



The Aaron and Marjorie Ziegelman Campus • South Sterling, PA  
**FAMILY CAMP APPLICATION FORM — Summer 2010**

Wednesday, August 18 — Sunday, August 22

Please fill out, sign and return this form with a non-refundable \$300 deposit per family to:

Camp JRF, 101 Greenwood Avenue, Suite 430, Jenkintown, PA 19046 • Fax: (215) 885-5603

**FAMILY INFORMATION**

Family Name \_\_\_\_\_ # of Adults: \_\_\_\_\_ # of Children: \_\_\_\_\_

Address: \_\_\_\_\_

City, State/Province, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Congregation: \_\_\_\_\_

Congregation Affiliation:  Reconstructionist  Conservative  Reform  Orthodox  Unaffiliated

Other: \_\_\_\_\_

**Parent 1:** \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Dietary Restrictions/Allergies: \_\_\_\_\_

**Parent 2:** \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Dietary Restrictions/Allergies: \_\_\_\_\_

**Adult 1:** \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Dietary Restrictions/Allergies: \_\_\_\_\_

**Adult 2:** \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Dietary Restrictions/Allergies: \_\_\_\_\_

**Child 1:** \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Grade (Fall 2010): \_\_\_\_\_

Dietary Restrictions/Allergies: \_\_\_\_\_

**Child 2:** \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Grade (Fall 2010): \_\_\_\_\_

Dietary Restrictions/Allergies: \_\_\_\_\_

**Child 3:** \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Grade (Fall 2010): \_\_\_\_\_

Dietary Restrictions/Allergies: \_\_\_\_\_

**Child 4:** \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Grade (Fall 2010): \_\_\_\_\_

Dietary Restrictions/Allergies: \_\_\_\_\_

*Our primary concern is the health and safety of every member of the camp community. Camp JRF is a smoke-free, alcohol-free, drug-free, and weapon-free community. There will not be a nurse on Camp for Family Camp so please bring any necessary medications for your family.*

Camp JRF is welcoming and inclusive of all sexualities, genders, abilities, and life situations. Whenever possible, our goal is to provide a complete camping experience for all of our program participants. To aid us in accomplishing this goal, we ask participants to inform us of any special needs or limitations.

\_\_\_\_\_  
\_\_\_\_\_

**PERMISSIONS and CONSENT**

- I hereby give myself and my child(ren) permission to participate in Camp JRF Family Camp activities.
- I hereby agree to hold Camp JRF, the Jewish Reconstructionist Camping Corporation, and the Jewish Reconstructionist Federation harmless from any liability except for those camp-sponsored activities.
- I understand that the \$300 deposit is non-refundable.
- I understand that part of the camping experience involves activities and group interactions that may be new to me and my child, and that they come with 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 myself and my child. I realize that no environment is risk-free, and so I understand and have instructed my child on the importance of abiding by the camp's rules, and my child and I both agree that we are familiar with these rules and will obey them.
- This agreement shall be construed in accordance with the laws of the State of Pennsylvania. Any disagreement, claim, cause of action, or suit of any nature whatsoever between the parties may only be brought in the court of common pleas located within the County of Wayne.
- I acknowledge and agree that Camp JRF may use photographs, videotape, audio recordings, and/or written accounts of camp activities in which my child and/or I may appear in the presentation of its camping program to the community.
- I agree that Camp JRF may share my family's contact information with other Camp families for communication purposes only, unless I indicate otherwise in writing.
- I understand that Camp JRF staff do not accept tips or gratuities. Our staff understands this and agrees to adhere to it in their signed contracts. Donations in honor of staff members are welcomed to the Staff Appreciation Fund.
- I understand that the Camp Director reserves the right to remove any participant who:
  - a) Willfully disregards camp rules, or who endangers his/her or others' safety;
  - b) Harms him/herself or other members of the community;
  - c) Destroys camp property or the property of another member of the camp community;
  - d) Requires greater supervision than can reasonably be offered by the camp;
  - e) Does not follow the Camp JRF Covenant of Behavior;
  - f) Acts in any way which the Camp Director, in his sole discretion, finds to be detrimental to the camp community.

*I am signing for all members of my family listed on the previous page.*

Adult Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PAYMENT INFORMATION**

**2010 FAMILY CAMP FEES** *A non-refundable deposit of \$300 per family is required to process your application.*

- \$1100** (up to 4 people)
- \$150** (for each addl. person) # of addl. people: \_\_\_\_\_
- \$750** We request to share a cabin with the \_\_\_\_\_ family. They will register separately and request to share a cabin with us.

**Payment in full is due June 1, 2010.**

**A non-refundable deposit of \$300 per family is required to process your application.**

Please enclose a deposit check made payable to **Camp JRF**, or fill in your Visa, American Express or MasterCard information below.

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on Card (print): \_\_\_\_\_

**I authorize Camp JRF to charge \$ \_\_\_\_\_ to my credit card.**

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