

2014 Ruach Shoveva Camper Information Sheet

CAMPER NAME

Date of Birth _____ Gender M / F _____
Medications taken Daily: _____
Allergies: _____
Other Information we should know: _____
Shirt size (circle) Youth Med Youth Large Adult Small Adult Med Adult Large

2nd CAMPER NAME (If applicable)

Date of Birth _____ Gender M / F _____
Medications taken Daily: _____
Allergies: _____
Other Information we should know: _____
Shirt size (circle) Youth Med Youth Large Adult Small Adult Med Adult Large

1st PARENT

Mailing Address _____
Phone Numbers H _____ W _____ C _____

2nd PARENT

Mailing Address, if different _____
Phone Numbers H _____ W _____ C _____

EMERGENCY CONTACT #1

Emergency Phone _____ Relationship _____

EMERGENCY CONTACT #2

Emergency Phone _____ Relationship _____

HEALTH INSURANCE CO.

Primary Physician _____ Policy # _____
Phone _____

REGULAR CARPOOLS

Authorized to transport your child _____

FIELD TRIP PERMISSION

I hereby give my permission for my child(ren), _____, to attend any field trips taken by campers at Camp Ruach Shoveva between July 21 and August 1, 2014.
Parent Signature: _____ Date: _____

MEDIA PERMISSION

I hereby give my permission to TBH to use images of my child(ren), _____, for the following media (please circle) website, newsletters, annual report, slideshow movies, displayed in the temple.
Parent Signature: _____ Date: _____