



Mittleman

Jewish Community Center
Schnitzer Family Campus
6651 SW Capitol Highway, Portland, OR 97219
P: 503.244.0111 | F: 503.245.4233 | oregonjcc.org

Vacation Camps 2018-19 Registration Form

Please fill out this form completely. Thank you.

Parent/Guardian Name 1: _____ Date: _____

Address: _____ City _____ State _____ Zip _____

Home Phone: _____ Cell Phone: _____

Email: _____

Parent/Guardian Name 2: _____ Phone: _____

Camper must be 3 years old, or older. Camper must be fully potty-trained. No exceptions.

Camper First Name _____ Camper Last Name _____

Camper Age: _____ Camper Birthdate: _____

Please contact the appropriate department manager if your child needs specific assistance or accommodation.

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 Mittleman Jewish Community Center and/or Portland Jewish Academy. I/we, as an individual or as a parent or guardian of the participants 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 or Portland Jewish Academy. I intend this to be a full release and waiver of any liability that may arise from any activity at the MJCC. All fees must be paid in full at time of registration. The MJCC reserves the right to cancel any activity based on insufficient enrollment. In the event that a program is cancelled by the Center, all fees will be refunded within 30 days.

I agree that I will drop off my child(ren) no sooner than five minutes before camp and pick them up no later than five minutes after the camp ends. Children under the age of 13 must be accompanied by a parent/guardian at all times unless they are in a camp.

I have read the above statement:

Signature of participant or parent/guardian _____

Cancellation Policy

MJCC reserves the right to cancel camp programs due to low enrollment or unforeseen circumstances. Should cancellations occur, Camp staff will contact the parent/guardians prior to the camp and refunds or transfer will be given. Typically this will occur seven to ten days before the camp begins however this is subject to change if needed. MJCC also reserves the right to dismiss a camper whose behavior violates our behavior agreement, in which case no refund is given. **Any changes or cancellations will be charged a \$20 per camp for vacation camps. Cancellations made within 14 days of the start of camp will not be refunded.**

Photo Release:

By signing this form above, I give the MJCC permission to use photographs and/or videos of myself or my child for publicity purposes, without any payment to me or my child whatsoever. I understand that such photographs and/or videos may be used on the MJCC website and that children whose photos appear on the website may be identified by first name only and sometimes will not be identified at all. Initial here if you do **not** wish photographs of you or your child to be used in publicity materials _____

Payment Method: Check Cash (do not mail cash) VISA Mastercard American Express

Card # _____ Exp. Date: _____ CVC: _____ Signature for Payment _____

Questions: Contact Scott Reese at 503.244.0111, sreese@oregonjcc.org

Sign up for specific Vacation Days on the back of this form. 



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Please fill out this form completely. Thank you.

We welcome campers from 8:00 - 9:00 am and begin programming at 9:00 am.
For full day campers, check out begins at 4:00 pm and will continue through 5:30 pm.
Reminder emails will be sent out before each Vacation Day Camp with detailed information.

Date	Half-Day: (8:00 am - 1:00 pm)	Full-Day: (8:00 am - 5:30 pm)	Total
Tuesday, Dec. 18, 2018	<input type="checkbox"/> \$32 <input type="checkbox"/> Member: \$27	<input type="checkbox"/> \$59 <input type="checkbox"/> Member: \$49	
Wednesday, Dec. 19, 2018	<input type="checkbox"/> \$32 <input type="checkbox"/> Member: \$27	<input type="checkbox"/> \$59 <input type="checkbox"/> Member: \$49	
Thursday, Dec. 20, 2018	<input type="checkbox"/> \$32 <input type="checkbox"/> Member: \$27	<input type="checkbox"/> \$59 <input type="checkbox"/> Member: \$49	
Friday, Dec. 21, 2018	<input type="checkbox"/> \$32 <input type="checkbox"/> Member: \$27	<input type="checkbox"/> \$59 <input type="checkbox"/> Member: \$49	
Total:			



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Vacation Day Camp Health + Emergency Contact Form

GENERAL INFORMATION

Camper Last Name: _____ Camper First Name: _____

Date of Birth: _____ Grade in Fall 2018: _____ Age on July 1, 2018: _____

Parent 1 Name: _____ Parent 2 Name: _____

Parent Email Address: _____

Parent Cell Phone Number: _____ Alt. Phone Number: _____

Parent Mailing Address: _____

How did you hear out about us?

Friend Internet Search 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? Yes 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? Yes No

If you chose "Yes" above, please explain:

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

EMERGENCY CONTACT INFORMATION

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):

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):

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 in full at the time of registration. Withdrawals or camp transfers must be made to the camp office. A \$20 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 _____