



CAMP RAMAH REUNION TZAD BET SHABBATON

October 30, 2009-November 1, 2009

(4:00 PM Friday through 3:00 PM Sunday)

I give permission for my child(ren) to attend the *Kayitz* 2009 *Tzad Bet Shabbaton*. I have enclosed the fee of **\$180 per camper** to attend the reunion.

Tzad Bet Camper(s) names: _____ **Edah:** _____

_____ **Edah:** _____

_____ **Edah:** _____

Home address: _____

Home Phone: _____ **Parent Cell #:** _____

Parent Email address: _____

Name and phone # of person to be contacted if parents cannot be reached:

Health Insurance Company: _____

Policy/Group # _____ **Policy Holder:** _____

Ins. Company Address: _____ **Phone #** _____

Parent/Guardian Signature: _____

Please PRINT name: _____ **Date:** _____

Flight Needs:

For those of you traveling from the greater DC area, if you take Southwest flight 2006 from Baltimore to Hartford (departs 1:20 PM and arrives at 2:25 PM) and return on flight 628 (departs 5:25 PM and arrives at 6:40 PM) we will provide airport transportation for **\$25 roundtrip**.

- Yes, Please sign my child(ren) up for the airport transportation.
- I have enclosed a check for \$ _____ for the above camper(s)
- I want to pay for the Shabbaton and Transportation for the above camper(s) by credit card.

Type of Card: **Master Card** **Visa** Amount Charged \$ _____

Credit Card Number: _____ Expiration date: _____

Name on Credit Card: _____

If mailing and billing address are not the same, please include the billing address:

Camper(s) Name: _____

Please read the following important information regarding safety and emergency procedures for the Ramah Shabbaton:

- I understand that CRNE is not responsible for my child's property.
- I understand that part of the Shabbaton experience involves activities, group living arrangements, and interactions that may be new to my child. These things come with certain risks and uncertainties beyond what my child may be used to dealing with at home. I am aware of these risks and I am assuming them on behalf of my child. I realize that no environment is risk-free and so I have instructed my child on the importance of abiding by the rules of the Shabbaton. My child and I both agree that he or she is familiar with these rules and will obey them.
- In case of medical, surgical and/or public health emergency, I hereby give permission to the physician selected by the Ramah director to hospitalize, secure proper treatment and to order injections, anesthesia, medication, x-rays, surgery or any other appropriate measure for my child. I give permission to the physician selected by the Ramah director to advise and treat my child for any illness, medical condition or public health emergency while he or she is at the Ramah Shabbaton or in a supervised Ramah activity. I give permission for camp to secure medical and hospital records if so requested.
- I understand that I am responsible for all medical expenses, including prescription drugs that are not covered by my health insurance.
- I understand that CRNE will not tolerate behaviors such as violence, possession of weapons, repeated profanity, disrespect, bigotry, inappropriate sexual behavior, drug and alcohol use or any other unsafe behaviors that are potentially harmful to my child and others. The consequence of such behaviors can mean dismissal from camp with no tuition refund. I agree to discuss these expectations with my child.
- I authorize CRNE to use photos and video images of my child for publicity purposes.
- I understand that enrollment is subject to approval by CRNE.

Print name of Parent/Guardian

Signature of Parent/Guardian

Date

By signing this page, you agree to each of the statements above. Signature is required for acceptance.

Please contact Randy Bergel if you have any questions at 781-702-5290ext.231 or email randyb@campramahne.org