left out that would help Ramah understand or work with my child. I/We understand that inaccurate or misleading information may void my child's enrollment and forfeit the space reserved in camp.
2. Each application received by Camp Ramah is subject to approval by the Camp Director or Executive Director.
3. **Space in camp cannot be guaranteed until full payment is received.** Payment arrangements must be made at the time of application and either a payment plan or payment contract is due with the application. If the balance is not paid in full or arrangements for the balance have not been made with the camp's bookkeeper, my camper's space may be forfeited (at the discretion of camp management) and the cancellation policy will be enforced.
4. I/We understand that all changes or **cancellations must be in writing** from parents/guardians and that the tuition is refundable **before April 1st only**, less the following, **NON-REFUNDABLE, NON-TRANSFERABLE** Administrative fee. **To submit a cancellations please go to our website.**

Cancellation Policy

Sessions	September 2010–December 31, 2010 (Non-refundable, non-transferable Administrative Fee)	After January 1-April 1, 2011 (Non-refundable, non-transferable Administrative Fee)	After April 1, 2011
Session 1 or 2	\$100	\$600	No Refund
Full Session	\$200	\$1200	No Refund

5. I/we have included full payment or a Payment/Payment Plan Contract with this application.
6. I/We understand that Camp Ramah is **not responsible** for my child's personal property. Camp Ramah will provide a list of needed items prior to the opening of camp. Camp Ramah **strongly** recommends that campers do **not** bring valuable items such as iPods (MP3 players), expensive cameras, musical instruments, jewelry, or fancy clothing to camp. Camp Ramah suggests that parents purchase insurance either through a personal effects insurance policy or additions to home owner's policy to insure a camper's personal belongings.
7. I/We authorize the use of still or video photos and audio recordings of my child for Camp Ramah in California publicity purposes.
8. In case of public health or medical emergencies, I/We hereby give permission to the physician selected by the Camp Director or designate to secure proper treatment for my child, which may mean hospitalizing, ordering injections, anesthesia, or surgery for my child as named above.
9. I/We understand that camp's insurance does not serve in any instance as primary coverage for my child. In the absence of insurance, I/We agree to reimburse camp for all out of pocket medical expenses & prescription medications paid to providers on my child's behalf.
10. I/we authorize any physician, health care professional, hospital, clinic, laboratory, pharmacy, health plan, or other health care provider that provides treatment or services to or on behalf of my child to disclose that child's entire medical record and any other protected health information concerning that person to Camp Ramah and its agents, employees or representatives. By signing below, I terminate any agreements I have made with health care providers to restrict protected health information of my child and I instruct those health care providers to release and disclose the entire medical record of my child without restriction.
11. The Camp Director reserves the right to dismiss a camper whose physical condition, mental condition, behavior, personal conduct, or influence on other campers is deemed detrimental to the camp atmosphere. Should my child be dismissed, the deposit and/or unused camp fees will NOT be refunded.
12. I/We understand that part of the camping experience involves activities, group living arrangements and interactions that may be new to my child. These things come with certain risks and uncertainties beyond what my child may be used to dealing with at home. I/We am aware of these risks, and I/We assume them on behalf of my child. I/We realize that no environment is risk-free. I/We have instructed my child on the importance of abiding by the camp's rules. My child and I/We both agree that he/she is familiar with these rules and will obey them.
13. I give permission for my child to participate in camp activities outside Camp Ramah's grounds as planned by the staff and as approved by Camp Ramah.

Must have signature of both parents who are divorced with Joint custody before application will be processed.

Please sign this completed application and mail with payment to the Ramah office for processing. Applications without complete information including payment or payment arrangements will not be processed.

X _____
SIGNATURE OF PARENT 1 OR GUARDIAN

_____ DATE

X _____
SIGNATURE OF PARENT 2 OR GUARDIAN

_____ DATE

X _____

X _____

