

Habonim Dror Camp Gilboa APPLICATION FORM (Summer 2002)

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	ne 30 - August 4• • <u>5 weeks</u> • •\$2,350•	• Wadatz • •June 28 - August 4• •5 weeks• -\$1,100• -12th grade only	Date: / / / / / / / Please enroll my: Son
Camper's Name: Address: Street City Health Insurance:Po Prior camp experiences (Other than Habonim): Is this your first time at Gilboa ?: You	state zip	Grade (Fall 2002): School (Fall 2002):	
Is this your first time at Gilboa ?: How did you hear about Camp Gilboa ?: Are you affiliated with a temple?: Yes			Wedidin Large
Parent/Guardian: Occupation: Home address & phone number (if different):		Fax: (email:)) @)
Parent/Guardian:		•)
Occupation: Home address & phone number (if different):		email:) @)
Emergency Contact Person:			
Relationship to Camper:		Pager / Cell: (
Alternative Emergency Contact:		Phone: (
Relationship to Camper:		Pager / Cell: (
 PARENTAL AGREE A nonrefundable deposit of \$150 is enclosed. Balance of r Camp tuition will not be refunded for early departure due t I agree that my child is not fully enrolled until ALL FORMS It is mutually agreed that Habonim Dror Camp Gilboa will r full & complete responsibility for all personal belongings so I hereby grant permission for my child to leave the campging qualified medical personnel. In case of a medical emergency, I hereby give permission administration of health care services to my child by a phynurse, etc.). I also give my permission to the physician set for, and to order medical care & services as they deem neevent of a medical emergency. I agree that Camp Gilboa may use my child's photograph 	my child's tuition will be o reasons of discipline have been submitted not be responsible for a ent with my child to cal rounds for supervised on to Habonim Camp Kvysician or other professelected by the Camp Coecessary. Every effort were supervised to the camp Coecessary.	or otherwise. (including medical). any loss or damage of any mp. camp programs and / or fo rutza Inc., or their represer sional health care provider orporation to hospitalize, s will be made to immediatel	personal property. I take r medical treatment by statives to authorize the (Hospital, paramedic, ecure proper treatment y contact parents in the
I have read the above information & agree to the terms set forth therein.	l also agre	cooperate with the camp see to observe the rules and efor me and the entire can	
ignature of parent or guardian	Signature	e of camper	