



בס"ד

Camp Gan Israel

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## REGISTRATION FORM - 2017

*Please complete the entire form and print neatly*

CAMPER INFORMATION				
Last Name	First	Campers Jewish Name	Age (1st day)	DOB
Home Address		City/State/Zip	Gender	Jewish B-day
School child is now attending		Grade Entering	T-shirt Size	
Is there anything special that you would like us to know about you child?				
Mother's Name		Cell Phone	E-mail	
Father's Name		Cell Phone	E-mail	
MEDICAL INFORMATION				
Pediatrician	Address		Phone	
Any allergies? Please specify		Medications		
EMERGENCY CONTACT INFORMATION				
Name	Phone		Relationship	
PARENTAL CONSENT				
<p>I hereby permit my child to participate in all activities of Camp Gan Israel - on site, off site and trips.</p> <p>In case of any emergency I hereby authorize the camp to take appropriate action, and absolve them of any liability.</p> <p>I hereby permit my child to be photographed, and I allow Camp Gan Israel to use those photographs at their discretion.</p> <p>Print Name _____</p> <p>Signature _____ Date _____</p>				



E-mail: [mushkakazen@gmail.com](mailto:mushkakazen@gmail.com)

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