



# RUACH DAY CAMP

## CAMPER REGISTRATION FORM

**Camper #1** \_\_\_\_\_  
(Last) (First) (Date of Birth)

**Camper #2** \_\_\_\_\_  
(Last) (First) (Date of Birth)

**Camper #3** \_\_\_\_\_  
(Last) (First) (Date of Birth)

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Tel \_\_\_\_\_  Rabbi  Dr.  Mr.  Mrs. Only

Email \_\_\_\_\_ Email \_\_\_\_\_

Father's name \_\_\_\_\_ Business Tel.# (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Mother's name \_\_\_\_\_ Business Tel.# (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

**Camper #1**  Whole Summer  First Trip  Second Trip  Other (From \_\_\_\_\_ to \_\_\_\_\_)

**Camper #2**  Whole Summer  First Trip  Second Trip  Other (From \_\_\_\_\_ to \_\_\_\_\_)

**Camper #3**  Whole Summer  First Trip  Second Trip  Other (From \_\_\_\_\_ to \_\_\_\_\_)

Yeshiva attends **Camper #1** \_\_\_\_\_ Hebrew grade completed \_\_\_\_\_

Yeshiva attends **Camper #2** \_\_\_\_\_ Hebrew grade completed \_\_\_\_\_

Yeshiva attends **Camper #3** \_\_\_\_\_ Hebrew grade completed \_\_\_\_\_

### IN CASE OF EMERGENCY CONTACT

#1 Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_

#2 Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

### BUNK REQUESTS

**Camper #1** \_\_\_\_\_ to be with \_\_\_\_\_ or \_\_\_\_\_

**Camper #2** \_\_\_\_\_ to be with \_\_\_\_\_ or \_\_\_\_\_

**Camper #3** \_\_\_\_\_ to be with \_\_\_\_\_ or \_\_\_\_\_

### BUS INFORMATION

Exact pick-up A.M. \_\_\_\_\_  
Address Cross Streets

Exact drop-off P.M. \_\_\_\_\_  
Address Cross Streets

No Bus Transportation - Picked up by \_\_\_\_\_



## RUACH DAY CAMP

2611 Ave Z, Brooklyn, NY 11235

Tel: (718) 646-8500 (ext.1123) • Fax: (718) 646-8223 • E-mail: ruach@ykb.us

A SUMMER PROJECT OF YESHIVA RUACH CHAIM  
Please fill out information on both sides and send back with deposit

# CONTRACT

1. In the event of a medical emergency I hereby give authority to Ruach Day Camp/Yeshiva of Kings Bay staff to obtain necessary medical treatment for my child/children(1)\_\_\_\_\_ (2)\_\_\_\_\_ (3) \_\_\_\_\_.  
Ruach Day Camp/Yeshiva of Kings Bay and their staff shall be held harmless from any and all liabilities arising from such emergency.
2. **I am hereby “MAFKIR” all of the belongings that my child(ren) have in Ruach Day Camp after the summer season is over.**
3. The Camp Administration reserves the discretionary right to require the withdrawal of any camper for disciplinary or educational reasons. I will incur a minimum of \$100 plus pro-rated charge for amount of days in camp.
4. I will be held liable for any and all damages incurred by my child(ren).
5. **Tuition must be paid in full prior to June 1st. Any outstanding balance will terminate my child’s admission to camp.**
6. I fully understand that I will receive a full refund if I cancel before June 1st. I will receive no refund for any other absences or cancellations.
7. **It is not the camps responsibility to collect from other sources, scholarships, sponsorships or vouchers, beyond normal billing.**
8. **I have seen the trip schedule for the summer and I agree to send my children on all camp trips with the transportation provided.**

Parent’s Signature \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_\_

PARENTS’ COMMENTS OR SUGGESTIONS	PARENT PERSONAL/HEALTH INFORMATION

CHECK PAYMENTS OR ACCOUNT WITHDRAWALS
<input type="checkbox"/> CHECKS ENCLOSED <input type="checkbox"/> CHECKING ACCOUNT: _____ ROUTING NUMBER: _____
<b>WITHDRAW FROM MY ACCOUNT:</b> DATE _____ AMOUNT \$ _____ RECPT# _____ DATE _____ AMOUNT \$ _____ RECPT# _____ DATE _____ AMOUNT \$ _____ RECPT# _____ DATE _____ AMOUNT \$ _____ RECPT# _____ DATE _____ AMOUNT \$ _____ RECPT# _____ DATE _____ AMOUNT \$ _____ RECPT# _____ Must be completed by June 1. <div style="text-align: right; margin-top: 10px;"><b>TOTAL</b>    \$ _____</div>

CREDIT CARD AUTHORIZATION
DATE RECEIVED _____ I HEREBY AUTHORIZE RUACH CAMP/YESHIVA KINGS BAY TO DEDUCT FROM MY CREDIT CARD PAYMENT FOR CAMP TUITION FOR _____ NAME ON CARD _____ C.C# _____ EXPIRATION DATE _____ TYPE        MASTERCARD <input type="checkbox"/> VISA <input type="checkbox"/> DEPOSIT AMOUNT _____ ON _____ FIRST PAYMENT AMOUNT _____ ON _____ SECOND PAYMENT AMOUNT _____ ON _____ THIRD PAYMENT AMOUNT _____ ON _____ SIGNATURE _____ There is a 3% fee for credit card