



REGISTRATION FORM Summer 2010

Please complete the registration form below and mail it along with your check payment to:
Chabad of Hong Kong, 7 Macdonnell Road, 1st Floor, Hong Kong.
If paying by credit card, the completed form can be faxed to 2845 2772.

Registration Forms received before June 1, 2010 will receive 10% discount

For Office Use Only: Date of receipt / /

CAMPER INFORMATION

1. Camper's Name	Date of Birth: <i>m/d/y</i>	Age:	<input type="checkbox"/> Session 1: June 28 – July 2 <input type="checkbox"/> Session 2: July 5 – July 9 <input type="checkbox"/> Session 3: July 12 – July 16
School attending	Grade Entering:	Sex:	
2. Camper's Name	Date of Birth: <i>m/d/y</i>	Age:	<input type="checkbox"/> Session 1: June 28 – July 2 <input type="checkbox"/> Session 2: July 5 – July 9 <input type="checkbox"/> Session 3: July 12 – July 16
School attending	Grade Entering:	Sex:	
3. Camper's Name	Date of Birth: <i>m/d/y</i>	Age:	<input type="checkbox"/> Session 1: June 28 – July 2 <input type="checkbox"/> Session 2: July 5 – July 9 <input type="checkbox"/> Session 3: July 12 – July 16
School attending	Grade Entering:	Sex:	

FAMILY INFORMATION

Home Address:			
Home Tel. No.:	Fax. No.:	Mobile No.:	Email Address:
Mother's Name:		Father's Name:	

EMERGENCY CONTACT INFORMATION

Emergency Contact Person #1:	Relationship to child:	Home Phone No.:	Work or Mobile Phone No.:
Emergency Contact Person #2:	Relationship to child:	Home Phone No.:	Work or Mobile Phone No.:
Name of Child's Doctor:	Telephone No.:	Name of Domestic Helper:	Mobile Phone No.:

HEALTH HISTORY and SPECIAL INSTRUCTIONS

Does your child have any allergies? If yes, please describe them and include special precautions or care needed.

Please describe any instructions that would be helpful in caring for your child, or special medical information needed by the child's counselor.

SWIMMING LEVEL

Please indicate your child(ren)'s swimming level. i.e. can swim in deep end, can swim only in shallow water, needs floaties. (For Gan Izzy and VIP Programs only)

CAMPER INFORMATION

I authorize my child(ren) to participate in all the activities and outings organized by Camp Gan Israel.

Parent's Signature:

In case of emergency, I give Camp Gan Israel permission to take my child(ren) to the nearest medical facility. All expenses will be borne by me.

Parent's Signature:

I authorize the staff of camp to apply Insect Repellant, Sun screen and Anthisan Insect Bite Cream to my child(ren) as necessary.

Parent's Signature:

I allow Camp Gan Israel to use my child(ren)'s photograph for all promotional material.

Parent's Signature:

Camp Gan Israel/Chabad of Hong Kong will make every effort to ensure the safety and well being of every camper. However, the camp will not be held liable for any injury or loss/damage of personal property.

Parent's Signature:

CAMPER INFORMATION

FEE SCHEDULE:

Kiddy Kamp	Ages 3-4	\$2200 per week
Gan Izzy Program	Ages 5-8	\$2200 per week
VIP Program	Ages 9-10	\$2200 per week

10% Discount for Registration received before June 1.

Payment Options:

Payment by check: I have enclosed a check made payable to "Chabad of Hong Kong"

Payment by Credit Card: Please charge my credit card as detailed below.

Credit Card Type: Check One

Credit Card No.:

Date of Expiry

Mastercard

Visa

Cardholder's Name:

Cardholder's Signature:

The parent who signs this registration form represents that he/she has full authority to do so and that all information provided in this registration form is accurate and true.

Parent's Name: Printed

Parent's Signature

Date: