

Camp Seed Registration Form 2017
420 Spotswood Dr., Norfolk, VA 23517
757-227-4662
campruachva@gmail.com

Please indicate the name(s) of your camper(s) below.

If you have multiple campers please include all of them on this form as well as their gender, age, next grade in school, and birthdate.

Name of Child	Gender	Age	Next Year in School	Birthdate
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Home Address _____ City _____ ST _____ Zip _____

Parent / Guardian Name _____ Home Phone () _____

Father's Employer _____ Business Phone () _____

Mother's Employer _____ Business Phone () _____

Cell phone (father) () _____ Cell phone (mother) () _____

Emergency contact & phone _____

Session Options

The cost of Camp Ruach is \$125 / week, **which will include lunch**. You may sign up for one or all of the available weeks. Scholarships are available, but those on scholarship will be asked to help with lunch and other needs. Please contact Mrs. Chamie Haber for further information. Camp will be from 9:00 to 3:00 M-Th and 9:00 to 1:00 on Friday.

This year's camp will be from June 26th – July 21st. Please include payment for at least one week upon enrollment of each child. Please make checks payable to Camp Ruach.

Our SEED counselors will be available to learn one on one with any Jewish woman in the community that would like to learn. Please indicate if you are interested and what you would like to learn here: _____

Parent / Guardian Agreement

I agree to release Camp Ruach, its employees, its volunteers, and associates from liability in connection with medical treatment and unavoidable accidents. Camp Ruach, its employees, its volunteers, and associates also have my permission to use necessary medical measures in the event of an emergency. My child has permission to leave the designated campgrounds for scheduled trips and outings.

I fully understand the inherent risks involved in the activities my child will be choosing or has chosen. I accept all risks including those activities preliminary and subsequent to the chosen activity. Also, I give Camp Ruach permission to utilize my child's photograph or likeness in camp promotional materials.

Parent / Guardian Signature _____ Date _____