

# 2012 J-Camp Registration Form (Grades K–12 only)

A separate form must be completed for each child. Additional copies may be downloaded at [www.paloaltojcc.org/forms](http://www.paloaltojcc.org/forms). Please alert the Camp Director to your camper's special needs prior to registration. For extended care and aftercamp club options please see separate form.

Please note: To qualify for Oshman Family JCC Member prices, the child must be included in the parent's Family Membership. Membership must be valid at time of registration and remain current through camp participation. If you want to add your child to your Center Membership or sign up for a Community Family Membership, please contact the Membership Office at (650) 223-8701 or [membership@paloaltojcc.org](mailto:membership@paloaltojcc.org).

Register online at  
[www.paloaltojcc.org/camps](http://www.paloaltojcc.org/camps)

## Camper Information

Camper's Name \_\_\_\_\_ Membership # \_\_\_\_\_ Birth Date / / \_\_\_\_\_ Gender  M  F

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Preferred Phone ( ) \_\_\_\_\_

School Attending (Fall 2012) \_\_\_\_\_ Grade (Fall 2012) \_\_\_\_\_ Age \_\_\_\_\_  
Preferred phone will be used to make all camp phone calls.

My child has a sibling attending J-Camp this summer  Yes  No Name of Sibling \_\_\_\_\_

My child has a sibling attending Preschool Camp this summer  Yes  No Name of Sibling \_\_\_\_\_

T-shirt:  Youth  Adult Size:  S  M  L  XL

## Parent/Guardian Information

Primary Contact \_\_\_\_\_ Secondary Contact \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

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

J-Camp sends out email updates regularly. Please list all email addresses that should receive updates and please add [youth@paloaltojcc.org](mailto:youth@paloaltojcc.org) to your contacts.

## Camp Registration

Two-Week Sessions	Camp Program (please write in)	Fee	Payment	Balance Due	Final Payment Due
<i>Example</i>	<i>Tova</i>	<i>\$590</i>	<i>\$100</i>	<i>\$490</i>	
Session A: June 18–29		\$	\$	\$	May 30
Session B: July 2–13 (No Camp July 4)		\$	\$	\$	June 21
Session C: July 16–27		\$	\$	\$	June 28
Session D: July 30–August 10		\$	\$	\$	July 12
One-Week Sessions	Camp Program (please write in)	Fee	Payment	Balance Due	Final Payment Due
<i>Example</i>	<i>Clone Wars</i>	<i>\$320</i>	<i>\$100</i>	<i>\$220</i>	
Week 1: June 11–15		\$	\$	\$	May 30
Week 2: June 18–22		\$	\$	\$	May 30
Week 3: June 25–29		\$	\$	\$	June 14
Week 4: July 2–6 (No Camp July 4)		\$	\$	\$	June 21
Week 5: July 9–13		\$	\$	\$	June 28
Week 6: July 16–20		\$	\$	\$	June 28
Week 7: July 23–27		\$	\$	\$	July 12
Week 8: July 30–August 3		\$	\$	\$	July 12
Week 9: August 6–10		\$	\$	\$	July 26
Week 10: August 13–17		\$	\$	\$	July 26
Week 11: August 20–24		\$	\$	\$	August 9
<b>TOTAL</b>		<b>\$</b>	<b>\$</b>	<b>\$</b>	

Submit completed registration/health forms to the Oshman Family JCC, Attn: J-Camp Office, 3921 Fabian Way Palo Alto, CA 94303. You may also email forms to [youth@paloaltojcc.org](mailto:youth@paloaltojcc.org). Faxed paperwork will not be accepted.

Please complete both sides.

## Payment

### Account Withdrawal:

I authorize the OFJCC to draft the account listed below for the payments indicated including any change/late fees accrued. I understand and agree to the payment policies listed below.

EFT (Electronic Funds Transfer)    Visa    MasterCard    American Express

Account Number \_\_\_\_\_ Exp \_\_\_\_\_

### Signature

If typing my name in this box, I authorize it to be considered as a signature.

Print Name \_\_\_\_\_

Total Fees from Front	=	\$
Amount Paid Now	-	\$
Tax-Deductible Donation (optional)	+	\$
Total Balance Due <i>Balances will be paid according to chart on front of this form.</i>	=	\$

A valid credit card must be kept on file throughout the camp registration season (January–August 2012). Credit cards on file may be used for additional camp registrations, PM Care or other fees accrued, including but not limited to pick-up late fees. Participants will be notified of any charges made. J-Camp billing statements are available by request by emailing youth@paloaltojcc.org.

I have attached an OFJCC Camp Scholarship Application Form along with all required paperwork listed in the catalog on page 3 (available at [www.paloaltojcc.org/camps](http://www.paloaltojcc.org/camps)) and included a Financial Aid deposit of \$50 per camper, per session by April 2, 2012 at 5:00 PM.

## Policies Please read and sign below

### Payment Policies

**Payment & Refunds:** J-Camp deposits are \$100 per camp (\$50 for LIT/CIT Programs and \$200 for Nesiya Trip n' Travel Camps) and are non-refundable. Session payments are due in full before program starts, according to the payment schedule listed on the front of this form. Payment is by EFT and/or debit/credit card only (Visa, MasterCard, American Express). Registration will be cancelled if the balance is not paid before the start of each camp session in accordance to the payment schedule listed on the front of this form. Changes and cancellations must be submitted in writing up to two weeks prior to the start of the session to receive a refund (less deposit). Payments will not be refunded for changes and cancellations made after the two week deadline. **Additional Fees:** A \$20 change fee will be applied to each change made prior to the two week deadline. **Extended Care:** 24 hour advance registration is required to qualify for lower fees. Campers not picked up by 3:30 PM will be enrolled in extended care and charged the late fee of \$1 per minute up to the daily drop in rate of \$60 per day. A late fee of \$1 per minute will be charged to any camper who is not picked up by 6:00 PM. This late fee will be automatically billed to the account on file. **Sibling Discount:** Families will receive a 10% Sibling Discount for every second child attending a two-week traditional camp. Children must attend the same session for discount to be applicable. Discount will apply to the lower priced camp only and does not apply to all camp programs. **OFJCC Membership:** Child does not need to be a member to attend OFJCC programs. I understand that children who are Center or Community Members will receive a discounted rate.

### Consent & Release

**Health Insurance:** It is the responsibility of every individual participant or his/her parent(s) or legal guardian to provide his/her own accident and health/dental coverage while participating in all OFJCC activities. The OFJCC does not provide any accident or health/dental coverage for its members or guests. **Minors:** The OFJCC cannot accept responsibility for minors (children under 18) except when they are under the supervision of an appropriate employee. Parents/guardians will be responsible for notifying staff of a child's absence, late arrival, early or late pick-up and any special circumstance. For the protection of participants under the age of 18, the OFJCC has adopted a sign-in/out policy for all programs held by the OFJCC. Minor children must be picked up by an adult over age 18 after camp or the counselor must be presented with a form authorizing the child's right to sign him/herself out (entering grade 7 through 12 only). If your child signs him/herself out, he/she must be able to provide his/her own transportation home. **Consent & Release:** As the parent, agency/representative, or legal guardian, I hereby give consent for the OFJCC to provide all emergency medical/dental care prescribed by a duly licensed physician or dentist for my child/relative under whatever conditions are necessary to preserve the life, limb or well-being. I acknowledge and agree that this general release of liability of the OFJCC is binding upon me personally as well as in my capacity of the parent or guardian of my child and on my heirs, personal representatives, successors and assigns. In consideration of participation in this program, I hereby indemnify, hold harmless and release the OFJCC, its agents, its employees and its volunteers from any and all liability for injury suffered by myself or my child arising from or connected with this program. I assume all risk for any injuries. **Photo/Video Release:** I grant the OFJCC and its employees, photographers or representatives permission to photograph or video my child and use these photographs/videos with or without my child's name and for any purpose, including publicity, illustration, advertising, marketing and web content.

### Field Trip Transportation Consent

I hereby irrevocably consent to allow my child to participate in all trips away from the OFJCC campus. This authorization covers any field trips, whether my child is walking or is driven. I realize that when driven, my child will be transported in charter buses or in adult-driven passenger vans. All drivers have current licenses, insurance and a clean driving record. I agree that the OFJCC will not be held liable in the event of an accident. I understand that I will be notified whenever my child is off campus.

### I agree to and understand the following guidelines

Participants agree to abide by the rules and regulations set by the OFJCC for the health, safety and welfare of all children. At camp, children are not allowed to smoke, chew tobacco, possess any smoking materials, alcohol, illegal drugs, firecrackers, explosives or weapons. Also, they may not bring to camp any personal sports equipment, animals or pets. No lewd conduct, bullying behavior or inappropriate touching of any kind will be tolerated. The use of personal vehicles is also not allowed during the camp day. Willful destruction of property will be the financial responsibility of the child's parent. Children may not leave the property or established boundaries without OFJCC staff permission. I will sign my child in & out each day.

The OFJCC reserves the right to and will send anyone home (at parents' expense and liability) who violates these rules. It is the responsibility of the parent/guardian to pick up or arrange transportation home for the child. The program director reserves the right to determine what constitutes a violation of these rules and will enforce them as necessary.

### ➔ Parent/Guardian Signature

By signing up for camps, I understand and accept the above policies and I am responsible for payment. In addition, I have read and agree to the special considerations noted above. If typing my name above, I authorize it to be considered as a signature.

## Office Use Only

Registration	Health History	After Camp	FA? <input type="checkbox"/> Yes <input type="checkbox"/> No	Billing	Tracker	Elective
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