

CAMPER (one per form)

First name _____ Last name _____
 Is Camper a PJCC Member? Yes (please circle one) Center Member Community Member No, Camper is not a Member
 Age _____ Birthdate _____ Entering Grade _____ Sex F M Jewish Yes No Sibling(s) in camp: Yes No
 School attending in Fall _____ **If possible**, group my child with _____
 Camper's T-shirt Size: **Child** XS S M L **Adult** S M L XL
 Ethnicity (choose one) African American American Indian Alaska Native Asian Caucasian First Nation
 Hispanic/Latino Indian Native Hawaiian/Pacific Islander Other Prefer Not To Disclose
 South Asian (India/Pakistan) Southeast Asian (China/Japan) Two or More Races

For Yeladim Only My child is independent in the bathroom.
 My child is not independent and will wear swim diapers and a swim wrap in the pool.

PARENT/GUARDIAN #1

Name (Mr/Mrs/Ms) _____ Email _____
 Street _____ City _____ State _____ Zip _____
 Phone (H) _____ (W) _____ (C) _____
 Cell phone service provider (will allow the PJCC to contact you via text message in case of a major emergency) _____

PARENT/GUARDIAN #2

Name (Mr/Mrs/Ms) _____ Email _____
 Street _____ City _____ State _____ Zip _____
 Phone (H) _____ (W) _____ (C) _____
 Cell phone service provider (will allow the PJCC to contact you via text message in case of a major emergency) _____

EMERGENCY CONTACT OTHER THAN PARENT (required)

Name _____ Phone _____ Relationship _____

AUTHORIZED TO PICK UP (other than parent/guardian and emergency contact)

Name(s) _____

Please send all billing/correspondence to: Parent/Guardian #1 or Parent/Guardian #2

Please send current camp information to these **additional** email addresses: _____

HEALTH HISTORY Required for registration. Attach separate sheet if necessary.

Current physical, mental or psychological conditions _____
 Medications (prescribed or OTC) _____
 Medication is used for _____
 Dietary restrictions or allergies _____
 Past medical treatment _____
 Camp activity exemptions for health reasons _____
 I certify that my child's immunizations are current, in accordance with California state law. Date of last tetanus shot _____

Please specify: **authorize** **do not authorize** staff at PJCC Camp Keff to administer Over the Counter (OTC) medication (non-prescription) to the above named minor at the label-indicated dosage. I understand that any OTC medication administered will be recorded and communicated to me. Camp has a supply of the following medications: ibuprofen, acetaminophen, Benadryl, topical antibiotic, calamine lotion, Tecnu, Aveeno and Tums. To my knowledge, all allergies for the named participant are listed on this form.

EMERGENCY TREATMENT & RELEASE FORM Unless otherwise specified in writing, my child has permission to participate in all camp-sponsored activities including swimming, field trips (grades K – 12), and camp-sponsored photos to be taken for future brochures or published anonymously on the PJCC website without compensation. I also authorize the PJCC Camp Keff to obtain emergency medical and dental treatment if I cannot be reached in an emergency.

Doctor's Name _____ Phone _____

Parent/Legal Guardian Signature _____ **Date** _____

Section 1 – Assumption of Risk & Release of Liability. The undersigned, for him and/or herself and on behalf of his and/or her minor children, if any (collectively, the "Users"), acknowledges that, prior to engaging in any activity in or about PJCC or sponsored by PJCC, the Users have been advised to consult with and receive the approval of a physician. The Users understand that activities involve risk of injury. The Users agree that they are entering upon and using the facilities and services of PJCC, or participating in PJCC sponsored activities, at their own risk, and the Users hereby assume the risk of injury. This agreement and assumption is a pre-condition to PJCC permitting the Users to enter onto or use PJCC's facilities or to participate in PJCC sponsored activities. PJCC and its directors, officers, employees, agents, and affiliates shall not be liable and Users hereby expressly release and waive any claim of liability and agree not to sue any of the foregoing parties for bodily injury that occurs to any of the Users, or any guest of any User, or for any loss of or injury to the property of any of the Users or such guest, unless same arises from the gross negligence of PJCC. This release and waiver in cludes, but is not limited to any loss of or damage to the property of any User or such guest and is intended to be a complete release of any responsibility for personal injuries and/or property loss or damage sustained by any User or any such guest while at the PJCC premises or while participating in PJCC sponsored activities, unless same arises from the gross negligence of PJCC. Notwithstanding the foregoing, this instrument shall not act to release PJCC from liability to the extent applicable law provides that such a release would be contrary to public policy.

Section 2 – Arbitration. The undersigned agree to resolve any and all claims, disputes or controversies arising out of or relating to usage of PJCC exclusively by final and binding arbitration using the American Arbitration Association's (AAA) Commercial Arbitration Rules. This includes, but is not limited to, claims related to fee disputes, personal injury and any other claim which may be asserted under the law of contract and/or law of tort and/or asserting a public policy or Constitutional claim. The laws of the State of California shall govern the dispute, and arbitration shall be conducted in San Francisco, California.

Section 3 – Indemnification. The undersigned shall indemnify and hold harmless the PJCC, Club One Inc., and each of their agents, officers, directors, attorneys and employees from any claim, action or proceeding (collectively referred to as "proceeding") brought in any jurisdiction against any of the foregoing persons resulting from any action by the undersigned, their child or guest, whether by negligence or otherwise, while at the PJCC facilities or while participating in PJCC sponsored activities. This indemnification shall include, but not be limited to, any damages, fees and/or costs awarded against PJCC and their parties, or any of the foregoing categories of persons, and costs of suit, attorney's fees, and any other costs, liabilities and expenses incurred in connection with such proceeding whether incurred by the undersigned/minor children, PJCC and/or any other person defending such proceeding. The undersigned shall further indemnify PJCC and their parties for all costs, fees and damages which PJCC and their parties may incur in enforcing this indemnification provision. Modifications or additions to the pre-printed terms of this Agreement, other than the completion of existing blanks, are unauthorized and will not be honored by PJCC.

Section 4 – Photography. Unless otherwise specified in writing, the undersigned give permission for photos to be taken for future brochures, or published anonymously on the PJCC website without compensation.

Section 5 – Authorization. The undersigned acknowledge that they have carefully read this Agreement and fully understand its contents. The undersigned are aware that this is a release of liability and a contract between the undersigned/minor child and PJCC and/or its affiliated organizations and sign it voluntarily. This Agreement shall remain in full force and effect until PJCC receives written revocation executed by the undersigned.

Camper's Name First _____ Last _____

For faster processing, register online at www.pjcc.org/camp. Extended Care information is on page 10 of the brochure.

PRESCHOOL CAMPS *Preschool fees are on page 8 of the brochure.*

	6/19 – 7/12	7/17 – 8/9		
Tinok (Tiny Tots)	\$ _____	\$ _____		
K'tonton A	\$ _____	\$ _____		
	6/18 – 7/13	7/16 – 8/17		
K'tonton B	\$ _____	\$ _____		
	Session 1: 6/18 – 6/29	Session 2: 7/2 – 7/13	Session 3: 7/1 – 7/27	Session 4: 7/30 – 8/10 or 7/30 – 8/17
		<small>(no camp 7/4)</small>		<small>(circle option)</small>
Yeladim A	\$ _____	\$ _____	\$ _____	\$ _____ 2-week 3-week
Yeladim B	\$ _____	\$ _____	\$ _____	\$ _____ 2-week 3-week
Yeladim C	\$ _____	\$ _____	\$ _____	\$ _____ 2-week 3-week
Yeladim D	\$ _____	\$ _____	\$ _____	\$ _____ 2-week 3-week
Extended Care Morning	\$ _____	\$ _____	\$ _____	\$ _____ 2-week 3-week
Extended Care Afternoon	\$ _____	\$ _____	\$ _____	\$ _____ 2-week 3-week
Preschool Camp Subtotal	\$ _____			

TRADITIONAL CAMPS *Traditional Camp fees are on page 8 of the brochure.*

Shalom Session (Mon – Fri) 8/20 – 8/24 \$ _____

	Session 1: 6/18 – 6/29	Session 2 – 7/2-7/13	Session 3 – 7/16-7/27	Session 4 – 7/30-8/10 or 7/30-8/17
		<small>(no camp 7/4)</small>		<small>(circle option)</small>
Kindercamp	\$ _____	\$ _____	\$ _____	\$ _____ 2 week 3 week
Yomah	\$ _____	\$ _____	\$ _____	\$ _____ 2 week 3 week
Ruach	\$ _____	\$ _____	No camp these sessions	
Achayot	\$ _____	\$ _____	No camp these sessions	
B'yachad	No camp these sessions		\$ _____	\$ _____ 2 week 3 week
Tzofim	\$ _____	\$ _____	\$ _____	\$ _____ 2 week 3 week
Extended Care Morning	\$ _____	\$ _____	\$ _____	\$ _____ 2 week 3 week
Extended Care Afternoon	\$ _____	\$ _____	\$ _____	\$ _____ 2 week 3 week
Aqua Kids Tues/Thurs	\$ _____	\$ _____	\$ _____	\$ _____ 2 week 3 week
After Art K-2 Mon/Wed	\$ _____	\$ _____	\$ _____	\$ _____ 2 week 3 week
After Art 3-6 Tues	\$ _____	\$ _____	\$ _____	\$ _____ 2 week 3 week
Traditional Camp Subtotal	\$ _____			

SPECIALTY CAMPS *Specialty Camp fees are on page 8 of the brochure.*

Camp Name _____ Dates _____ Grades _____ \$ _____
 Morning Care (+\$75) Afternoon Care (+\$145)

Camp Name _____ Dates _____ Grades _____ \$ _____
 Morning Care (+\$75) Afternoon Care (+\$145)

Camp Name _____ Dates _____ Grades _____ \$ _____
 Morning Care (+\$75) Afternoon Care (+\$145)

Camp Name _____ Dates _____ Grades _____ \$ _____
 Morning Care (+\$75) Afternoon Care (+\$145)

Camp Name _____ Dates _____ Grades _____ \$ _____
 Morning Care (+\$75) Afternoon Care (+\$145)

Specialty Camps Subtotal \$ _____

TEEN PROGRAMS *Teen Program fees are on page 9 of the brochure.*

Camp Name _____ Dates _____ \$ _____

Camp Name _____ Dates _____ \$ _____

Camp Name _____ Dates _____ \$ _____

Camp Name _____ Dates _____ \$ _____

Camp Name _____ Dates _____ \$ _____

Teen Programs Subtotal \$ _____

ALL CAMPS SUBTOTAL \$ _____

Multi-week discounts (see page 11) **Deduct** \$ _____

I would like to help other children attend camp by adding the following tax-deductible scholarship contribution to my initial payment \$ _____

TOTAL \$ _____

Deposit (due with application)* \$ _____

Balance due (to be charged on June 1, 2012 unless check is received) \$ _____

Payment & Deposits

Payment: Visa, Mastercard, American Express or check (made payable to PJCC).

Visa Mastercard American Express Card# _____ Signature _____

Exp. Date _____ Billing Zip Code _____ Check enclosed

You will be charged the balance on June 1, 2012. Please send a separate financial assistance application. (A \$100 deposit per child is enclosed)

* Payment of \$300 per preschool and traditional camp session is due upon enrollment, \$100 of which is considered a non-refundable deposit per session. Full payment for Shalom session, Teen Programs, Specialty Camps and CIT programs is due upon enrollment, \$50 of which is considered a non-refundable deposit per camp program. Payment holds space in camp and extended care until Friday, June 1, 2012. Registration forms received after this date must include full payment for all summer camp programs. Changes to or deletions from camp sessions including extended care are subject to a \$15 administrative fee per change. Session changes are dependent upon space availability. Campers with unpaid balances will automatically be placed on the wait list on Monday, June 4, 2012. There are no refunds after Friday, June 1, 2012 (see refunds, pro-rates and cancellations on page 11).

Please complete both sides and return or fax to: PJCC, Attn: Camp Keff, 800 Foster City Blvd, Foster City, CA 94404 • FAX 650.522.9201