



Mittleman

Jewish Community Center

Schnitzer Family Campus

6651 SW Capitol Highway, Portland, OR 97219

P: 503.244.0111 | F: 503.245.4233 | oregonjcc.org

Camp Health + Emergency Contact Form

GENERAL INFORMATION

Camper Last Name: _____ Camper First Name: _____

Gender: Male/Female Date of Birth: _____ Grade in Fall 2015: _____ Age on July 1, 2015: _____

T-shirt Size: Youth XSmall Youth Small Youth Medium Youth Large Youth XLarge
 Adult Small Adult Medium Adult Large

Primary Email Address: _____

Primary Cell Phone Number: _____ Alt. Phone Number: _____

Parent 1 Name: _____ Parent 2 Name: _____

Primary Mailing Address: _____

How did you hear out about us?

Friend MJCC Web Site PJA Postcard Brochure Ad: _____ Other: _____

HEALTH AND EMERGENCY INFORMATION

Are there any behavioral problems with this child at home or school that camp should know about? q Yes q No

If you answered "Yes" to the question above, please explain:

Are there any known allergies, food restrictions or medical conditions that MJCC Day Camp should know about?

Will this camper be taking any medications at camp this summer? q Yes q No

If you chose "Yes" above, please explain:

Is there anything else that you would like us to know about your child?

PICK UP AUTHORIZATION

I authorize the following people to pick up my child in my/our absence (please include name, relationship to camper, and phone number):

In the event of emergency, where a parent cannot be reached, we authorize MJCC Day Camp to contact the following people (please give name, relationship to camper, and phone number):

INSURANCE INFORMATION

Is the camper covered by family medical insurance? Yes No

If you said "Yes" to the question above, please enter the carrier name and group number on plan:

TERMS AND CONDITIONS

Please initial beside each paragraph to acknowledge that you have read and accept the conditions.

_____ The personal information above is correct and complete as far as I know, and the person herein described has permission to engage in all camp activities except as noted. I hereby give permission to the MJCC Day Camp to provide routine health care, administer prescribed medications, and seek medical treatment. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to MJCC Day Camp to arrange necessary related transportation for my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp to secure and administer treatment, including hospitalization, for the camper named above.

_____ Use of any recreational facility and participation in any activity involves a risk of accidental injury despite all safety precautions. I/we have been informed of the activities to be conducted by the MJCC Day Camp. I/we, as an individual or as a parent or guardian of the camper named herein, assume all risks and hazards incidental to the activities, and release from responsibility and all liability, claims, costs, and damages including attorney fees and costs. I/we further agree to indemnify and hold harmless the Mittleman Jewish Community Center and Portland Jewish Academy, their officers, directors, independent contractors, volunteers, and all employees for any illness, injury or damage to me or my children, or my family members occurring during the use of any recreational facility or the participation in any activities conducted by the MJCC, MJCC Day Camp, or Portland Jewish Academy. All fees must be paid in full before camp session begins. The MJCC Day Camp reserves the right to cancel any activity based on insufficient enrollment. In the event that a program is canceled by the MJCC Day Camp, all fees will be refunded within 30 days.

_____ Payment is due at time of registration—in full for fees totaling up to \$500 and 50% for fees above \$500. Payment of the full balance of camp fees must be received by May 31, 2015. Payment in full must accompany applications made after May 31, 2015. Withdrawals or camp transfers must be made to the camp office. A \$50 administration fee will be charged on all cancellations or changes. Refunds will be available only if cancellation is received more than 14 days before the start of a camp; there are no refunds for cancellations 14 days or fewer before the camp session begins except for medical emergencies with a note from a doctor. The MJCC reserves the right to cancel any camp due to insufficient enrollment or unforeseen circumstances. The MJCC reserves the right to dismiss a camper whose behavior is deemed inappropriate, in which case, no refunds will be given. Final enrollment into MJCC Day Camps is contingent upon review of completed camp paperwork. The MJCC reserves the right to bill and charge fees pursuant to the policies outlined in the camp enrollment forms, Parent Manual, and Day Camp Brochure.

_____ I give permission to the Mittleman Jewish Community Center (MJCC) to use images of my child in promotional materials related to MJCC programs. This includes, but is not limited to, MJCC materials both printed and electronic, MJCC and MJCC Day Camp Facebook pages, and third party materials as it relates to the promotion of the MJCC and MJCC Day Camp. I understand that my child's name will not be used in conjunction with their photo unless separate permission has been requested nor will my name as parent/guardian be tagged or identified in these materials.

By signing my name below, I acknowledge that I have read, understand, and accept the above information as well as the additional policies outlined in the MJCC Day Camp Terms and Conditions.

Signature _____ Date _____