



FAMILY CAMP 2019 REGISTRATION FORM

AUGUST 14-18, 2019

FAMILY INFORMATION

Family Name: _____ # of Adults: ____ # of Children: ____

Address: _____

City, State/Province, Zip: _____

Home Phone: () _____ Cell Phone: () _____

Parent 1: _____ Gender: ____ Birth Date: _ / _ / _

E-mail: _____ Diet Restrictions / Allergies: _____

Parent 2: _____ Gender: ____ Birth Date: _ / _ / _

E-mail: _____ Diet Restrictions / Allergies: _____

Adult 1 (not parent): _____ Gender: ____ Birth Date: _ / _ / _

E-mail: _____ Diet Restrictions / Allergies: _____

Adult 2 (not parent): _____ Gender: ____ Birth Date: _ / _ / _

E-mail: _____ Diet Restrictions / Allergies: _____

Child 1: _____ Gender: ____ Birth Date: _ / _ / _

Entering Grade (Fall 2019): _____ Diet Restrictions / Allergies: _____

Child 2: _____ Gender: ____ Birth Date: _ / _ / _

Entering Grade (Fall 2019): _____ Diet Restrictions / Allergies: _____

Child 3: _____ Gender: ____ Birth Date: _ / _ / _

Entering Grade (Fall 2019): _____ Diet Restrictions / Allergies: _____

Child 4: _____ Gender: ____ Birth Date: _ / _ / _

Entering Grade (Fall 2019): _____ Diet Restrictions / Allergies: _____

Congregation: _____

Congregation Affiliation: Reconstructionist Conservative Reform Renewal

Unaffiliated Orthodox Other/Not a Member

How did you hear about us? _____

Our primary concern is the health and safety of every member of the Camp community. Camp Havaya is a smoke-free, alcohol-free, drug-free, and weapon-free community. There will not be a nurse on Camp for Family Camp so please bring any necessary medications for your family. Camp Havaya is welcoming and inclusive of all sexualities, genders, abilities, and life situations. Whenever possible, our goal is to provide a complete camping experience for all of our program participants. To aid us in accomplishing this goal, we ask participants to inform us of any special needs or limitations.

PERMISSIONS AND CONSENT

- I hereby give myself and my child(ren) permission to participate in Camp Havaya Family Camp activities.
- I understand that the \$500 deposit is non-refundable
- I have read and approve of this application in its entirety. I hereby release the Jewish Reconstructionist Camping Corporation (JRCC), the Reconstructionist Rabbinical College (RRC), and their respective officers, directors, employees, volunteers, agents, and other representatives from any and all responsibility of any nature for such actions and for any loss or damage to property or personal injury to my child while attending Camp Havaya, regardless of how such injury or harms arise, and regardless of who is at fault.
- I understand that part of the camping experience involves activities and group interactions that may be new to me and my child, and that they come with 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 myself and my child. I realize that no environment is risk-free, and so I understand and have instructed my child on the importance of abiding by the Camp's rules, and my child and I both agree that we are familiar with these rules and will obey them.
- It is agreed that any dispute or cause of action arising between the parties, whether out of this agreement or otherwise, shall be resolved exclusively in a court of competent jurisdiction located in Pike County, Pennsylvania according to the existing commercial rules of the American Arbitration Association and the substantive laws of Pennsylvania.
- I agree that Camp Havaya has my permission to use photographs, video or likenesses of my child and/or me for promotional purposes, unless I indicate otherwise in writing.
- I agree that Camp Havaya may share my family's contact information with other Camp families for communication purposes only, unless I indicate otherwise in writing.
- I agree that Camp Havaya may send my family periodic information via e-mail.
- I understand that Camp Havaya staff do not accept tips or gratuities. Our staff understands this and agrees to adhere to it in their signed contracts. Donations in honor of staff members are welcomed to the Staff Appreciation Fund.
- I understand that the Camp Directors reserve the right to remove any participant without refund who:
 - a) Willfully disregards Camp rules, or who endangers his/her or others' safety;
 - b) Harms him/herself or other members of the community;
 - c) Destroys Camp property or the property of another member of the Camp community;
 - d) Requires greater supervision than can reasonably be offered by the Camp;
 - e) Does not follow the Camp Havaya Covenant of Behavior;
 - f) Acts in any way which the Camp Directors, in their sole discretion, finds to be detrimental to the Camp community.

I am signing for all members of my family listed on the previous page.

Adult Signature: _____ Date: _____

PAYMENT INFORMATION

A non-refundable deposit of \$500 per family is required to process your application.

\$1,500 (up to 4 people)

\$150 (for each additional person) **# of additional people:** _____

Payment in full is due June 1, 2019.

Please enclose a deposit check made payable to "Camp Havaya," or fill in your Visa, American Express or MasterCard information below.

Card Number: _____ Expiration Date: _____

Name on Card (print): _____

I authorize Camp Havaya to charge \$_____ to my credit card.

Signature: _____ Date: _____

Please return completed form, with \$500 non-refundable deposit, to:
Camp Havaya — Family Camp • 1299 Church Road • Wyncote, PA 19095 • Fax: 267-296-9507