



MEDICAL CERTIFICATE

GAN ISRAEL DAY CAMP 2005 — 5765

Camper's Name _____

Insurance Carrier _____ Holder's Name _____

Group Name and Number _____

ID Number _____

Medical History Date

Chicken Pox _____

Measles _____

Mumps _____

Hepatitis _____

Pneumonia _____

Is child being treated for the following:

Diabetes _____ Seizures _____

Hay Fever _____ Rheumatic Fever _____

Asthma _____ Frequent Strep _____

Frequent Ear Infections _____

Current Medications

Name Dosage Reason

Other Medical Information:

Allergies Yes No Comments

| | | | |
|-------------|--|--|--|
| Penicillin | | | |
| Sulfa | | | |
| Aspirin | | | |
| Other Drugs | | | |
| Foods | | | |

Restrictions:

Diet _____
 Swimming _____
 Other _____

Authorization of Consent for Emergency Treatment of Minor Separate from Parents

I, the parent(s) or guardian(s) of _____, authorize Gan Israel as our agent to consent to any diagnostic procedure or medical care which is deemed advisable by any licensed physician during camp, June 27 through August 5, 2005.

Parent or Guardian _____ Date _____

Please include copy of insurance card. Copy attached



h"b

REGISTRATION FORM
GAN ISRAEL DAY CAMP 2005 — 5765
10900 Fondren Rd Houston, Texas 77096
713-777-2000 713-776-0036 Fax
www.cgihouston.com

Name of Camper _____
Last Name First Name Hebrew

Address _____
Street, City, State, Zip

Date of Birth _____
English (MM/DD/YY) Hebrew

School _____ Grade coming year _____

Father's Name _____ Mother's Name _____

Home Phone Number: _____

Father's Business Phone Number _____ Cell _____

Profession _____ Business Address: _____

Mother's Business Phone Number _____ Cell _____

Profession _____ Business Address: _____

Emergency Contact _____ Relationship _____

Emergency Phone Number (Available during all camp hours) _____

Swimmer _____ Good _____ Fair _____ Poor _____ Special Instructions _____

I hereby enroll _____ as a camper of the Gan Israel Summer Day Camp 2005. **Dates for Summer 2005: Session One June 27-July 15 Session 2: July 18-August 5**

- | | | |
|-------------------------------------|---------------|--------------------------|
| ? Per Week ----- | \$175.00 | ? Scholarship Requested |
| ? 3 Weeks ----- | \$500.00 | |
| ? 6 Weeks ----- | \$1000.00 | (Please turn in separate |
| ? Pre School Aftercare 2-4 pm ----- | \$75.00 /week | Scholarship application) |

My child _____ has permission to participate in all Gan Israel supervised activities including swimming and field trips. If I cannot be contacted in the case of an emergency, Gan Israel has the authority to seek medical attention for my child.

Conditions: Registration is accepted only with registration fee of \$50 per session. Applications without this fee will be placed on the camp waiting list, with no guaranty of placement. The fee will be applied towards camp tuition. Full camp fees must be paid prior to each session. Refunds depend upon date of applicant's cancellation. :Enclosed Medical Certificate must be signed. Gan Israel will make every effort to insure the well-being of every camper. However, it will not be responsible for any injury or health impairment of any camper. Gan Israel will not be responsible for damage to or loss of clothing or personal belongings of any camper.

I fully understand the above terms. I have notified Gan Israel as to all information requested, as well as any other important facts needed to be known for my child's welfare.

Signature of parent or guardian _____ Date _____