



# 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  Unidentified 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. We can only accommodate requests for campers in the same grade.

## 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 \_\_\_\_\_

# 2026 CampJCC Registration



**1 Step One (continued):** Provide the following information.

## Family Dynamics

Parents are (check all that apply)  Married  Living Together  Separated  Divorced  Widowed  
 Solo/Single Parent

If parents are separated/divorced, please submit legal documentation and give the following information:

Name of legal guardian(s):

Please describe the visitation agreement and family dynamic:



# 2026 CampJCC Registration



## 3 Step Three: Check all boxes for and sign parent/guardian consent

*→ 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.
- I acknowledge that I must make timely payments or work out a documented plan with the JCC Accounting Department to resolve outstanding balances. I agree that failure to do so will result in the forfeiture of my child's place at camp.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



# Arthur M. Glick Indianapolis JCC Summer Camps 2026

## Camper Health Form: Grades K–9 and Sports



Camper Full Name		Date of Birth	Gender	Grade (Fall 2026)	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 <small>(different than Parent/Guardian)</small>	Relationship		Phone Number		
Emergency Contact #2 Name <small>(different than Parent/Guardian)</small>	Relationship		Phone Number		

Please explain any “yes” answers on the back of this form, or contact Hamilton Hensel at [hhensel@JCCindy.org](mailto:hhensel@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)? Please check “yes” and list even if not given during camp hours. **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 15. 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

I understand that my camper will not be able to attend camp without having a 2026 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)
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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).