



Camp Office: 3600 NW 2<sup>nd</sup> Court • Boca Raton, FL 33431  
Phone: (561) 544-2854 • Fax: (561) 847-3533  
info@campnageelaboca.org • www.campnageelaboca.org

### REGISTRATION FORM - 2015

#### CHILDREN'S INFORMATION

Name \_\_\_\_\_ M / F Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ School \_\_\_\_\_  
Name \_\_\_\_\_ M / F Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ School \_\_\_\_\_  
Name \_\_\_\_\_ M / F Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ School \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (home) \_\_\_\_\_

#### PARENTS' INFORMATION

Father's Name \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

EMERGENCY CONTACT - Please provide information for someone that we can contact in case of emergency (in case parents are not reachable):  
Name \_\_\_\_\_ Relation \_\_\_\_\_  
Phone (home) \_\_\_\_\_ Cell \_\_\_\_\_ Office \_\_\_\_\_

#### Waiver:

In enrolling a child in the Camp Nageela Boca, a program of the Jewish Education Center of South Florida, the undersigned authorizes the officials of Camp Nageela Boca to act for the parents while the child is in their care. This includes the power to authorize emergency treatment when it is deemed necessary and in the best interest of the child. Participation in any of the Camp Nageela activities and use of any recreational facilities involves risk of accidental injury despite all safety precautions. Having been informed of the activities to be conducted by Camp Nageela Boca, the undersigned assumes all risks and hazards incidental to the activities and release from responsibility and agree to indemnify and hold harmless Camp Nageela Boca, its officers, directors, independent contractors, volunteers and all employees for any illness or injury to the undersigned, his or her child or family members occurring during his/her/their participation in any activity or use of any facility at/or conducted by Camp Nageela Boca. Submission of completed medical form #3040 and immunization form #680 (as well as IEP or 504 plan if applicable) are required for attendance. Failure to disclose any pre-existing medical conditions, including cognitive, social and/or motor disabilities, or failure to disclose a change in dosage of regularly prescribed medication may result in dismissal from camp without refund or

proration of tuition. By Initialing below the undersigned understands and agrees to all the terms set forth herein. \_\_\_\_\_ (Initial Here)

The camp program may include out of camp activities and permission is hereby given for the camper to take part in such activities off camp grounds. The camp may use photographs, statements, articles, names, music, art, film, video tapes taken of the camper or made by the camper in promoting the camp and camp-related activities through advertising, publication and/or exhibition.

This contract shall become binding when signed by an authorized agent of Camp Nageela Boca, without delivery of a copy thereof to the undersigned applicant. If Camp Nageela Boca is unable to perform any of its obligations under this contract by reason of fire, strike or damage by the elements, or of any unavoidable casualty, the obligations on its part will terminate at once. This contract contains all of the terms and conditions agreed on by the parties and no other agreement, oral or otherwise, regarding to the subject matter of this contract, shall be deemed to exist or to bind any of the parties. By Initialing below the undersigned understands and agrees to all the terms set forth herein. \_\_\_\_\_ (Initial Here)

I would like my child(ren) to attend Camp Nageela Boca for the summer of 2015.

		# of children		Total
Week 1	June 22 <sup>nd</sup> – June 27 <sup>th</sup>		x \$205	\$
Week 2	June 29 <sup>th</sup> – July 3 <sup>rd</sup>		x \$205	\$
Week 3	July 6 <sup>th</sup> – July 10 <sup>th</sup>		x \$205	\$
Week 4	July 13 <sup>th</sup> – July 17 <sup>th</sup>		x \$205	\$
Week 5	July 20 <sup>th</sup> – July 24 <sup>th</sup>		x \$205	\$
Week 6	July 27 <sup>th</sup> – July 31 <sup>st</sup>		x \$205	\$
	<b>Registration Fee</b>		<b>x \$25</b>	\$ ← do <u>not</u> leave blank
			<b>TOTAL</b>	\$

\*\*\* Registration is complete only upon receipt of payment \*\*\*

**PAYMENT INFORMATION**

Check enclosed (payable to JEC of South Florida)

Visa    Mastercard    Amex   Card # \_\_\_\_\_

Exp. \_\_\_\_\_ / \_\_\_\_\_   Billing Zip Code \_\_\_\_\_

**Parent's Signature** \_\_\_\_\_