

**2009 NHC SUMMER INSTITUTE CHILDREN'S INFORMATION FORM**

***PLEASE COMPLETE 1 FORM PER CHILD, 6 PAGES TOTAL FOR EACH CHILD***

Kids Camp is designed for children between the ages of 6 months to twelve years old who can participate in an all-day active, creative camp. We do aim, however, to accommodate all children as best as possible. To help us plan for your child in the context of the children's community as a whole, **it is vital that you tell us if your child receives special assistance in school during the year or if your child has any social, emotional, behavioral, cognitive or medical needs.** For your child's safety, s/he can participate in the children's camp **only after** we have these forms from you. Thank you for your cooperation.

*Please return all forms to the NHC office **by July 10, 2009***

**National Havurah Committee, 7135 Germantown Avenue, 2<sup>nd</sup> Floor, Philadelphia, PA 19119  
or fax to (215)-248-9760**

**CHILD'S NAME (first & last):** \_\_\_\_\_

**NICKNAME:** \_\_\_\_\_ **AGE:** \_\_\_\_\_ **GRADE ENTERING FALL 2009:** \_\_\_\_\_

**PARENT(S) NAME(S):** \_\_\_\_\_

**PLEASE TELL US ABOUT YOUR CHILD**

**WHAT IS YOUR CHILD'S JEWISH BACKGROUND?** (Please check all that apply and add comments as you wish)

\_\_\_ Afternoon and/or Sunday School ( \_\_\_ # of hours per week)      \_\_\_ Visit(s) to Israel  
\_\_\_ Jewish day school    \_\_\_ Yeshiva    \_\_\_ Jewish Summer Camp    \_\_\_ Israeli Parents/Hebrew spoken at home  
\_\_\_ Other \_\_\_\_\_

**MY CHILD IS A:**    \_\_\_ non-reader                      \_\_\_ beginning reader                      \_\_\_ fluent reader

**MY CHILD IS A:**    \_\_\_ a first-time Institute participant  
                             \_\_\_ has attended the institute before in the years \_\_\_\_\_

**DOES YOUR CHILD PARTICIPATE IN AN INDIVIDUAL EDUCATION PLAN (IEP)?**

If yes, please describe the nature of the program

\_\_\_\_\_  
\_\_\_\_\_

**MY CHILD WOULD LIKE TO BE WITH THE FOLLOWING FRIENDS** (Children are generally grouped by age):

\_\_\_\_\_

**PLEASE PROVIDE ANY OTHER INFORMATION OR COMMENTS THAT WILL HELP THE KIDS CAMP STAFF PROVIDE FOR YOUR CHILD'S NEEDS AND INTERESTS DURING CAMP:**

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**NAPPING:** IF YOUR CHILD TAKES NAPS, WHAT IS HIS/HER USUAL NAP TIME? \_\_\_\_\_

**IF YOUR CHILD REQUIRES A CRIB FOR NAP, PLEASE PLAN ON PROVIDING A CRIB OR A STROLLER.**

PLEASE NOTE: We will provide a structured morning program for the 6 month - 2 year olds and an unstructured afternoon play time with a napping room. We do the best we can to accommodate your child's schedule. However, juggling children's varied nap times is a challenge! Please coordinate with the camp staff to determine the best napping arrangement for your child(ren).

**Evening Babysitting:** Babysitting will be provided for 6 nights ONLY for parents who have paid for it *in advance*. If you did not include payment on your registration form and want babysitting, contact the NHC office (215-248-2335 or [insitute@havurah.org](mailto:insitute@havurah.org)) before July 10.

If you return more than 10 minutes after the schedules end of babysitting, you will be charged an additional \$20.00. You could also lose your babysitting privileges for repeated late returns.

***Kids Camp is subsidized by a generous grant from  
Frances Zeitler***

## 2009 KIDS CAMP CONSENT & INSURANCE FORM

**For your child's (children's) safety, your child(ren) may participate in the children's camp only after we have this form on file. Please complete one form for each child and return it to the NHC office by July 10th.**

Please print except where noted

CHILD'S NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE \_\_\_\_ GRADE IN SEPT 2009 \_\_\_\_

PARENT #1 \_\_\_\_\_ PARENT #2 \_\_\_\_\_

SIGNATURE #1 \_\_\_\_\_ SIGNATURE#2 \_\_\_\_\_

I/We hereby give permission for the above-named child to:

- Take part in all Kids' Camp activities including, but not limited to, outdoor water play (kiddie pool), lake and beach (with lifeguard), sports and sports bubble, hikes and all other camp activities \_\_\_\_YES \_\_\_\_NO
- Have his/her picture taken for NHC use \_\_\_\_YES \_\_\_\_NO
- To be given emergency first-aid treatment at the 2009 NHC Summer Institute if necessary \_\_\_\_YES \_\_\_\_NO

**The required permission and release forms must be completed for your child to participate in the camp.**

**If you change courses or residence rooms at the Summer Institute, please notify Aileen Heiman, camp director, in writing so we can reach you in case of emergency.**

### CHILD'S ALLERGIES OR MEDICAL CONDITIONS

Please include food(s) your child cannot eat and child's allergic response (i.e., rash, anaphylactic shock, etc.)

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### AUTHORIZATION TO PICK UP CHILD

**The following person(s) are authorized to pick up the above-named child from the Kids Camp. If there is a change, I/we will personally notify the Kids Camp staff in writing.**

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

We will only release children to those adult/teens authorized by the child's parents. You may list more than 3 people if you wish. No adult or teen pick-up is required for children in blue or purple children's groups, unless you notify the staff that your child must be met by one of the above listed adults or teens.

### AUTHORIZATION IN CASE OF MEDICAL EMERGENCY

In case of accident or sudden illness of the above-named child, I/we understand that a reasonable effort will be made to locate me/us, but that emergency care will be rendered in the child's best interest at all times.

If I/we cannot be located in a reasonable and safe amount of time, I/we authorize the National Havurah Committee Staff to use emergency room service provided by a nearby hospital. In my/our absence, I/we understand that one or more Staff members will accompany my/our child to the hospital. I/we understand that I/we may be required to provide further consent for any special procedures as deemed necessary by hospital staff.

**For emergency purposes, our insurance provider is:** \_\_\_\_\_

NAME ON POLICY	GROUP
POLICY #	PROVIDER PHONE
PARENT SIGNATURE	DATE

**National Havurah Committee Release**

**2009 USE AND RELEASE OF LIABILITY AGREEMENT**

***THIS DOCUMENT WILL AFFECT YOUR LEGAL RIGHTS. PLEASE READ IT CAREFULLY. IT IS MANDATORY THAT YOU SIGN AND RETURN THIS FORM FOR YOUR CHILD TO PARTICIPATE IN KIDS CAMP.***

In consideration of being allowed the participation in National Havurah Committee's 2009 Summer Institute Kids Camp held on the campus of Franklin Pierce University, I agree, on behalf of myself, my assigns, executors and heirs, to release and indemnify and hold harmless the director of 2009 Kids Camp, and children's camp staff, agents, instructors, volunteers and employees, as well as the officers, board and staff of the National Havurah Committee (hereinafter collectively referred to as **2009 NHC Kids Camp Staff**) from any cause or action, claims or demands, of any nature whatsoever, including but not limited to any claims of negligence, which I, my heirs, representatives, executors, administrators and assigns may now have or have in the future against the **2009 NHC Kids Camp Staff** on account of personal injury, property damage, death or accident of any kind arising out of or in any way related to my presence at or participation in any activity, event or camp, connected with the 2009 NHC Kids Camp. I understand that I am releasing **2009 NHC Kids Camp Staff** for any and all claims for injuries or damages arising out of **2009 NHC Kids Camp Staff** negligence including, but not limited to the temporary or permanent muscle strain or soreness, sprains, strains, cuts, abrasions, bruises, ligament and/or cartilage damage, fractures, spinal injuries, head injuries, eye injuries, disfigurement, paralysis, internal injuries, organ damage or death. I recognize that there are other risks of injury that may occur by my participation, which are not possible to specifically list.

It is the clear intent of this release agreement that the participator is releasing **2009 NHC Kids Camp Staff**, agents, instructors, volunteers and employees from any and all liability for any personal injury or property damage caused by the **2009 NHC Kids Camp's staff** negligence or the negligence of any and all officers, agents, employees or members of **2009 NHC Kids Camp**.

I understand, have read this release and understand its terms.

\_\_\_\_\_  
PARTICIPANT NAME

\_\_\_\_\_  
DATE OF BIRTH (MM/DD/YYYY)

\_\_\_\_\_  
NAME OF PARENT OR LEGAL GUARDIAN (PLEASE PRINT)

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
SIGNATURE OF PARENT OR LEGAL GUARDIAN

\_\_\_\_\_  
DATE SIGNED

\_\_\_\_\_  
WITNESS (PLEASE PRINT)

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
SIGNATURE OF WITNESS

\_\_\_\_\_  
DATE SIGNED

Franklin Pierce University Release

**2009 USE AND RELEASE OF LIABILITY AGREEMENT**

***THIS DOCUMENT WILL AFFECT YOUR LEGAL RIGHTS. PLEASE READ IT CAREFULLY. IT IS MANDATORY THAT YOU SIGN AND RETURN THIS FORM FOR YOUR CHILD TO PARTICIPATE IN CAMP ACTIVITIES INCLUDING BUILDINGS, THE LAKE AND OTHER AREAS OF THE UNIVERSITY CAMPUS.***

In consideration of being allowed the use or the participation in any event, program, or activity held at any facility on the campus of **Franklin Pierce University**, I agree, on behalf of myself, my assigns, executors and heirs, to release and indemnify and hold harmless the **Franklin Pierce University**, its trustees, officers, agents, instructors, employees (hereinafter collectively referred to as **Franklin Pierce University**) from any cause or action, claims or demands, of any nature whatsoever, including but not limited to any claims of negligence, which I, my heirs, representatives, executors, administrators and assigns may now have or have in the future against the **Franklin Pierce University** on account of personal injury, property damage, death or accident of any kind arising out of or in any way related to my presence at or participation in any activity, event or program, including traveling to, training for, being instructed in using equipment for participation in any of the above named events, programs or activities to include but not limited to aerobics (step), cardiovascular and strength machine use, cardiovascular and strength training, basketball, soccer, football, volleyball, tennis, in-line skating, walking and jogging. I understand that I am releasing **Franklin Pierce University** for any and all claims for injuries or damages arising out of **Franklin Pierce University's** negligence including, but not limited to the temporary or permanent muscle strain or soreness, sprains, strains, cuts, abrasions, bruises, ligament and/or cartilage damage, fractures, spinal injuries, head injuries, eye injuries, disfigurement, paralysis, internal injuries, organ damage or death. I recognize that there are other risks of injury that may occur by my participation, which are not possible to specifically list.

It is the clear intent of this release agreement that the participator is releasing Franklin Pierce University, their trustees, officers, agents, employees and/or instructors from any and all liability for any personal injury or property damage caused by the **Franklin Pierce University's** negligence or the negligence of any and all officers, agents, employees or members of **Franklin Pierce University**.

I understand, have read this release and understand its terms.

\_\_\_\_\_  
PARTICIPANT NAME

\_\_\_\_\_  
DATE OF BIRTH (MM/DD/YYYY)

\_\_\_\_\_  
NAME OF PARENT OR LEGAL GUARDIAN (PLEASE PRINT)

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
SIGNATURE OF PARENT OR LEGAL GUARDIAN

\_\_\_\_\_  
DATE SIGNED

\_\_\_\_\_  
WITNESS (PLEASE PRINT)

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
SIGNATURE OF WITNESS

\_\_\_\_\_  
DATE SIGNED

Franklin Pierce University - Campus Recreation Department

**2009 USE AND RELEASE OF LIABILITY AGREEMENT**

**THIS DOCUMENT WILL AFFECT YOUR LEGAL RIGHTS. PLEASE READ IT CAREFULLY. IT IS MANDATORY THAT YOU SIGN AND RETURN THIS FORM FOR YOUR CHILD TO PARTICIPATE IN ACTIVITIES IN THE "SPORTS BUBBLE."**

In consideration of being allowed the use of or participation in any event, program or activity held at the Grimshaw-Gudewicz Activity Center at North Fields on the campus of Franklin Pierce University, I agree, on behalf of myself, my assigns, executors and heirs, to release and indemnify and hold harmless the **Franklin Pierce University**, its trustees, officers, agents, instructors, employees (hereinafter collectively referred to as **Franklin Pierce University**) from any cause or action, claims or demands, of any nature whatsoever, including but not limited to any claims of negligence, which I, my heirs, representatives, executors, administrators and assigns may now have, or have in the future against the **Franklin Pierce University** on account of personal injury, property, damage, death or accident of any kind arising out of or in any way related to my presence at or participation in any activity, event or program, including traveling to, training for, being instructed in using equipment for or participation in any of the above named events, programs or activities to include but not limited to aerobics(step), cardiovascular and strength machine use, cardiovascular and strength training, basketball, soccer, football, volleyball, tennis, walking and jogging. **I understand that I am releasing Franklin Pierce University for any and all claims for injuries or damages arising out of Franklin Pierce University's negligence including, but not limited to the temporary or permanent muscle strain or soreness, sprains, strains, cuts, abrasions, bruises, ligament and/or cartilage damage, fractures, spinal injuries, head injuries, eye injuries, disfigurement, paralysis, internal injuries, organ damage or death. I recognize that there are other risks of injury that may occur by my participation, which are not possible to specifically list.**

It is the clear intent of this release agreement that the participator is releasing **Franklin Pierce University** and/or the Grimshaw-Gudewicz Activity Center at North Fields, their trustees, officers, agents, employees or instructors from any and all liability for any personal injury or property damage caused by the **Franklin Pierce University's** negligence of any and all officers, agents, employees or members of **Franklin Pierce University's** or the Grimshaw-Gudewicz Activity Center at North Fields.

I give permission for \_\_\_\_\_ **(NHC will list the assigned adult supervisor's name here and below)** to be my son's/daughter's approved adult supervisor while at the **Grimshaw-Gudewicz Activity Center at North Fields**. On behalf of my son/daughter and myself, I have read and understand the terms of this agreement.

\_\_\_\_\_  
PARTICIPANT NAME

\_\_\_\_\_  
DATE OF BIRTH (MM/DD/YY)

\_\_\_\_\_  
NAME OF PARENT OR LEGAL GUARDIAN (PLEASE PRINT)

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
SIGNATURE OF PARENT OR LEGAL GUARDIAN

\_\_\_\_\_  
DATE SIGNED

\_\_\_\_\_  
WITNESS (PLEASE PRINT)

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
SIGNATURE OF WITNESS

\_\_\_\_\_  
DATE SIGNED

\_\_\_\_\_  
APPROVED ADULT (18+) SUPERVISOR NAME (PLEASE PRINT)

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
SIGNATURE OF APPROVED ADULT (18+) SUPERVISOR

\_\_\_\_\_  
DATE SIGNED