



PARTICIPANT INFORMATION (please print neatly)

Participant's Name _____ Nickname _____
 Street Address _____
 City _____ County _____ State _____ Zip Code _____
 Township _____ Home Phone _____ Age _____
 Birth date _____ Male Female Legal Guardian _____
 Contact Person _____ Relationship to Camper _____ Phone Number _____
 Participant's Doctor _____ Phone Number _____
 Has Camper attended Camp Red Leaf in the past? Yes No
 If yes, what was the last year of attendance? _____

FAMILY/GUARDIAN INFORMATION

Parent/Guardian Employer _____
 Work Phone _____ extension _____
 Mobile Phone _____ E-mail address _____
 Insurance Carrier _____ Policy Number _____

EMERGENCY AND/OR OTHER CONTACT INFORMATION

Contact #1 _____	Contact #2 _____
Relationship _____	Relationship _____
Home Phone _____	Home Phone _____
Work Phone _____	Work Phone _____
Mobile Phone/Pager _____	Mobile Phone/Pager _____

YOUTH WEEKENDS (Ages 9 - 21)						ADULT WEEKENDS (Ages 21+)		
	Date	Fee		Date	Fee		Date	Fee
<input type="checkbox"/>	October 21-23	\$200	<input type="checkbox"/>	January 6-8	\$200	<input type="checkbox"/>	December 16-18 (Camp weekend)	\$200
<input type="checkbox"/>	November 4-6 (WI Dells)	\$275	<input type="checkbox"/>	February 10-12	\$200	<input type="checkbox"/>	April 20-22 (WI Dells)	\$360
<input type="checkbox"/>	December 2-4	\$200	<input type="checkbox"/>	March 2-4	\$200			
	2012		<input type="checkbox"/>	March 23-25	\$200			

BILLING INFORMATION

NO APPLICATION WILL BE ACCEPTED WITHOUT FULL PAYMENT.

Person(s) Responsible for Payment _____ Home Phone _____
 Address (if different than above) _____ City _____ State _____ Zip _____
 Payment By: Check (Payable to JCYS) Credit Card (Visa or MasterCard)
 # _____ Exp. Date _____

Signature: _____

****A signature must be on the back of this form for it to be processed. 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 deposit. Registrations will be processed on a first come, first served basis however, Camp Red Leaf may implement a fair usage policy and cancel or postpone a participant signed up for multiple sessions to allow other families to access the service, this will be at the Director's discretion.

POLICIES:

Medicals: Medical forms and medication distribution forms must be completely filled out and signed by a physician for a camper to attend.

Medical Supplies: Camp Red Leaf does not keep medical supplies on site. Campers must be sent to camp with sufficient Medical supplies to last the program (including diapers, wipes etc).

Dietary requirements: Beyond maintaining Kosher, Camp Red Leaf cannot accommodate special diets. If a camper is currently on any medical, religious or behavior related diet then food should be sent from the home or the facility where the camper resides.

Medication administration: In the event that a Registered nurse or Local practice nurse is not present for the program the director of Camp Red Leaf will administer prescribed medication to campers at the times and quantities stated on the camper medical form. The director will seek approval from the family / guardian before administering any PRN ('as needed') medication at the time such medication is required.

Registration receipt: In the event that a registration is faxed to the camp office it is the responsibility of the person(s) responsible for payment to ensure that it was received by the camp office and is legible. The original should also be mailed to the camp office. JCYS Camp Henry Horner and Camp Red Leaf does not assume any responsibility for registrations submitted via fax.

Cancellations: Deposits are non-refundable. Payments beyond the deposit are not refundable unless due to medical reasons and a note from a physician is provided.

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

Session Extensions: Registration for additional sessions is based on space availability. Payment must be made in full at the time of registration.

Participation: In the event that JCYS determines that a participant is not suitable for the camp program, JCYS reserves the right to refuse admission into the program and / or dismiss that participant from the offered program.

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.

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 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 payment for 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.
6. I understand that the Jewish Council for Youth Services shall not be responsible for loss of personal property, medication 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 of the information listed on this registration form is true and correct.
11. I have read and understand all the policies as outlined on this registration.
12. I understand and hold harmless JCYS, Camp Red Leaf and all of its staff when administering both prescribed and PRN ('as needed') medication to the camper named on this registration. In the event that I cannot be contacted by phone I authorize the Director of Camp Red Leaf to administer PRN medication to the camper named on this registration.
13. I agree that for the duration of the program someone will be available in person in the event of an emergency or that the camper is required to leave the program as deemed necessary by the camp director or medical personal for any reason.

**Parent/Guardian Signature _____

Date _____