

# Camp K'elah 2010 Registration Form

4794 S. Eastern Ave. Ste. C, Las Vegas, NV 89119

FAX: 794-2456

Camper Last Name \_\_\_\_\_ First \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade Entering Fall 2010 : \_\_\_\_\_ Gender: M F

Name of School Entering Fall 2010: \_\_\_\_\_

T-Shirt Size: XS (2-4) CS (6-8) CM (10-12) CL (14-16) AM AL AXL Extra Shirts \$5

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Parent e-mail: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Parent e-mail: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

With whom does the camper live with during summer? \_\_\_\_\_

**Terms Of Agreement:** I agree to abide by the camp rules as outlined in the Camp Manual and other rules outlined in the subsequent camp literature. It is the sole discretion of the Jewish Community Center of Southern Nevada to reserve the right to refuse admission to, or to require withdrawal of, a camper, if necessary. The Jewish Community Center of Southern Nevada is not responsible for lost or damaged personal property. I agree that photographs taken of my child may be used for publicity purposes with their name. I give my permission for my child to take part in all camp activities, including trips away from camp. Participation in any JCC activities and use any recreational facilities involves a risk of accidental injury, despite safety precautions. I assume all risk and hazards incidental to the activities and released from responsibility and agree to indemnify and to hold harmless the Jewish Community Center of Southern Nevada, the Adelson Educational Campus, and their officers, independent contractors, directors, volunteers and employees, for an illness or injury to me, my children or family members occurring during his/her/our participation in any activities associated with or conducted by the JCC Program. All scheduled events are subject to change.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Emergency/Authorization to Pick-Up

Along with the parents/legal guardians, campers may only be released to the following: They will also be the emergency contact if parents cannot be reached.

<u>Name</u>	<u>Relationship</u>	<u>Day Phone</u>	<u>Cell Phone</u>
1. _____			
2. _____			
3. _____			

All Campers must provide proof of immunization (with Doctor's Signature) to Camp K'elah prior to June 1, 2010.

My child is allergic to: \_\_\_\_\_

My Child is on the following medication: \_\_\_\_\_

Please indicate any other important information and/or medical issues: \_\_\_\_\_

Family Physician: \_\_\_\_\_

Physician Phone: \_\_\_\_\_

Medical Insurance Provider: \_\_\_\_\_

Medical Insurance Policy Number: \_\_\_\_\_

Camper's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Grade Entering Fall 2010 \_\_\_\_\_

Camp(s) Attending	Specialty 6/21 - 25	Week 1 6/28 - 7/2	Week 2 7/5 - 7/9	Week 3 7/12 - 7/16	Week 4 7/19 - 7/23	Week 5 7/26 - 7/30	Week 6 8/2 - 8/6	Week 7 8/9 - 8/13	Totals
Nitzanim (2 year olds) 5 Days 9am - 1 pm		<input type="checkbox"/> \$180	<input type="checkbox"/> \$180	<input type="checkbox"/> \$180	<input type="checkbox"/> \$180	<input type="checkbox"/> \$180	<input type="checkbox"/> \$180	<input type="checkbox"/> \$180	
Nitzanim (2 year olds) 3 Days 9 am - 1 pm		<input type="checkbox"/> \$150	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150	
Pitzelach (3 year Olds) 5 Days 9 am - 4 pm		<input type="checkbox"/> \$220	<input type="checkbox"/> \$220	<input type="checkbox"/> \$220	<input type="checkbox"/> \$220	<input type="checkbox"/> \$220	<input type="checkbox"/> \$220	<input type="checkbox"/> \$220	
Pitzelach (3 year Olds) 5 Days 9 am - 1 pm		<input type="checkbox"/> \$180	<input type="checkbox"/> \$180	<input type="checkbox"/> \$180	<input type="checkbox"/> \$180	<input type="checkbox"/> \$180	<input type="checkbox"/> \$180	<input type="checkbox"/> \$180	
Pitzelach (3 year Olds) 3 Days 9 am - 4 pm		<input type="checkbox"/> \$190	<input type="checkbox"/> \$190	<input type="checkbox"/> \$190	<input type="checkbox"/> \$190	<input type="checkbox"/> \$190	<input type="checkbox"/> \$190	<input type="checkbox"/> \$190	
Pitzelach (3 year Olds) 3 Days 9 am - 1 pm		<input type="checkbox"/> \$150	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150	
Bubbehlahs (4 year olds) 5 Days 9 am - 4 pm		<input type="checkbox"/> \$220	<input type="checkbox"/> \$220	<input type="checkbox"/> \$220	<input type="checkbox"/> \$220	<input type="checkbox"/> \$220	<input type="checkbox"/> \$220	<input type="checkbox"/> \$220	
Bubbehlahs (4 year olds) 5 Days 9 am - 1 pm		<input type="checkbox"/> \$180	<input type="checkbox"/> \$180	<input type="checkbox"/> \$180	<input type="checkbox"/> \$180	<input type="checkbox"/> \$180	<input type="checkbox"/> \$180	<input type="checkbox"/> \$180	
Bubbehlahs (4 year olds) 3 Days 9 am - 4 pm		<input type="checkbox"/> \$190	<input type="checkbox"/> \$190	<input type="checkbox"/> \$190	<input type="checkbox"/> \$190	<input type="checkbox"/> \$190	<input type="checkbox"/> \$190	<input type="checkbox"/> \$190	
Bubbehlahs (4 year olds) 3 Days 9 am - 1 pm		<input type="checkbox"/> \$150	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150	
Kochavim (Kindergarten)		<input type="checkbox"/> \$220	<input type="checkbox"/> \$220	<input type="checkbox"/> \$220	<input type="checkbox"/> \$220	<input type="checkbox"/> \$220	<input type="checkbox"/> \$220	<input type="checkbox"/> \$220	
Chaverim (Grade 1)		<input type="checkbox"/> \$230	<input type="checkbox"/> \$230	<input type="checkbox"/> \$230	<input type="checkbox"/> \$230	<input type="checkbox"/> \$230	<input type="checkbox"/> \$230	<input type="checkbox"/> \$230	
Giborim (Grade 2)		<input type="checkbox"/> \$230	<input type="checkbox"/> \$230	<input type="checkbox"/> \$230	<input type="checkbox"/> \$230	<input type="checkbox"/> \$230	<input type="checkbox"/> \$230	<input type="checkbox"/> \$230	
Simcha (Grade 3-4)		<input type="checkbox"/> \$240	<input type="checkbox"/> \$240	<input type="checkbox"/> \$240	<input type="checkbox"/> \$240	<input type="checkbox"/> \$240	<input type="checkbox"/> \$240	<input type="checkbox"/> \$240	
Ruach (Grade 5-6)		<input type="checkbox"/> \$250	<input type="checkbox"/> \$250	<input type="checkbox"/> \$250	<input type="checkbox"/> \$250	<input type="checkbox"/> \$250	<input type="checkbox"/> \$250	<input type="checkbox"/> \$250	
Ne'arim (Grade 7-8)		<input type="checkbox"/> \$260	<input type="checkbox"/> \$260	<input type="checkbox"/> \$260	<input type="checkbox"/> \$260	<input type="checkbox"/> \$260	<input type="checkbox"/> \$260	<input type="checkbox"/> \$260	
CIT (Grade 9-10)		<input type="checkbox"/> \$60	<input type="checkbox"/> \$60	<input type="checkbox"/> \$60	<input type="checkbox"/> \$60	<input type="checkbox"/> \$60	<input type="checkbox"/> \$60	<input type="checkbox"/> \$60	
AM Care		<input type="checkbox"/> \$25	<input type="checkbox"/> \$25	<input type="checkbox"/> \$25	<input type="checkbox"/> \$25	<input type="checkbox"/> \$25	<input type="checkbox"/> \$25	<input type="checkbox"/> \$25	
PM Care		<input type="checkbox"/> \$25	<input type="checkbox"/> \$25	<input type="checkbox"/> \$25	<input type="checkbox"/> \$25	<input type="checkbox"/> \$25	<input type="checkbox"/> \$25	<input type="checkbox"/> \$25	
Junior Engineering (K-2)	<input type="checkbox"/> \$150	9 am-12 pm							
Junior Vehicles (K-2)	<input type="checkbox"/> \$150	12:30-3:30 pm							
Battle Bots (3-6)	<input type="checkbox"/> \$150	9 am-12 pm							
Vehicle Engineering (3-6)	<input type="checkbox"/> \$150	12:30-3:30 pm							

**Payment Information:**

- I have enclosed a check for this amount: \$ \_\_\_\_\_
- Please bill my credit card in the amount of: \$ \_\_\_\_\_  
(Visa, Mastercard, American Express or Discover)
- Charge my credit card for balance due on May 28, 2010

Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Exp. Date: \_\_\_\_/\_\_\_\_ 3 Digit Sec. Code: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Total Camp Fees: \_\_\_\_\_

7 Week Discount (\$100) or 4-6 Weeks Discount (\$50): -

JCC Membership (\$75): +

Registering After May 7, 2010 add \$20 per Week: +

Tax-Deductible Donation to Camp Scholarship Fund: +

Extra t-Shirts, \$5 Each: +

Sub-Total =

Less Non-Refundable Deposit (Minimum \$200): -

Balance Due by Friday, May 28, 2010 =

**Pay For Camp in Full by February 28, 2010 and receive 10% off**