



2010 Enrollment Application

Directions for Application

1. **Application and Fee.**
 A non-refundable \$75 fee for the application must be submitted with the completed application in order for the application to be considered by the admissions committee. Please make sure to fill out, read and sign all forms, including:
 - Camper's Agreement
 - parent's release
 - medical form

2. **Personal Interview.**
 Once we have received your application, application fee, you will be invited to an interview with the camp director. We cannot arrange for an interview until the camp office has received all relevant documentation.

Applicant's Name: _____

Accepted: Yes No Interview Date: ____ / ____ / ____

Comments:

For Official Use Only

The Camper:

Name _____
Last First Middle Hebrew Name

Address _____
Street City State Zip

Email _____ Mobile _____

Date of Birth ____ / ____ / ____ Social Security ____ - ____ - ____

School Attended 2009-2010 _____
Name of School Grade Teacher Principal

Friend _____ Friend _____
First Last First Last

Tell us about yourself: _____

List five of your best qualities and expand on them _____

Do you have any previous overnight camp experience? Yes No

If yes, where? _____

What do you hope to gain from Camp YOA? _____

Agreement:

The following guidelines are designed to ensure that camp is a happy, safe, and productive community for everyone. Experience has shown that it's very unlikely that these issues will affect you. However, it is necessary that we have this agreement for mutual understanding. These are the conditions under which we accept your participation. Read them carefully.

YOA is a supportive environment that seeks to encourage the personal growth of campers. Directors and staff are experienced in helping campers correct negative behaviors with reminders, discussions and positive alternatives. However, repeated or multiple violations of the following guidelines will result in the immediate dismissal from the camp without a refund of the tuition. Transportation costs and arrangements will be the responsibility of parents or parental appointed guardians.

- Physical violence, actual or the threat of, is prohibited at camp.
- Foul language and the inappropriate use of language that insults or belittles another camper or staff member are not permitted.
- The destruction of or theft of others' belongings is prohibited. Tent raids are considered a violation of camper rights and are also strictly prohibited.
- All tents are private spaces for their residents. Campers are not permitted to enter other people's tents at any time.
- Any damage to camp property will be the responsibility of those committing it. A fine for the cost of repair materials will be collected.
- Leaving camp property without a counselor, leaving supervised camp areas without a counselor or permission is prohibited.
- Camper attendance at camp activities is mandatory unless the medical staff or director permits the absence.
- Movies and non-kosher music will not be allowed in camp. Personal MP3 players will be formatted upon arrival and reloaded with kosher music by a staff member.

Read

I understand that by signing this agreement, I am expressing my willingness to support and abide by the above camp YOA guidelines.

Name of Camper _____

Signature of Camper _____ Date ____/____/____

Sign

The Parent/Guardian:

Father/Guardian

Name _____
Address _____
Phone _____
Business Phone _____
Cell Phone # _____
Beeper # _____

Emergency Contacts

Emergency Contact Name (1):

Relationship to camper:

Emergency Contact Home Phone #:

Work #: _____

Cell or Pager #'s: _____

Mother/Guardian

Name _____
Address _____
Phone _____
Business Phone _____
Cell Phone # _____
Beeper # _____

Emergency Contact Name (2):

Relationship to camper:

Emergency Contact Home Phone #:

Work #: _____

Cell or Pager #'s: _____

Complete Information

Release Form:

Permission is granted Camp Yeshiva Outdoor Adventures to hospitalize/treat/order injections/anesthesia/surgery for my child. I further authorize Camp Yeshiva Outdoor Adventures to provide routine health care and first aid as well as administer routine prescription drugs. My child may use bicycles, climbing equipment, canoes, kayaks or any other equipment necessary to the program. My child may participate in all trips and activities organized by the Camp Yeshiva Outdoor Adventures staff; may travel via public carrier, or in vehicles operated by Camp Yeshiva Outdoor Adventures. Photographs/statements of/by/about my child may be used in promoting Camp Yeshiva Outdoor Adventures or its related activities. I understand and feel properly informed about the risks and dangers inherent in the Camp Yeshiva Outdoor Adventures program, which may involve things such as water sports, rock climbing, bicycle riding, and kayaking. I have read and agree to all the terms, and agree to release Camp Yeshiva Outdoor Adventures, its agents, sponsors, donors, staff, and services it contracts with, of any and all liability and responsibility for any loss/damage to property or personal injury incurred on the trip under the direction of Camp Yeshiva Outdoor Adventures in which my son is participating. I believe my child is capable of handling all aspects of the Camp Yeshiva Outdoor Adventures program and that he is enthusiastic about participating. I have read and agree to all terms as stated in this Enrollment Agreement. This agreement may only be modified in writing and signed by all parties.

Read

Name of Parent/Guardian _____

Signature of Parent/Guardian _____ Date ____ / ____ / ____

Sign

Medical Form: (to be completed by Family physician)

DATE: _____

NOTE: This report will be kept strictly confidential, and will accompany the camp with the camp director. This report will be made accessible to a physician for review in a medical emergency of a camper.

Name _____
First Last

Address _____

Weight _____ Height _____ Date of Birth ____ / ____ / ____

Please provide the following information:

Previous Illness	When	Surgery	When
Allergy	_____	Tonsillitis	_____
Asthma, Hives, Eczema	_____	Whooping Cough	_____
Chicken Pox	_____	Food sensitivities	_____
German measles	_____		
Measles	_____	Tonsils	_____
Otitis Media	_____	Appendicitis	_____
Rheumatic Fever	_____	Others	_____
Scarlet Fever	_____		

Please mark and explain:

Any mental instability? _____

Any emotional instability? _____

Allergic to penicillin or any other drugs (list)? _____

Limitations to any?

Athletic activities? _____

Swimming? _____

Hiking? _____

Family history:

- Tuberculosis or any lung trouble
- Frequent colds
- Respiratory infection
- Diarrhea
- Constipation

What childhood diseases or serious illness has the camper had during the past year?

Any recent findings in any of the following areas?

- Eyes
- Ears
- Nose
- Throat
- Teeth
- Heart
- Lungs
- Skin
- Nervous system
- Speech
- Orthopedic
- Endocrine

If you checked yes to any of the above please specify:

Vaccine	1st	2nd	3rd	4th	5th
Poliomyelitis (TOPV)					
DPT and or TD					
Measles (Rubeola-10days, red measles)					
Rubella (German Measles -3 day measles)					
Mumps					
Other					

Some vaccines are available in combination with others such as measles and rubella (M-R) and measles and mumps and rubella(M-M-R). If the camper received any combined vaccine, enter the date in each appropriate box.

* Diptheria, Pertussis or Whooping Cough, and Tetanus –OR- Tetanus and Diptheria only.

Date and results of Terberculosis Mantoux Text: _____

Physician Name _____ Signature or physician _____

Address _____
Street City State Zip

Phone _____ Fax _____

AUTHORIZATION TO CONSENT TO MEDICAL TREATMENT OR COUNSELING OF MINORS

Introduction:

On rare occasions, YOA campers experience illness or accidents while in camp. The camp has prepared for such emergencies by establishing an Emergency Care System. To protect the interests of our campers, as well as the interests of the camp, we ask that the parent or legal guardian of every minor camper sign this consent form prior to enrolling. Questions regarding this form should be directed to the Administration of the YOA or to Rabbi Michael Harari directly.

Please note that we will not enroll minor campers without a signed consent form.

Authorization:

The undersigned parent or guardian of _____ who is _____ years old and was born on _____ (mo/day/yr), hereby authorizes the medical and counseling staff of the Emergency Care System of the Camp Yeshiva Outdoor Adventures, as agents for the undersigned to consent to any diagnostic procedure (including x-rays), to the administration of counseling, medical, surgical treatment, or to any hospital care when any or all of the foregoing is deemed advisable by and is to be rendered under the general supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act.

This authorization is given in advance of any specific diagnosis, treatment, or medical care being required, and pursuant to the provisions of Sections 25.8 of the California Civil Code.

Signature of Parent/Guardian

Date

Name _____

Print Name of Parent/Guardian

Enrollment Agreement:

1. **Enrollment Agreement**

Please have both parent/guardian and participant sign the Enrollment Agreement and send it along with the camp fee. In our application process, we seek to ensure that participants are capable of and interested in meeting the physical & spiritual demands of the program. Camp Yeshiva Outdoor Adventures reserves the right to refuse and/or rescind acceptance to a participant who we believe is unsuited for our program for any reasons. Failure to disclose fully any information regarding the participant that results in inappropriate placement in the Camp Yeshiva Outdoor Adventures program is cause for dismissal without refund. The cost to transport the participant home will be borne by the parents/guardians.

2. **Payments, refunds, and withdrawal**

If you leave a trip voluntarily after it starts, there is no refund of tuition. If you are sent home from a trip for disciplinary reasons, there is no refund of tuition.

3. **Medical Information**

Should the camp ever have to layout money for medical costs you will be billed.

4. **Rules and Regulations**

Safety is our primary concern. For the safety and comfort of all participants, it is important that parents and participants understand and agree to our policies. Participants must obey safety rules as established by Camp Yeshiva Outdoor Adventures and of any services contracted by Camp Yeshiva Outdoor Adventures. Unsafe actions will not be tolerated. Helmets, lifejackets, and other safety equipment must be worn at all appropriate times. Camp Yeshiva Outdoor Adventures. Abusive, destructive, violent or unsafe behavior, swearing, or theft will not be tolerated. Violation of these rules will result in dismissal without refund of tuition. The cost to transport the participant home will be borne by the parents/guardians.

5. **Other Expenses**

A list of required clothing and equipment will be sent after receiving of application. It is the responsibility of each family to make sure that the participant comes properly equipped with appropriate gear. Medical expenses are borne by the family's medical insurance.

6. **Itineraries**

It is our intention to follow our itineraries. Due to the nature of the summer programming, we reserve the right to alter our itineraries due to unusual snow or water conditions, weather, other acts of God, acts of war/terrorism, or other cause. In all cases we will make every effort to substitute an activity or location with something comparable. If a trip must be cancelled for any reason, a prorated portion of the tuition will be returned. This amount will be decided by the camps board of directors.

7. **Expectations**

The Camp Yeshiva Outdoor Adventures program as described is well within the ability range of young people of average athletic ability who have a positive attitude and possess the desire to participate. Through our application process every attempt is made to be clear about the nature of and demands of the program. Ultimately, however, it is the responsibility of the parent/ guardian to assess the appropriateness of these programs for their son. Participants who do not possess sufficient desire can become physically or emotionally drained and therefore unable to safely complete the program.

8. **Personal Property Insurance**

Camp Yeshiva Outdoor Adventures does not cover the theft, loss, or damage of personal property and equipment of trip participants. We suggest that parents confirm that their insurance coverage covers these losses.

9. **Governance**

In the unlikely event a question or dispute arises from this contract, both Camp Yeshiva Outdoor Adventures and the participant, parent or guardian hereby agree that the said question or dispute will be settled first in a Jewish Court of Law.

Parent / Legal Guardian _____ Date _____