



5771-2011 Registered Camper Packet

Session 1: June 27 – July 22 Session 2: July 25 – August 18

Dear Camp Achdus Family,

With camp just a short time away, we are busy preparing for another exciting summer.

Enclosed are forms that must be completed and returned in order for your son(s) to attend camp. They are:

- ❖ general permission slip
- ❖ medical form
- ❖ Behavior Policy form
- ❖ Camp permission card

Complete and return all forms to 1512 Griffith St, Philadelphia, PA 19111 as soon as possible.

Your son will need:

- lunch*
- 2 snacks*
- large water bottle
- sun block
- swimsuit
- towel

*a) 10:15 snack, b) 1:15 lunch, and c) 4:00 snack. *There will be a canteen from which to purchase reasonably priced, nutritious foods for both lunch and snack.*

There have been boxes of valuable items in the camp's Lost and Found. We will do our very best to assure that your son returns home with all of his belongings. Please do yours by labeling every item that your son brings to camp.

Game Boys, mp3 players, Discman's, cell phones, palm pilots, and all similar devices may not be brought to camp. These devices, if found in camp, will be confiscated.

There will be a Parent Orientation on Sunday, June 26th at 2:00 pm at our camp site, 4101 Freeland Ave, Philadelphia, PA 19128. This will be an opportunity to meet the Camp Achdus directors, tour the camp grounds and have any questions answered.



5771-2011 Permission Form

I / we hereby release Camp Achdus, agents, employees, sponsors, and all trip leaders from all liability for any damage or injury occurring in connection with all trips and / or activities. I / we agree to refrain from bringing suit against any of the above named on account of any damages or injuries to any person or thing to occur in connection with this trip / activity. I / we certify that I / we assure all risks and hazards incidental to this activity including transportation to and from the activity.

All participants are required to be covered by personal or family medical plan, including hospitalization, before they participate in this program. I / we certify that I / we have such insurance.

In case of emergency, I / we give permission for our child (ren) to be taken to the nearest hospital. I authorize the officials of the camp to act on my behalf while my child is in their care including the power to authorize emergency treatment.

Child's name _____

2nd child's name _____

3rd child's name _____

Parent's signature _____

Parent's name (printed) _____

Date _____



5771-2011 Medical Form

Name _____ Birthday _____ Age (6/1/09) _____

Home Phone _____

Parent Name _____ Work Phone _____ Cell _____

Parent Name _____ Work Phone _____ Cell _____

Physician's Name _____ Phone _____

IN CASE OF EMERGENCY PLEASE CALL: (If parents cannot be reached.)

Name _____ Phone _____ Relationship to child _____

Name _____ Phone _____ Relationship to child _____

Does your child have any significant health concerns? _____

Describe reaction and course of treatment. _____

Please list any restrictions or concerns regarding your child and camp activities: _____

List any allergies (food, drug, insects, etc.): _____

Describe reaction and preferred treatment: _____

List any medications and dosage that your child takes regularly: _____

May your child be given Tylenol? Yes No

May your child be given Tums? Yes No

May your child be given Benadryl? Yes No

Has your child had the following: Chicken Pox Measles Mumps German Measles

Height _____ Weight _____ Medical Insurance _____ Policy# _____

Date of last Tetanus shot: _____ Hepatitis B Vaccine: _____ MMR Vaccine _____

I verify that _____ is up to date on all immunizations.

Physicians Signature _____ Date _____

In an extreme emergency, your child will be transported to the nearest hospital as determined by the camp administration. I give authorized permission to carry out any first aid treatment deemed necessary for the well being of my child.

Parents Signature _____ Date _____



5771-2011 Camp Permission Card

Name _____ Phone _____

I give permission to have my child photographed for promotional purposes.

Yes No

I give permission for my child to ride on transportation vehicles provided by Camp Achdus for any and all field trips that occur over the summer of 2010.

Yes No

I give permission to the camp to use my name as a reference.

Yes No

Parents Signature _____ Date _____



5771-2011 Behavior Policy

Our philosophy is that camp should be a safe haven – a place where all of our campers are both able to have fun and grow into mature and responsible b'nei Torah. In order to do this we have instituted certain standards and rules in camp of which you should be aware. Hence we ask that you read and sign this form.

Behaviors for which there will be no tolerance whatsoever are: verbal intimidation, threats of violence, destruction of camp property, foul language, or any physical fighting.

For any display of the above behavior, there will be an immediate suspension as per the decision of the camp directors. Depending on the time of day of the infraction, the suspension may go over on to the next camp day.

Your support, understanding, and cooperation are not only appreciated but vital to the spiritual and physical safety and growth of your child. If a suspension is warranted, you will receive a phone call from one of the directors.

Anyone who cannot follow these rules risks his privilege to attend camp. Our goal is to provide a safe and fun atmosphere in camp.

We will discuss these rules with your children on the first day of camp. Still, we ask that you review the above policy with your children before you sign.

Thank you for your support.

Sincerely,

Tuvia Goldstein
Executive Director

Gedalia Goldstein
Program Director

I have read this camp behavior policy and discussed it with my child.

Parent Signature _____ Date _____

1st Camper Signature _____

2nd Camper Signature _____

3rd Camper Signature _____