



## Camper Application Form - 2008

**Machane Yisrael**

814 Quentin Road, Brooklyn, NY 11223

[www.MachaneYisrael.com](http://www.MachaneYisrael.com)

Phone: 917-692-5959

### Camper Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

DOB \_\_\_\_\_ Age as of June \_\_\_\_\_ Cell # ( ) \_\_\_\_\_

School attending \_\_\_\_\_ Present Grade \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Name as it appears on Passport \_\_\_\_\_ Nationality \_\_\_\_\_

Place of Birth \_\_\_\_\_ Passport # \_\_\_\_\_

Frequent Flier Information: Airline \_\_\_\_\_ Membership number \_\_\_\_\_

### Family Information

Winter Address: \_\_\_\_\_ ( ) \_\_\_\_\_  
*Street Address Phone:*

\_\_\_\_\_ *City State ZIP Code*

Summer Address: \_\_\_\_\_ ( ) \_\_\_\_\_  
*Street Address Phone:*

\_\_\_\_\_ *City State ZIP Code*

Fathers Name \_\_\_\_\_ Cell # ( ) \_\_\_\_\_ Email \_\_\_\_\_

Occupation \_\_\_\_\_ Company Name \_\_\_\_\_ Business # ( ) \_\_\_\_\_

Mothers Name \_\_\_\_\_ Cell # ( ) \_\_\_\_\_ Email \_\_\_\_\_

Occupation \_\_\_\_\_ Company Name \_\_\_\_\_ Business # ( ) \_\_\_\_\_

### Other Information

Parents are required to have medical coverage for their child. **We recommend also taking out a policy in Israel.**

Name of insurance \_\_\_\_\_ Policy # \_\_\_\_\_

Other schools previously attended. \_\_\_\_\_

Hobbies, interests, skills (music, sports, clubs etc.) \_\_\_\_\_

Swimming skills  Strong  Fair  Weak  Non-Swimmer

Have you ever attended sleep-away camp?  No  Yes Camp previously attended \_\_\_\_\_

How did you find out about our program? \_\_\_\_\_

List two boys you would like to room with. (NO GUARANTEE) \_\_\_\_\_

References: List 2 references preferably include Rabbi, teacher or principal

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Profession: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Profession: \_\_\_\_\_

**Medical Information (Full medical history required)**

Emergency contact (other than parents):

Name: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_ Relationship: \_\_\_\_\_

Name of family Physician:

Name: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Name of Dentist/Orthodontist:

Dentist: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Orthodontist: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

**Emergency Authorization:** I hereby give permission to the medical personnel selected by the Machane Yisrael Director to order X-rays, routine tests, and treatments for my child, and, in the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the Machane Yisrael Director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child as named above. This form may be photocopied for use off campus.

**Trip/Activity Authorization/Hold Harmless Agreement**

By completing/signing this application, I hereby authorize Machane Yisrael (hereinafter Camp) to take my child off Camp grounds to go on trips organized as part of the camping program. This may include swimming and/or boating sites. In addition, my child may participate in any activity organized by the camp, including but not limited to land sports, waterfront activities, indoor activities, hiking, cookouts, etc. and I assume the inherent risk such activities and camp programs. I will hold Camp harmless in the event of injury or property damage or loss as a result of such activities. I also agree to abide by all rules and regulations as set forth in the camp applications, in the directory of information and by the camp administration.

**Authorization and Payment Schedule**

I hereby authorize \_\_\_\_\_ to apply for admission to Machane Yisrael. I agree to his participation in accordance with your conditions and policies. I agree to pay tuition as follows:

\$5500 Land Only (airfare not included\*\*)

- "Early Bird" discount with deposit before December 1, 2008 – deduct \$300
- "Returning Camper" discount – deduct \$200

This fee includes expenses for tuition, room and board, admission to attractions, and all activities in Israel. **Not** included are airfare and personal expenses (gifts, snacks, etc.). I further understand that Machane Yisrael is not responsible for my child's personal property.

**I am aware that if I choose to bring my son home early the camp is not responsible to refund any amount of the tuition**

\*\* **Note:** We are currently negotiating to obtain the best airline flights and fares. As soon as that information is available, we will provide it to you.

I enclose the following checks, drawn to **Machane Yisrael LLC**:

- a) \$2000 deposit (\$500 is non-refundable)
- b) Post-dated checks that amount \$3500 to pay for the balance. Full payment is due no later than May 1 2008. I understand that the charge for cancellation after May 1, 2008 is \$1200.

Name of parent (please print) \_\_\_\_\_

Signature of parent \_\_\_\_\_

Date \_\_\_\_\_