

**ADOLPH AND ROSE LEVIS JCC CAMP KAVOD 2010**  
**Registration Form**

**SESSION I: 6/7-6/18 • Session II: 6/21-7/2 • Session III: 7/6-7/16 • Session IV: 7/19-7/30**

**MAIL:** Perle Gass; Adolph & Rose Levis Jewish Community Center, 9801 Donna Klein Blvd., Boca Raton, FL 33428

**PHONE:** (561) 852-3269 **FAX:** (561) 558-2111 **EMAIL:** [perleg@levisjcc.org](mailto:perleg@levisjcc.org)

**IN PERSON:** JCC Camp Kavod Office located in the Florence & Barry Friedberg Administrative Offices  
 Located in the Sports & Wellness Center

Camper Name _____	Male	Female	DOB _____
School _____	Grade as of August 2010 _____		

Kavod Aleph (Kindergarten – 2 <sup>nd</sup> grade)	\$650 per 2 week session
Kavod Bet (3 <sup>rd</sup> – 5 <sup>th</sup> grade)	\$650 per 2 week session
Kavod Gimel/Daled (6 <sup>th</sup> – 12 <sup>th</sup> grades)	\$680 per 2 week session
<b>Additional Services</b>	
Pre Care	\$50 per 2 week session*
Post Care	\$75 per 2 week session*

SESSION	UNIT NAME	FEE	PRE-CARE FEE*	POST-CARE FEE*	SUB-TOTAL
I					
II					
III					
IV					
<b>TOTAL FEE:</b>					

**\*PRE AND POST CARE MUST BE APPROVED BY CAMP KAVOD DIRECTOR**

**PLEASE PRINT NEATLY AS THIS INFORMATION MUST BE ENTERED INTO A COMPUTER DATABASE**

Child(ren) live(s) with: Both Parents \_\_\_\_\_ Mother only \_\_\_\_\_ Father only \_\_\_\_\_ Other \_\_\_\_\_ Levis JCC Member? YES \_\_\_\_ NO \_\_\_\_

Mother's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

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

Home # \_\_\_\_\_ Bus. # \_\_\_\_\_ Cell # \_\_\_\_\_ E-mail: \_\_\_\_\_

Father's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

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

Home # \_\_\_\_\_ Bus. # \_\_\_\_\_ Cell # \_\_\_\_\_ E-mail: \_\_\_\_\_

**Family Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Allergies:** \_\_\_\_\_

Food Restrictions: \_\_\_\_\_

**MANDATORY: Health Insurance Co:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_

1. In enrolling my child in the Adolph & Rose Levis Jewish Community Center's Camp Kavod, I authorize the officials of the Adolph & Rose Levis Jewish Community Center to act for the parents while my child is in their care. This includes the power to authorize emergency medical treatment when it is deemed necessary in my child's best interest.
2. Participation in any of the Adolph and Rose Levis JCC activities and use of any recreational facilities involves risk of accidental injury despite all safety precautions. Having been informed of the activities to be conducted by the Adolph and Rose Levis Jewish Community Center, I/we, as an individual or as a parent or guardian of the participants named herein, assume all risks and hazards incidental to the activities and release from responsibility and agree to indemnify and hold harmless the Adolph and Rose Levis Jewish Community Center, its officers, directors, independent contractors, volunteers and all employees for any illness or injury to me or my children or family members occurring during his/her/our participation in any activities or use of any facilities at/or conducted by the Adolph and Rose Levis Jewish Community Center.
3. I understand and agree that camp photos of my child may be used for promotional materials, newsletters or brochures of the Adolph & Rose Levis JCC.
4. I give permission for my name and telephone number to be included in the group list that will be distributed.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_