



WASHINGTON DCJCC WINTER FUN DAYS 2008-2009 Camper Registration



First Child's Name: _____ Age: _____ Sex: _____ Grade: _____

Second Child's Name: _____ Age: _____ Sex: _____ Grade: _____

School(s): _____

Name of Parent(s) or Guardian(s): _____

Home Address (with ZIP): _____

Home Phone: _____ Work Phone: _____

Cell Phone(s): _____ (Check box for first number to try in an emergency.)

Email Address(es): _____

Alternate contact - Name: _____ Phone: _____

Known Allergies: _____

Registration Deadline is December 15. You may register by phone—if spaces are available—until December 18.

Days Attending: Mon, Dec 22 Tues, Dec 23 Wed, Dec 24

(check boxes) Mon, Dec 29 Tues, Dec 30 Wed, Dec 31 Fri, Jan 2*

* For January 2, we will only run camp if we receive a minimum number of camper registrations by December 18.

Each day: \$90 \$60 (discounted member rate)

Register for 4+ days and get 10% off! \$85 \$55 (discounted member rate)

Total fees from above (1st child): \$ _____ Sibling Fees (Total minus 10%): \$ _____

Total Fees for all children \$ _____

Payment: Check VISA MC DISCOVER AMEX

Name on Card: _____ Security Code: _____

Card Number: _____ Exp Date: _____

Permissions for Care and to Take Off Washington DCJCC Grounds:

I understand that the Washington District of Columbia Jewish Community Center ("the J") will provide supervision on all trips taken with my child's group during the program and that the J will make every reasonable effort to ensure the safety of all participants. I am also aware that the J cannot assume any responsibility for any accident going to, from or during the trip. I therefore release the J and its agents, servants and employees of any liability of any injuries or illness to my child.

I give permission to the J staff members to provide care and administer treatment, including hospitalization, for the program participant(s) named above should the need arise. I understand that the medical attention for my child will be at my expense.

Parent or Guardian's Signature: _____ Date: _____

*Please make a copy of this form for your information and return the original to the Washington DCJCC, ATTN: Alison Samson
1529 Sixteenth Street NW, WDC 20036*

(202) 777-3270 (phone) • (202) 518-9420 (fax) • alisons@washingtondcjc.org

Internal use only:

Winter Camp, O-YFM-44, #4110

dB entered: _____

\$ entered: _____

initials/date: _____