

Camp Red Leaf  
26710 W. Nippersink Rd,  
Ingleside, IL,  
60041



Tel: 847.740.5010  
Fax: 847.740.5014

**REGISTRATION FORM 2012**

*(Please print neatly)*

**Camper Information**

Camper's name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Male  Female   
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip Code: \_\_\_\_\_ Home phone: \_\_\_\_\_ Birth date: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_  
 Legal Guardian: \_\_\_\_\_ Township: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Which year did the camper last attend Camp Red Leaf? \_\_\_\_\_

**Family/Guardian Contact Information**

Parent/Guardian: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Email address: \_\_\_\_\_ CellPhone: \_\_\_\_\_  
 Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**Emergency and/or Other Contact Information**

It is essential that the people listed below are contactable in an emergency, please include all contact information.

Contact #1: \_\_\_\_\_ Relationship to Camper \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_  
 Contact #1: \_\_\_\_\_ Relationship to Camper \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

**Please mark all of the sessions you wish to attend-NO CAMP JULY 15-20**

| Check Box                | Session # |              | Dates           | Check Box                | Session # |              | Dates            |
|--------------------------|-----------|--------------|-----------------|--------------------------|-----------|--------------|------------------|
| <input type="checkbox"/> | 1         | Adults (21+) | June 24-June 29 | <input type="checkbox"/> | 5         | Misericordia | July 29-August 3 |
| <input type="checkbox"/> | 2         | Young Adults | July 1-6        | <input type="checkbox"/> | 6         | Adults (21+) | August 5-10      |
| <input type="checkbox"/> | 3         | Adults (21+) | July 8-13       | <input type="checkbox"/> | 7         | Youth        | August 12-17     |
| <input type="checkbox"/> | 4         | Youth 1:1    | July 22-27      | <input type="checkbox"/> | 8         | Travel Camp  | August 21-30     |

**Billing Information (No application will be accepted without a deposit)**

Person Responsible for Payment: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Payment Method:  Check (Payable to JCYS)  Credit Card (Visa or MasterCard)  
 Card number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**If one check is written for more than one person, the check stub must clearly state whose account should be credited.**

- Option 1:  Full Payment Enclosed
- Option 2:  Deposit Enclosed
- Option 3:  Credit Card Deposit. Please autopay 3/31 & 5/31
- Option 4:  I would like an Application for Financial Assistance (Deposit must be enclosed)

**SIGNATURE:** \_\_\_\_\_

**\*\*\* No registrations will be processed without a signature. Please read and sign the back of this form. \*\*\***

**TO REGISTER:**

Fill out one Registration and Intake for each camper. Return these forms with your \$150 deposit (\$250 for Travel Camp) for each session you are registering. Registrations will be processed on a first come, first served basis. We will do all we can to honor your session requests. JCYS reserves the right to make final session determinations.

**PAYMENT SCHEDULE:**

Full deposit of \$150 is required for each camp session, and a \$250 deposit is required for Travel Camp. Deposit must accompany registration.

**Deposits are non-refundable.**

Half the balance is due March 30 if you registered before January 31, 2012. If you register between February 1 and March 30, half of the balance is due April 27, 2012.

**Payment in full is due May 31, 2012.**

**If you register after April 1, 2012 half the total fee is due at the time of registration.**

Interest will be charged at a rate of 2% per month for balances due after May 31, 2012.

**There will be a \$40.00 fee for all returned checks.**

If you requested an application for financial assistance, a form will be included in your confirmation packet.

**POLICIES:**

**Medicals:** Medical forms and medication distribution forms must be completely filled out and signed by a physician for a camper to attend. Camp Red Leaf reserves the right to request a new Medical and / or medication form for any participant at any time.

**Cancellations: Deposits are non-refundable.** After May 31, 2012 payments beyond the deposit are not refundable unless the cancellation is due to medical reasons and a note from a physician is provided.

**Transfers:** Deposits are transferable between sessions but not between campers.

**Participation:** In the event that JCYS determines that participation in the camp program is not appropriate, JCYS reserves the right to dismiss that participant from the program and keep the deposit.

**Intake Form:** Each camper will be required to have an updated intake form at the camp office. All new campers are required to have an intake interview at camp prior to formal acceptance into Camp Red Leaf programs.

**Fees:** Fees are subject to change given 30 days notice.

**Registration:** Camp Red Leaf and the Jewish Council for Youth Services (JCYS) are not responsible for the receipt or the quality of faxed registrations. If you choose to submit registrations by Fax please call the camp office to confirm that faxes have been received and are legible.

**PARENT/GUARDIAN CONSENT**

1. I request that the participant named on this registration be admitted to the Jewish Council for Youth Services Camp Red Leaf Program.
2. I have read and agree to abide the camp policies as written in the brochure, handbook, and on this registration.
3. I understand that as the parent/guardian submitting this registration on behalf of the named participant that I, alone, am responsible for the payment of the camp fees in accordance with the JCYS payment schedule.
4. I give permission for the named participant to go on trips outside the camp facility.
5. I give permission for the named participant to be included in camp photos and/or videos for publicity purposes in a variety of media, including but not limited to, brochures, advertisements and the JCYS website.
6. I understand that the Jewish Council for Youth Services shall not be responsible for loss of personal property or personal injury sustained by the participant, and I hereby agree to indemnify and hold harmless Jewish Council for Youth Services from such losses or injuries.
7. In the event I cannot be reached in an emergency involving the named participant, I hereby give permission to the appropriate medical personnel, selected by the Camp Director, to provide medical treatment deemed necessary by such medical personnel, including, but not limited to x-rays, tests, injections, blood transfusions, hospitalization, anesthesia, and surgery.
8. I understand that a medical form and a medication distribution form must be filled out, signed by a physician, and returned before the first day of camp.
9. I agree not to send the named participant to camp if he/she has been ill or exposed to a contagious illness/disease within three weeks of the date he/she is to report to camp, and I will notify the camp regarding the condition immediately.
10. I hereby verify that all the information listed on this registration is true and correct.
11. I have read and understand all the policies as outlined on this registration.

\*\*\*Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_