



CAMP RAMAH IN THE BERKSHIRES

2010 CAMPER APPLICATION

Please complete one form for each camper.

Recent photo of child must accompany application

CAMPER	
Last name	
First name	
Nickname	
Birth date	
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Camper's e-mail	
Religious school or day school	

Please indicate grade and session by circling the appropriate "x":

		Grade in September 2010								
		3	4	5	6	7	8	9	10	11
Session	Full			x	x	x	x	x	x	x
	First		x	x	x	x	x			
	Second		x	x	x	x	x			
	Ta'am	x								

A deposit is required for each camper. Please see the 2010 Fee Schedule and Enrollment Terms for details.

I hereby apply for enrollment of my child for the 2010 season at Camp Ramah in the Berkshires and its affiliates ("Ramah"). I agree to the terms in the *Fee Schedule and Enrollment Terms* and that tuition discounts void any other payment discounts or cause them to be prorated at the same discount rate as applicable.

I understand that Ramah is not responsible for my child's property or reimbursement for loss of the same.

I give permission for my child to participate in camp activities outside Ramah's grounds as planned by the staff, as approved by Ramah.

I understand that part of the camping experience involves activities, group living arrangements, and interactions that may be new to my child. These things come with certain risks and uncertainties beyond what my child may be used to dealing with at home. I am aware of these risks and I am assuming them on behalf of my child. I realize that no environment is risk-free and so I have instructed my child on the importance of abiding by Ramah's rules. My child and I both agree that he or she is familiar with these rules and will obey them.

I agree to provide healthcare & liability insurance for my child or agree to self insure any and all losses. In case of medical, surgical and/or public health emergency, I hereby give permission to the physician selected by Ramah's director to hospitalize, secure proper treatment and to order injections, anesthesia, medication, x-rays, surgery or any other appropriate measure for my child. I give permission to the physician selected by Ramah's director to advise and treat my child for any illness, medical condition or public health emergency while he or she is at Ramah or in a supervised camp activity. I give permission for Ramah to secure medical and hospital records if so requested.

I authorize any physician, health care professional, hospital, clinic, laboratory, pharmacy, health plan, or other health care provider that provides treatment or services to or on behalf of my child to disclose that child's entire medical record and any other protected health information concerning that person to Ramah

and its agents, employees, and representatives. By signing below, I terminate any agreements I have made with health care providers to restrict protected health information of my child and I instruct those health care providers to release and disclose the entire medical record of my child without restriction.

I understand that my child needs to be immunized according to the standards of the American Academy of Pediatrics.

I understand that I am responsible for all medical expenses, including prescription drugs that are not covered by my health insurance. Ramah will give my insurance information to health care providers to enable them to submit claims on my behalf. I agree to reimburse Ramah for co-payments or other expenses that Ramah pays to providers on my behalf.

I understand that Ramah will not tolerate behaviors such as violence, possession of weapons, repeated profanity, disrespect, bigotry, inappropriate sexual behavior, drug and alcohol use or any other unsafe behaviors that are potentially harmful to my child and others. The consequence of such behaviors can mean dismissal from camp with no tuition refund. I agree to discuss these expectations with my child.

It is agreed that any dispute or cause of action arising between Ramah and me, whether out of this agreement or otherwise, can only be brought in the 9th Judicial District of the New York State Supreme Court, located in Dutchess County, New York, and shall be construed in accordance with the laws of New York State.

I authorize Ramah to use photos and video images of my child for publicity purposes online, in print, and all other media formats.

The information on this application is true and accurate. I certify that I have provided specific information about my child to enable Ramah to provide the best summer experience for my child.

I understand that enrollment is subject to approval by Ramah.

Print Name of Parent or Guardian

Signature of Parent or Guardian

Date