

Camper Registration Form 2016 Boys Grades 5-8

| Camper's name | | |
|---|-------------------------------|--------|
| Birthday | Current grade | |
| Address | City/State/Zip | |
| Email address | Home Phone | |
| Parents or Legal Guardian | Work # | Cell # |
| | Work # | Cell # |
| Allergies | | |
| For up to date camp information, text / cell: | email: | |
| Contact | Phone # | Cell # |
| Contact | Phone # | Cell # |
| Medical insurance information - Please | include company and policy #. | |
| Favorite Activities / Special Talents: Please include anything else you feel w | re should know: | |
| I hereby give permission for my son, _ | | |

I hereby give permission for my son, ______, to participate in all Achim Day Camp activities. I understand that Bais Yisroel, Torah Academy, and Camp Achim will not be held liable for any injuries, accidents, or misunderstandings. I understand that Camp Achim has a caring and responsible staff whose goal is to give my son a fun, safe, and entertaining summer.

| Parent or Legal Guardian Signature | eDateDate |
|------------------------------------|-----------|
|------------------------------------|-----------|

(Turn over for second side)

Fees & Payment Information

| | Grades 5-8 Camp Fee: \$ 140.00 per week | | | |
|--|---|--|--|--|
| Registration Fee \$25Paid | | | | |
| Please Check Off Weeks Attending: | | | | |
| Trip 1: Week 1: (July 4 –July 8) Week 2: (July 11 - 15 Week 3: (July 18-22) Week 4: (July 25- 29) | \$Paid | | | |
| PAYMENT IS BY THE COMPLETE WEEK ONLY! | | | | |

Cancellations or changes to your summer plans will NOT be refunded.

I, understand and accept this policy. Enclosed please find the camp fee and \$25 registration fee.

Parent's signature:___

Enclosed please find the \$25 registration fee, and post dated checks/credit card information, for full season attending.

| If choosing to pay by credit card please fill out the information below: | | | | |
|--|--------|---------------------------|--|--|
| Name: | | | | |
| Billing Address for Credit Card: | | | | |
| Credit card #: | | | | |
| Exp. Date: | _CVV # | _Amount being charged: \$ | | |

Please return registration forms / or email the forms to ashiradaycamp@gmail.com Camp Ashira / Achim c/o Congregation Bais Yisroel 4221 Sunset Blvd. St. Louis Park, MN 55416