

**Camp Rimon at the EVJCC President's Day 2017 Registration Form
Monday, February 20, 2017. Registration closes on Tuesday, February 14.
Camp Day is 9:00am-3:30pm. Minimum Participation required.**

Child's Name: _____ Age: _____ Current Grade: _____

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President's Day Camp Pricing Options (please check)

Daily Price: \$40 Early Care (7-9am): \$10 Late Care (3:30-6pm): \$10

I wish to register for: (please check the following)

Camp Day (9am-3:30pm)

Early Care (7-9am)

Late Care (3:30-6pm)

TOTAL DUE: \$ _____

Method Of Payment (please check one): Cash Check CC on File **NO REFUNDS FOR ANY REASON**

Please return signed forms WITH PAYMENT, by e-mailing Jeff Hast, at hastj@evjcc.org, calling 480-897-0588 or dropping off forms at the front desk.

My child has my permission to attend all field trips during Winter Camp. We will be traveling by school bus. I understand that participation in any JCC activity involves a risk of accidental injury despite precautions put in place by the JCC. Therefore, as a parent/guardian, I will assume all risk (injury or illness) for my child(ren) that may occur during any activities at the JCC. In case of sudden illness or injury, I hereby give authority to any hospital or doctor to render immediate aid as may be required at the time for my child's health and safety. I understand that any and all medical/dental expenses are my responsibility.

· I, the undersigned, understand that I am obligated to provide up to date and accurate medical records along with food/medication/allergies pertaining to my children).

· I, the undersigned, authorize the JCC to use photographs of my children) to be taken and used privately in JCC publications, marketing materials, internet and promotional videos.

· By signing this form I acknowledge that I am aware of the potential risks of participating in activities and/or programs at the JCC and agree to in no way hold the management, agent, or employees of the JCC liable for any injury I/my children) may sustain.

I have read and understand the above statements.

Parent/Legal Guardian Signature: _____ **Printed Name:** _____

Date: _____ **E-mail address:** _____

