



registration

Registration for each camp week closes the Wednesday prior.

1 Step One: Provide the following information.

Member

Non-member

I give the JCC permission, without limitation or obligation, to use photography, video or audio recordings of my child participating in JCC programs for the promotion or interpretation of the JCC.

Yes

No

Camper Information

First Name _____ Last Name _____

Address _____

City _____ State _____ ZIP _____

Birth Date ___/___/___ M F Entering Grade _____ School _____

Friend Request* _____

* Please note that we will do our best to accommodate one friend request but cannot guarantee that everyone will be grouped with their preferred friends. For Masada and Tikvah only. We can only accommodate requests for campers in the same grade.

Camper's Shirt Size

Child: S M L XL

Parent/Guardian Information

First Name _____ Last Name _____

Email _____

Work Phone _____ Home Phone _____ Mobile _____

First Name _____ Last Name _____

Email _____

Work Phone _____ Home Phone _____ Mobile _____

Emergency Contacts (Other than Parent/Guardian)

Doctor's Name _____ Phone _____

Emergency Contact #1 _____ Phone _____

2022 Camp JCC Registration



3 Step Three: Complete the following payment information.

Payment Information Registration for each camp week closes the Wednesday prior.

Cash Check/Money Order (made payable to "JCC") Visa Mastercard American Express Discover

Card # _____ Exp. Date ____/____ Signature _____

I wish to give the gift of financial assistance, so that all children who wish to participate in our programs are able to do so. You can count on me. Included is my gift of: \$5 \$10 \$25 Other _____

Payment options are to pay in full or pay only a deposit. Camper Health Form also due upon registration.

Pay in Full Today Total \$ _____

Pay Deposit Only Today (full payment is due seven days prior to beginning of registered week) Total \$ _____

Changes made after Fri, May 6 will result in the forfeiture of any discount given at the time of registration for the week being changed, and new weeks added will be charged at the current pricing.

A \$25 change fee will be charged after May 6, 2022. **THERE WILL BE NO REFUNDS AFTER June 6, 2022.**

The JCC must be notified of any cancellations by the Friday before a registered week to apply full credit to your account. No account credits after August 12, 2022.

One-Day 7% Discount (Mar 6)	Deposits	Late Registration	Late Pickup
Day Camp (K-7) \$256/wk Pre/Post Camp \$60/day	Day/Sports Camp \$25/wk Pre/Post Camp \$5/day	Add \$10 per week starting June 6. Applies to all camps, including sports.	\$5 per minute after 5 pm

* Discounted rates are only available to JCC members. No discounts for sports camps or trip weeks.

This form will not be accepted without Parent/Guardian Consent.

Parent/Guardian Consent

My child has permission to participate in JCC Childcare/Day Camp activities. Basic first aid by JCC staff and emergency treatments deemed necessary by any legally qualified physician or hospital are authorized. I agree to assume all financial obligations connected with any emergency medical treatment given to my child.

I recognize and acknowledge that there are certain risks of physical injury and agree to assume full risk of injuries, damages or loss which my child may sustain as a result of participating in any and all activities connected with or associated with such program. The JCC shall not be held liable if injuries were to occur during the program hours.

I understand that I must complete the camp health form upon registering my child for camp, that all health history will be correct to the best of my knowledge and the child herein described has permission to engage in all prescribed activities except as noted.

I give my permission for my child to participate in all field trips and activities at the JCC during program hours with the understanding that advance notice and details will be provided.

I understand that the JCC requests advanced written or verbal notice whenever possible to the Camp Director if my child will leave programming early with the exact time and the adult coming to the JCC for pick-up.

I acknowledge that I have received, read, and understand the policies, including the discipline policies, and procedures outlined in the Parent Handbook. I am in agreement with the conditions outlined and will abide by the same. I understand that policies may have changed from previous years.

I agree to complete payment for each camp seven days prior to that given camp week.

The JCC will not be held liable for any lost, damaged or stolen items brought to camp by my child.

Parent/Guardian Signature _____ Date _____



Arthur M. Glick Indianapolis JCC Summer Camps 2022

Camper Health Form: Grades K-8 and Sports



Camper Full Name		Date of Birth	Gender	Grade (Fall 2022)	Date (Last Physical)
Name of Family Physician		Phone # of Family Physician		Date of Current Tetanus	
Family Address		Family Phone Number	School/Child Care attending prior to this camp season		
Parent/Guardian #1 Name		Email		Cell Phone Number	
Parent/Guardian #2 Name		Email		Cell Phone Number	
Emergency Contact #1 Name		Relationship		Phone Number	
Emergency Contact #2 Name		Relationship		Phone Number	

_____ My child's immunizations are up-to-date and on file at my child's school.
Initial

Please explain any "yes" answers on the back of this form, or contact Myranda Tetzlaff at mtetzlaff@JCCindy.org.

- Yes No Any allergies (food, insects, medication, etc.)?
- Yes No Any concerns about general health (eating and sleeping habits, asthma, weight, etc.)?
- Yes No Any problems with vision, hearing or speech (glasses, contacts, ear tubes, hearing aids)?
- Yes No Any prescription medication (daily or occasionally)?
Prescription drugs must be in the original pharmacy bottle, including time medication is to be administered. A Medical Permission Form must be signed by the parent/guardian.
- Yes No Any other specific illnesses, social/emotional challenges, or behavior problems?
- Yes No Any hospitalization, operation or major illness (specify problem)?
- Yes No Any significant injury or accident (specify problems)?
- Yes No Would you like to discuss anything about your child's physical, mental or behavioral health with the Camp Director?
- Yes No My child has an IEP or 504 Plan. If yes, please share a copy of this with the camp office prior to May 22. This will help us ensure the most successful experience for your child this summer.
- Yes No My child receives speech services, occupational therapy or physical therapy (please circle).
- Yes No My child receives early intervention services, Behavior Intervention Planning or social skills training (please circle).
- Yes No My child will wear the following at camp: eyeglasses contact lenses braces hearing aid(s) insulin pump
- Yes No My child is vaccinated against COVID-19 (please provide a copy if yes)

I understand that my camper will not be able to attend camp without having a 2022 Camper Health Form on file.

Patient Authorization: This health history provided herein is correct and complete in every sense. The camper herein described has permission to engage in all camp activities except as noted herein. I hereby give permission to the camp to provide routine health care, administer prescribed medications and seek emergency medical treatment including x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission to the camp to arrange necessary related transportation for the camper. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the camper named above.

Parent/Guardian Signature	Date
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_____ Staff Initial



Camp JCC Medical Permission Form

Camper Name: _____

Date of Birth: _____

Grade/Group: _____

Please list any medication your child will need during camp:

Medication

Dosage

Time(s)

Signature of Parent/Guardian

Date

Primary Phone: _____ Emergency Phone: _____

- If medications must be given during camp hours, please complete this Medical Permission form. Medications that are to be administered during camp hours must be given directly to the Director by a parent/guardian (please do not send with camper). Medications should be in the original container, accompanied by written prescription and clearly labeled with the child's name, directions, parent's name and phone number and physician's name and phone number. To keep all medication safe, counselors will carry any medications that are for immediate need (inhaler, Epi-Pens, etc.).
 - If there are any concerns, our Camp JCC staff are open to discussing how to give medication with you prior to the first day your child attends camp.
- Please do not send campers to camp with over-the-counter medications (aspirin, ibuprofen, cough drops, etc.). If you want your child to have access to these medications during camp hours, please follow the same steps as medications with prescriptions (give directly to the Director).

