



JCY Day Camp Registration Forms Checklist

Name of Child: _____

Please fill out and return this checklist along with the enclosed forms by May 31st. Completed forms can be returned by mail to JCY Camp, 585 Progress Ave, Munster, IN 46321, by email to director_jcycamp@federationonline.org, or by fax to (219) 484-2864.

- _____ Emergency/Health Information
- _____ Medical Examination Form
- _____ Program Permission Form
- _____ Authorization for Pick Up
- _____ Lunch Program/After Care Option
- _____ Code of Honor and Parent Agreement



JCY Day Camp Emergency/Health Information

Child's Name: _____ Birthdate: _____

Nickname: _____ Sex: _____

Address: _____ City: _____

Parent/Guardian's Name: _____

Address: _____ City: _____

Home Phone: _____ Work Phone: _____ Cell Phone _____

Place of Employment: _____

Parent/Guardian's Name: _____

Address: _____ City: _____

Home Phone: _____ Work Phone: _____ Cell Phone _____

Place of Employment: _____

Emergency Contact #1: _____

Address: _____ City: _____

Home Phone: _____ Work Phone: _____ Cell Phone _____

Relationship to Camper: _____

Emergency Contact #2: _____

Address: _____ City: _____

Home Phone: _____ Work Phone: _____ Cell Phone _____

Relationship to Camper: _____

Insurance Company And Policy Number: _____

Physician's Name and Number: _____

Is your child under a physician's care or taking medication on a continuing basis? If yes, why?

Any medications that need to be taken while at camp? Please list with dosage information.

Does your child have any allergies or food restrictions? Please list. _____

What should be done if your child comes into contact with an allergen? _____

Other medical conditions, chronic physical problems or special needs? Please describe: _____

Are there any aspects of your child's development that are of concern to you? _____

Does your child have any specific fears? _____

Is there any other information you would like to provide? _____

Signature of Parent/Guardian _____ **Date** _____



JCY Day Camp Medical Examination Form

This page is to be filled out by physician. JCY Campers must have a current physical that is not more than two years old. We also accept a standard medical record from your physician in lieu of this page.

Camper Name _____ Age _____ Sex _____

IMMUNIZATION HISTORY

This is a record of dates of basic immunizations and most recent booster doses.

DPT Series _____	Booster _____	Tetanus Booster _____
Polio OPV (Sabin)/IPV _____	Booster _____	Hepatitis A _____
Measles Vaccine (live) _____		Hepatitis B _____
German Measles (Rubella) _____	Tuberculin Test _____	
Mumps _____	Haemophilus Influenzae B (HIB) _____	
MMR _____	Other (varicella) _____	

MEDICAL EXAMINATION – To be filled out by a Licensed Physician or Nurse practitioner.

This examination should be performed within two years of arrival at camp. Examination for some other purpose within this period is acceptable.

Ht. _____	Wt. _____	B.P. _____	
Eyes _____	Ears _____	Teeth _____	Hernia _____
*Glasses _____	Nose _____	Heart _____	Extremities _____
*Contacts _____	Throat _____	Lungs _____	Posture (Spine) _____
	Abdomen _____	Skin _____	

Allergy: Please specify

General Appraisal:

Has this person ever passed out or been dizzy during or after exercise? _____ yes _____ no

Recommendations and restrictions while at camp:

Special diet _____

Restricted Activities: Swimming _____ Strenuous activity _____

Other _____

Provide any additional confidential information of which the camp staff should be aware (attach sheet if necessary) _____

MEDICATION: Does this person take medications on a routine basis? _____ yes _____ no

1. _____	Dosage _____	Reason _____
2. _____	Dosage _____	Reason _____
3. _____	Dosage _____	Reason _____
4. _____	Dosage _____	Reason _____

I have examined the person herein described and have reviewed his/her health history. It is my opinion that he/she is physically able to engage in all camp activities, except as noted above.

_____ M.D. _____ M.D.

Physician's name (please print) _____ (Examining Physician) signature _____

Address _____ Phone: _____

Date of examination _____



JCY Day Camp Program Permission Form

Camper Name: _____

1. **Athletic Activities and Swimming:** I hereby permit my child to participate in athletic activities and swimming.
2. **Injury:** I agree to release, not sue, and hold harmless both JCY Day Camp, their staff, and/or Jewish Federation of Northwest Indiana staff (both parties herein referred to as "Organization Staff") from any damage, injury, or expense resulting from the voluntary attendance/participation in JCY Day Camp's Bounce House of the camper(s) for whom I registered.
3. **Media:** I give my permission for my child's camp photos and/or camp videos to be used for camp publicity purposes, web sites, or for sale to camp families.
4. **Medical Attention:** I give permission for my child to receive appropriate medical attention from Organization Staff such as first aid, CPR, Heimlich maneuver, etc., or if it is determined that my child needs immediate professional medical care, I authorize to transport him or her, or have him or her transferred to the nearest medical facility. To the extent possible under the circumstances, parents/guardians and/or other identified emergency contacts will be contacted immediately. I understand that I will be responsible for all of his/her expenses related to emergency medical services.
5. **Medication Administration:** I hereby authorize Organization Staff to facilitate the use of medications by my child as stated on the Emergency/Health Information Form. I agree to release and hold harmless the camp and its personnel from lawsuit, claims, expense, demand, or action against them for assisting my child with medication use, provided the staff complies with the authorized orders I have established in the aforementioned note. I understand that the camp does not employ a physician or nurse to assist in the distribution or use of medication, and that the camp and its staff, in following my written orders, are relying upon my representation, that the use of the identified medications by my child is reasonable and appropriate. In the event that my child requires unplanned over-the-counter medication, I authorize Organization Staff to administer said medication provided that they obtain my verbal permission via a phone call.
6. **Sunscreen/Insect Repellent:** I agree to release and hold harmless the camp and/or its personnel from lawsuits, claims, expense, demand or action against them for applying sunscreen and/or insect repellent, provided that the camp and/or its staff comply with the instructions provided.
7. **Transportation:** I understand that I am legally responsible for my child while he or she is en route to and from JCY Camp programs.
8. **Trips:** I hereby permit my child to accompany an authorized Organization Staff on excursions to places of interest (i.e. field trips). I release Organization Staff of all responsibilities other than reasonable care. I understand that the camp, in its discretion, may elect to contract with an outside agency, such as a bus company or other common carrier, for the provision of transportation services for such events. I further understand that such an outside agency will be an independent contractor and, so long as the camp has exercised reasonable care in the selection of that contractor, I release and agree to hold the camp harmless for any negligence or fault on the part of the contractor.
9. **COVID-19:**
 - a. I understand the risks involved in sending my child to summer camp during a pandemic. I am aware that despite JCY's best efforts to prevent the spread of COVID-19, there is a possibility that my child could be either infected or exposed to COVID-19.
 - b. I understand that my child must comply with any and all COVID protocols set forth by JCY Day Camp. I understand that refusal to comply with any rules and regulations could result in my child's removal from JCY Day Camp.
 - c. I understand that my child will not be permitted to attend JCY Day Camp if they are exhibiting one or more symptoms of COVID-19, and that I should keep my child home in this instance. Should



my child exhibit any symptoms of or be exposed to COVID-19, I understand that my child will not be permitted back on camp grounds without a negative COVID test or a doctor's note.

- d. I understand that there is a possibility that my child could be quarantined due to either infection exposure to COVID-19. In this case:
 - i. JCY will provide a refund for missed camp days if the infection/exposure was incurred on JCY grounds.
 - ii. JCY will NOT provide a refund for missed camp days if the infection/exposure was incurred outside of JCY grounds.
 - iii. I understand that the purpose of a quarantine is to keep everyone safe and that my child could be quarantined, even in the absence of symptoms.
- e. I understand that JCY is not responsible for any COVID-19-related medical expenses whatsoever.

10. I give my permission for all the foregoing.

Parent/Guardian Signature _____ Date _____



JCY Day Camp Authorization for Pick-Up

Child's Name _____

Parent/Guardian Name _____ Parent /Guardian Name _____

ONLY the following people are authorized to pick-up my child from camp or in case of emergency (please print names and numbers clearly). Any changes require advance written notification to the camp. **Please be advised that JCY Camp will ask for identification to be produced for those persons who are not recognized by JCY Camp or Federation staff.**

Name _____ Relationship to Child _____

Home Phone () _____ Business Phone () _____

Cellular Phone/Other () _____

Name _____ Relationship to Child _____

Home Phone () _____ Business Phone () _____

Cellular Phone/Other () _____

Name _____ Relationship to Child _____

Home Phone () _____ Business Phone () _____

Cellular Phone/Other () _____

Name _____ Relationship to Child _____

Home Phone () _____ Business Phone () _____

Cellular Phone/Other () _____

Person(s) NOT authorized to pick up my child:

Name _____ Relationship to Child _____

Address _____

Home Phone () _____ Business Phone () _____

Parent/Guardian Signature _____ Date: _____



JCY Day Camp Lunch Program

My child, _____, would like to participate in the JCY Camp Lunch Program.

(All lunches will vary and may include fruit, raw veggies, chips, and dessert.)

Lunch	Price per Week	Number of Weeks	Total Cost
Chicken Tenders	\$9		
Grilled Cheese	\$9		
Pasta	\$9		
All Beef Hot Dogs	\$9		
Cheese Pizza	\$9		
FULL WEEK	\$35.00		
TOTAL			

****Each lunch is served once per week – a lunch calendar will be distributed****



JCY Day Camp Chuck Elias Scholarship Fund

The Chuck Elias JCY Scholarship Fund, administered by the Jewish Federation of Northwest Indiana, helps make the JCY experience affordable for all families. If you would like to make an optional contribution to the Chuck Elias JCY Scholarship Fund, please indicate below.

Yes, I/we would like to support the Chuck Elias JCY Scholarship Fund.

Donation Amount: \$10 \$20 \$50 \$100 Other: \$_____

Check enclosed Please bill me

My donation is: in honor in memory *of (name)* _____

The Jewish Federation of Northwest Indiana, Inc. is a fully qualified tax exempt 501(c) (3) organization.
Your donation is tax-deductible to the extent permitted by law.



JCY Day Camp

Remembering Chuck Elias (1931-2017)

Chuck ran the sports camp of JCY for 14 years, touching the lives of many counselors and campers. He looked forward every year to making summer fun for children. Anyone who knew Chuck knew two things about him: first, that he had an uncanny ability to provide a witty one-liner for just about everything, and second, that he had a deep and undying love for JCY Camp. He received immeasurable joy from the time he spent at JCY, and JCY gained the same from him. The Chuck Elias JCY Scholarship Fund was established in 2017 to provide scholarships for JCY Summer Camp for both Jewish and non-Jewish families.

Camper Code of Honor and Parent Agreement

Camper Code of Honor

As a camper, I promise to respect others as well as my camp community (grounds, building, equipment).

I will treat others the way I want to be treated.

I will follow directions quickly.

I will keep my dear counselors and friends happy!

Camper Name _____

Camper Signature _____

Parent Agreement

We have read the Code of Honor with our child.

We understand that should our child break one of the above rules, he or she will be asked to discuss their behavior choices with the Camp Director and sit inside the camp office for a period of time that is contingent upon the severity of the behavioral offense. We understand that we will be contacted in the case that our child should have to sit inside the office rather than participate in camp activities.

In addition, we recognize that JCY Day Camp operates on a "3-strike" policy, and that if a child has to sit inside for three behavioral offenses that he or she will no longer be permitted to attend JCY Day Camp. Should our child be removed from the JCY due to behavioral issues, we understand that we will not receive a refund on our tuition, no exceptions.

Parent/Guardian Name _____

Parent/Guardian Signature _____