

CAMPER PROFILE SHEET

Due into the MJCC Camp Office by May 14, 2013.

It is important that this form is completely filled out. Registration will not be considered complete unless this form is returned to the MJCC Camp Office.



PLEASE PRINT ALL INFORMATION

Camper's Name: _____ Sex: _____ Birth Date: _____

Address: _____ City: _____ Zip: _____

Grade August 2013: _____ School: _____

Father's Name: _____ Employer: _____

Father's Home #: _____ Work #: _____ Cell #: _____

Mother's Name: _____ Employer: _____

Mother's Home #: _____ Work #: _____ Cell #: _____

Child Lives With: Both Parents Mother Father Other: Please explain _____

Do you have a request to be in a group with a specific child(ren)? _____

In an emergency, if parent is not available, please contact:

Name: _____	Name: _____
Relationship: _____	Relationship: _____
Home #: _____	Home #: _____
Work/Cell #: _____	Work/Cell #: _____

Insurance Carrier _____ Policy # _____

DAY CAMP AFTERNOON PICK-UP AUTHORIZATION

I hereby authorize the following individuals to pick up my camper from our Day Camp/PM Care Program. I also understand that the Center staff has the obligation, if necessary, to ask for photo identification when individuals listed below are picking up the camper.

Authorized Pick-Up Individual

Date of Birth

Date

Parent or Guardian of Camper

CAMPER HEALTH FORM

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PLEASE PRINT ALL INFORMATION

Name _____ Birth Date _____ Sex ____ Age _____
Last First Initial

Parent/Guardian _____ Phone _____

Address _____
Street City State Zip

In an emergency, if parent/guardian is not available, please contact:

1. Name _____ Phone _____

Address _____
Street City State Zip

2. Name _____ Phone _____

Address _____
Street City State Zip

HEALTH HISTORY

Please check and give approximate dates:

	<u>Allergies</u>	<u>Diseases</u>
Ear Infections _____	Hay Fever _____	Chicken Pox _____
Rheumatic Fever _____	Ivy Poisoning, etc. _____	Measles _____
Convulsions _____	Insect Stings _____	German Measles _____
Diabetes _____	Penicillin _____	Mumps _____
Behavior _____	Other Drugs _____	Asthma _____

Operations or serious injuries with dates _____

Chronic or recurring illness _____

Other diseases or details of above _____

Any specific activities to be encouraged? _____

Any specific activities to be restricted? _____

IMPORTANT—Please notify the MJCC if this child is exposed to any communicable disease during the three weeks prior to camp/school attendance.

Suggestions from parent/guardian _____

Insurance Carrier _____ Policy # _____

PARENT'S/GUARDIAN'S AUTHORIZATION: This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp/school activities, except as noted by me and the examining physician. In the event I cannot be reached in EMERGENCY, I hereby give permission to the physician selected by the MJCC camp/school staff to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above.

Parent/Guardian Signature _____

Date _____

CAMPER SUNSCREEN POLICY/ MEDIA RELEASE FORM



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form is returned to the MJCC Camp Office.

Camper's Name _____ Age _____

Sunscreen Policy:

MJCC camp participants spend a great deal of time in the outdoors and are thereby exposed to the sun's harmful rays. We will follow the following policies in this regard:

- Parents or legal guardians will be responsible for applying the first layer of sunscreen prior to morning drop off.
- Parents or legal guardians will be responsible for providing their child(ren) with enough sunscreen (in a sealed container) to take with them for later day applications. One container per child, please.
- Camp staff will be responsible for ensuring thorough follow up applications after 1 hour in the water, after two hours of activity in the sun, (due to perspiration), and/or any other time as needed.
- The MJCC reserves the right to disallow anyone to participate in the camp program at any time for failure to comply with this policy.

Please note that these decisions were made to protect your child. Furthermore, our staff members have been trained on this subject and understand their responsibilities and the consequences for failure in observing this policy.

I understand that I must supply sunscreen for my child, if my child does not have sunscreen on they will not be able to participate in outdoor camp activities.

Parent/Guardian Signature: X _____

Media Release:

I hereby agree and give my permission for the Memphis Jewish Community Center (MJCC) and/or _____ Camp (the "camp") to record, film, photograph, audiotape or videotape my child's name, image, likeness, spoken words, student work, performance and movement, in any form (hereinafter collectively referred to as "Works"), and to display, publish, distribute or exhibit material that may be created by the MJCC and/or Camp for the camp's website. I hereby further agree that the MJCC is the sole owner of all rights, title and interest, including copyrights in such Works and any parts thereof for all purposes, as the MJCC and/or Camp shall determine in their sole discretion without limitation, reservation or compensation to me or my child.

By entering into this informed consent and release and granting the permission as stated herein, I am expressly authorizing MJCC and/or Camp to use, in whole, or in part, my child's first name, likeness, image, spoken words, student work, performance and movement in connection with any promotional materials for the MJCC and or Camp website, in all manner and media, as MJCC and/or Camp determines in their sole discretion. I also understand that MJCC and the Camp shall own all rights, title and interest, including the copyright(s), in and to the promotional materials, to be used and disposed in perpetuity without limitation as MJCC and the Camp shall determine in their sole discretion.

By entering into this informed consent and release and granting the permission as stated herein, I also am releasing the MJCC and the Camp and their respective officers, directors, agents and/or employees from and against any and all liability, loss, damage, costs, claims and/or causes of action arising out of or related to my son/daughter's participation in any media events, promotional materials or website project.

I have read this Informed Consent and Release and understand its term. I signed it voluntarily with full knowledge of its significance.

Parent/Guardian's Name: _____

Parent/Guardian Signature: X _____ Date: _____