



Child's Name: \_\_\_\_\_

Account #: \_\_\_\_\_

MVP = Member Value Pricing  
(Camper must be a member to receive MVP)

**AJCC Camp Komaroff: Giborim (entering grades 7-9 in Fall 2017)**

Week 1: June 19-23	Fees	Total
Camp Komaroff	\$240 MVP / \$285	
Extended Care: 7-9a,4-6p	\$40 MVP / \$50	
<b>Total Week 1: \$</b>		

Week 6: July 24-28	Fees	Total
Camp Komaroff	\$240 MVP / \$285	
Extended Care: 7-9a,4-6p	\$40 MVP / \$50	
<b>Total Week 6: \$</b>		

Week 2: June 26-June 30	Fees	Total
Camp Komaroff	\$240 MVP / \$285	
Extended Care: 7-9a,4-6p	\$40 MVP / \$50	
<b>Total Week 2: \$</b>		

Week 7: August 31-4	Fees	Total
Camp Komaroff	\$265 MVP / \$310	
Extended Care: 7-9a,4-6p	\$30 MVP / \$40	
<b>Total Week 7: \$</b>		

Week 3: July 3-7 (no camp July 4)	Fees	Total
Camp Komaroff	\$240 MVP / \$285	
Extended Care: 7-9a,4-6p	\$40 MVP / \$50	
<b>Total Week 3: \$</b>		

Week 8: August 7-11	Fees	Total
Camp Komaroff	\$240 MVP / \$285	
Extended Care: 7-9a,4-6p	\$40 MVP / \$50	
<b>Total Week 8: \$</b>		

Week 4: July 10-14	Fees	Total
Camp Komaroff	\$240 MVP / \$285	
Extended Care: 7-9a,4-6p	\$40 MVP / \$50	
<b>Total Week 4: \$</b>		

Week 9: August 14-18	Fees	Total
Engineering and Robotics	\$265 MVP / \$310	
Leadership	\$240 MVP / \$285	
Extended Care: 7-9a,4-6p	\$40 MVP / \$50	
<b>Total Week 9: \$</b>		

Week 5: July 17-21	Fees	Total
Camp Komaroff	\$240 MVP / \$285	
Extended Care: 7-9a,4-6p	\$40 MVP / \$50	
<b>Total Week 5: \$</b>		

**Counselor-in-Training (CIT) Program  
(entering grades 9-10 in Fall 2016)**

Sessions	Fees	Total
Session I: June 19-July 14	\$260 MVP / \$325	
Session II: July 17-August 11	\$260 MVP / \$325	
<b>Total: \$</b>		

## AJCC Camp Komaroff - Emergency Form

The information on this form is not part of the acceptance process, but is gathered to assist us in identifying appropriate care. Any changes to this form should be provided to the Camp Office before participant's arrival in program. Provide complete information so that Camp Komaroff can be aware of your needs.

Child's Name: \_\_\_\_\_ D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade in Fall: \_\_\_\_\_

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

Home Phone # \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Other # \_\_\_\_\_

E-mail: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Other # \_\_\_\_\_

E-mail: \_\_\_\_\_

### ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

Name	Phone	Relationship
_____	_____	_____
_____	_____	_____

### ADDITIONAL PERSONS AUTHORIZED TO TAKE CHILD FROM AJCC CAMP KOMAROFF

Name	Relationship
_____	_____
_____	_____
_____	_____
_____	_____

<b>ALLERGIES:</b> List all known.	Describe reaction and management of the reaction.
_____	_____
_____	_____
_____	_____

**DIETARY RESTRICTIONS** (the following restrictions apply to this individual): \_\_\_\_\_

\_\_\_\_\_

**ACTIVITY RESTRICTIONS:** explain all restrictions to activity (e.g. what cannot be done, what adaptations or limitations are necessary) \_\_\_\_\_

\_\_\_\_\_

**INSURANCE INFORMATION**

Insurance Carrier Name: \_\_\_\_\_ Group # \_\_\_\_\_

Policy Number: \_\_\_\_\_ Name of Policy Holder: \_\_\_\_\_

► Photocopy of front and back of health insurance card must be attached to this form.

**IMMUNIZATION RECORD**

Is your child's immunization record up to date:?  YES  NO

► Photocopy of immunization record must be attached to this form.

**Parent/Guardian Authorizations:** This health history is correct and complete as far as I know, and the person herein described has permission to engage in all AJCC Camp Komaroff activities except as noted.

I hereby give permission to AJCC Camp Komaroff to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to AJCC Camp Komaroff to arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by AJCC Camp Komaroff to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

Signature of parent/guardian \_\_\_\_\_ Date: \_\_\_\_\_

Printed name \_\_\_\_\_ Date \_\_\_\_\_

**GENERAL QUESTIONS** (explain "yes" answers below)

- | Has/does the participant:                                     | Yes                      | No                       |  | Yes                      | No                       |
|---|--------------------------|--------------------------|--|--------------------------|--------------------------|
| 1. Had any recent injury, illness or infectious disease?..... | <input type="checkbox"/> | <input type="checkbox"/> | 16. Ever been diagnosed with a heart murmur?.....                                | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have a chronic or recurring illness/conditions?.....       | <input type="checkbox"/> | <input type="checkbox"/> | 17. Ever had back problems?.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Ever been hospitalized?.....                               | <input type="checkbox"/> | <input type="checkbox"/> | 18. Ever had problems with joints?.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Ever had surgery?.....                                     | <input type="checkbox"/> | <input type="checkbox"/> | 19. Have an orthodontic appliance being brought to the JCC?.....                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have frequent headaches?.....                              | <input type="checkbox"/> | <input type="checkbox"/> | 20. Have any skin problems (e.g., itching, rash, acne)?...                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Ever had a head injury?.....                               | <input type="checkbox"/> | <input type="checkbox"/> | 21. Have diabetes?.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Ever been knocked unconscious?.....                        | <input type="checkbox"/> | <input type="checkbox"/> | 22. Have asthma?.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Wear glasses, contacts or protective eye wear?.....        | <input type="checkbox"/> | <input type="checkbox"/> | 23. Had mononucleosis in the past 12 months?.....                                | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Ever had frequent ear infections?.....                     | <input type="checkbox"/> | <input type="checkbox"/> | 24. Had problems with diarrhea/constipation?.....                                | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Ever passed out during or after exercise?.....            | <input type="checkbox"/> | <input type="checkbox"/> | 25. If female, have an abnormal menstrual history?..                             | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Ever been dizzy during or after exercise?.....            | <input type="checkbox"/> | <input type="checkbox"/> | 26. Ever had an eating disorder?.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Ever had seizures?.....                                   | <input type="checkbox"/> | <input type="checkbox"/> | 27. Ever had emotional difficulties for which professional help was sought?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Ever had chest pain during or after exercise?.....        | <input type="checkbox"/> | <input type="checkbox"/> |  |                          |                          |
| 14. Ever had high blood pressure?.....                        | <input type="checkbox"/> | <input type="checkbox"/> |  |                          |                          |
| 15. Have special needs (e.g. autism, ADD, ADHD)?.....         | <input type="checkbox"/> | <input type="checkbox"/> |  |                          |                          |

Please explain any "yes" answers, noting the number of the question. \_\_\_\_\_

Provide any additional information about the participant's behavior and physical, emotional, or mental health about which the camp should be aware. \_\_\_\_\_

Name of Physician \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name of Dentist/Orthodontist \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**MEDICATIONS BEING TAKEN** (include all over-the-counter and prescription medication that are taken on a routine basis)

Med #1 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times taken each day \_\_\_\_\_

Reason for taking \_\_\_\_\_

Med #2 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times taken each day \_\_\_\_\_

Reason for taking \_\_\_\_\_

Attach additional pages for more medications.

**Any future changes must be made in writing and brought to the Camp Office.**

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

**Alpert JCC Waiver Form for Families, Couples & Individuals  
(Fill Out Completely)  
All Adults 18 Years & Over Must Sign**

In consideration of being permitted to utilize the facilities, services and programs of the Jewish Community Center of Long Beach, Jewish Federation of Greater Long Beach and West Orange County and Jewish Family and Children's Services (or my children to so participate) for any purpose, including, but not limited to observation or use of facilities or equipment or participation in any offsite program affiliated with the Jewish Community Center of Long Beach, Jewish Federation of Greater Long Beach and West Orange County and Jewish Family and Children's Services, the undersigned for himself or herself and such participating children and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has or immediately upon entering or participating will inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that participation in such affiliated program constitutes an acknowledgment that such premises and all facilities and equipment thereof and such affiliated programs have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation by the undersigned and such children.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE JEWISH COMMUNITY CENTER OF LONG BEACH, JEWISH FEDERATION OF GREATER LONG BEACH AND WEST ORANGE COUNTY, AND JEWISH FAMILY AND CHILDREN'S SERVICES FOR ANY PURPOSE INCLUDING BUT NOT LIMITED TO OBSERVATION, USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFFSITE PROGRAM AFFILIATED WITH THE JEWISH COMMUNITY CENTER OF LONG BEACH, JEWISH FEDERATION OF GREATER LONG BEACH AND WEST ORANGE COUNTY, AND JEWISH FAMILY AND CHILDREN'S SERVICES, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED on his or her behalf and behalf of such children, to the extent permitted by law, HEREBY RELEASES, WAIVES, DISCHARGES, AND COVENANTS NOT TO SUE the Jewish Community Center of Long Beach, Jewish Federation of Greater Long Beach and West Orange County and Jewish Family and Children's Services, its directors, officers, employees, and agents (hereinafter referred to as the 'releases') from all liability to the undersigned or such children and all his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned or such children whether caused by the negligence of the releases or otherwise, while the undersigned or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the Jewish Community Center of Long Beach, Jewish Federation of Greater Long Beach and West Orange County and Jewish Family and Children's Services.
2. THE UNDERSIGNED, to the extent permitted by law, HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned or such children in, upon or about the Jewish Community Center of Long Beach, Jewish Federation of Greater Long Beach and West Orange County and Jewish Family and Children's Services premises or in any way observing or using any facilities or equipment of the Jewish Community Center of Long Beach, Jewish Federation of Greater Long Beach and West Orange County and Jewish Family and Children's Services or participating in any program affiliated with the Jewish Community Center of Long Beach, Jewish Federation of Greater Long Beach and West Orange County and Jewish Family and Children's Services whether caused by negligence of the releases or otherwise.
3. THE UNDERSIGNED, to the extent permitted by law, HEREBY ASSUMES FULL RESPONSIBILITY FOR ANY RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such children due to the negligence of releases or otherwise while using the premises or any facilities or equipment thereon or participating in any program affiliated with the Jewish Community Center of Long Beach, Jewish Federation of Greater Long Beach and West Orange County and Jewish Family and Children's Services.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

Sign Name(s) Here:  
(For minors under 18 years, signature of all parents and guardians is required.)

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

**Print Names of Member Applicants Below**

Adult	Minor	Minor
Adult	Minor	Minor