



CAMP IDEAL

Sponsored by the Jewish Federation of St. Joseph Valley
3202 Shalom Way • South Bend, IN 46615
(574) 233-1164 www.thejewishfed.org

2019 CAMPER REGISTRATION FORM

Early registration requested. Registration fee holds your child's spot and helps us plan staffing and activities. Register by March 31st for Early Bird Discount. Multi-Week and Sibling discounts also available. All session fees due on May 15th.

(Please print. Complete one form per child.)

_____ Male _____ Female _____
Camper's Name (Last, First Middle)

_____ Grade (Fall 2019)
Birth date (mm/dd/yyyy)

_____ Street Address (Camper's Residence)

_____ City _____ State _____ Zip _____

_____ Primary Phone _____ E-mail address _____

_____ Parent 1/Guardian 1 Name _____ Emergency Phone _____

_____ Parent 2/Guardian 2 Name

Camper Lives With: Parent 1 Parent 2 Both Other _____

_____ T-Shirt Size (Youth: YS, YM, YL or Adult: S, M, L or XL)
Name of Camper's School _____ The youth t-shirts run small, please order one size larger.

Returning camper New camper Swimmer Non-swimmer Need-Based Scholarship Info Request

Sessions & Fees:

Session Fees: All session fees are due May 15 unless alternate arrangements are made. All registrations require a **non-refundable** fee of \$10/session (\$50 for the full summer). The fee will be applied toward the full camp registration fee. Registration after May 15 will need to be paid in full at time of registration.

DISCOUNTS

Early Bird: \$10 Per-Week Multi-Week (2 week minimum): \$10 Per-Week Sibling: \$5 Per-Week Per-Child (applied to 2nd + additional child(ren))
(applies to weeks 2-5)



| (Summer 2019) | Session | Early Care | Late Care |
|------------------------------|-------------|------------|------------|
| Week 1 June 24 - June 28 | ___\$130.00 | ___\$10.00 | ___\$10.00 |
| Week 2 July 1 - July 5 | ___\$130.00 | ___\$10.00 | ___\$10.00 |
| Week 3 July 8 - July 12 | ___\$130.00 | ___\$10.00 | ___\$10.00 |
| Week 4 July 15 - July 19 | ___\$130.00 | ___\$10.00 | ___\$10.00 |
| Week 5 July 20 - July 26 | ___\$130.00 | ___\$10.00 | ___\$10.00 |
| Week 6 July 29 - August 2 | ___\$130.00 | ___\$10.00 | ___\$10.00 |
| Full Summer June 24-August 2 | ___\$675.00 | ___\$50.00 | ___\$50.00 |

C.I.T. Registration (10th Grade Fall 2019, 3 Week Minimum Commitment): \$25.00 Per Week; E-mail or call at info@thejewishfed.org, or (574) 233-1164 for more information on our Counselor-in-Training program

I, _____, hereby give my child(ren), _____,

permission to attend Camp Ideal and participate in all on and off site activities. I also agree to the following:

- I understand that I am ultimately responsible for paying the camp tuition.
- I understand that Camp Ideal and scholarship applications must be submitted by May 15, 2019. Scholarship applications completed after that date may only be honored if there are still funds available.
- I understand that Camp Ideal and staff does not accept tips or gratuities. Our staff understands this and agrees to adhere to it in their signed contracts. Donations in honor of staff members are welcomed to the Camp Scholarship Fund.
- I agree that Camp Ideal and may share my family's contact information with other camp families for communication purposes only, unless I indicate otherwise in writing.
- I agree that Camp Ideal and has my permission to use photographs, video or likenesses of my child for promotional purposes, unless I indicate otherwise in writing.
- I hereby agree to indemnify and hold the Jewish Federation of St. Joseph Valley harmless from any and all liability.
- I understand that part of the camping experience involves activities and group interactions that may be new to my child, and that they come with uncertainties beyond what my child may be used to dealing with at home. I am also aware that my child may participate in off-campus activities such as recreational field trips to local amusements that involve additional risks. I am aware of these risks and I am assuming them on behalf of my child. I realize that no environment is risk-free and so I have instructed my child on the importance of abiding by the camp's rules. My child and I both agree that he or she is familiar with these rules and will obey them.
- As a parent, I am ultimately responsible for all transportation of clothing, equipment, or personal effects of campers during the camp day or while in transit. CELLULAR PHONES, laptop computers, tablets and other wireless communication devices ARE NOT PERMITTED in camp.
- I understand that Camp Ideal and does not accept responsibility for loss, theft or damage of my child's belongings while at, to and from camp.
- I understand and will comply with the following: Campers are expected to arrive and depart at the appropriate opening and closing time each day of their sessions and to remain in camp for the entire day unless special arrangements are made with the camp director. Having campers come and go during the day is very disruptive to both the camper and the camp community.
- I represent to Camp Ideal and that I will make full disclosure of any and all medical, emotional, or social conditions and medications (including medication holidays) that may affect my child's experience at camp.
- I understand that if my child is sent home or asked to leave camp for any reason or if I withdraw my child for any reason during the camp week I have signed up for I am not entitled to a refund.
- I understand that the Executive Director of the Jewish Federation of St. Joseph Valley reserves the right to dismiss any camper without refunds who:
 - Willfully disregards camp rules, or who endangers the camper's or others' safety;
 - Harms him/herself or other members of the community;
 - Bullies, physically, psychologically, and/or sexually abuses any member of our community;
 - Destroys camp property or the property of another member of the camp community;
 - Requires greater supervision than can reasonably be offered by the camp;
 - Acts in any way which the Executive Director, in his sole discretion, finds to be detrimental to the camp community.

Signature of Parent / Guardian

Date

Credit Card Payment Information:

Name as it appears on the Credit Card _____

Credit Card Number: _____ Exp Date _____ Security Code _____

Billing address, if different than the address above: _____