



FAMILY CAMP WEEKEND 2024 REGISTRATION FORM

June 14-16, 2024

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 2024): _____ Diet/Allergies/Medications: _____

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

Entering Grade (Fall 2024): _____ Diet/Allergies/Medications: _____

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

Entering Grade (Fall 2024): _____ Diet/Allergies/Medications: _____

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

Entering Grade (Fall 2024): _____ Diet/Allergies/Medications: _____

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 the Family Camp Weekend so please bring any necessary medications for your family. 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 all Camp Havaya Family Camp Weekend activities. I understand that this entire agreement, and the term "Camp" herein, applies to all such activities.
- In the event Camp is unable to open or is forced to begin late or close early due to circumstances beyond Camp's control, including but not limited to weather, floods, utility failures, inaccessibility, communicable disease, civil unrest, governmental order or other such reasons – or in the event Camp decides to close Camp for health and safety reasons or operate Camp on a schedule different than that planned – Camp shall not be responsible for any costs, losses or other damages beyond a refund or credit of tuition, or a proportionate share thereof in the event of a partial shutdown, minus any of the Camp's non-recoverable expenses and administrative costs spent in performance of this agreement.
- 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 has my permission to use photographs, video or likenesses of myself and my child(ren) for promotional purposes, unless I indicate otherwise in writing.
- I agree that Camp Havaya may send my family periodic information via e-mail.
- I hereby release, indemnify, and hold harmless the Jewish Reconstructionist Camping Corporation (JRCC); Reconstructing Judaism; any and all funders, grantors, and donors financially supporting JRCC; 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 myself or my child(ren) while attending or traveling to and from Camp Havaya or other Havaya Summer Programs regardless of how such injury or harms arise, and regardless of who is at fault. It is agreed that any dispute or cause of action arising between the parties, whether arising out of this agreement or otherwise, shall be resolved in Pike County, Pennsylvania according to the existing commercial rules of the American Arbitration Association and the substantive laws of Pennsylvania, and any court proceedings shall be exclusively in a court of competent jurisdiction located in Pike County, Pennsylvania.
- I understand that part of the camping experience involves activities and group interactions that may be new to me or my child(ren), and that they come with uncertainties beyond my or my child(ren)'s usual experiences at home. I am aware of these risks and I am assuming them on behalf of myself and my child(ren).
- I realize that no environment is risk-free and I have instructed my child(ren) on the importance of abiding by Camp's rules. My child(ren) and I both agree that we are familiar with these rules and will obey them.
- I understand that Camp Havaya does not accept responsibility for loss, theft or damage to the clothing, equipment, or personal effects of participants during Family Camp or while in transit.
- If I cannot be reached in an emergency, I give permission for Camp Havaya to secure proper medical treatment for my child(ren).
- I understand that the camp directors reserve the right to dismiss any participant, without refund, who:
 - a) willfully disregards Camp rules, or who endangers the camper's or others' safety;
 - b) harms themselves or other members of the community;
 - c) bullies or physically, psychologically, and/or sexually abuses any member of the community;
 - d) destroys Camp property or the property of another member of the Camp community;
 - e) requires greater supervision than can reasonably be offered by the Camp;
 - f) does not follow the Havaya Summer Programs Covenant of Behavior; and/or
 - g) acts in any way which the camp directors, in their sole discretion, find 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

Family Camp Weekend is \$150/adult and \$100/child. **Total cost for my family: \$ _____**

Payment in full is due May 15, 2024.

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: _____ CW: _____

Name on Card (print): _____

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

Signature: _____ Date: _____

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