

# Camp Shemesh Emergency Information Form

Please fill out a separate form for each camper.

Camper Name \_\_\_\_\_ Birth date \_\_\_\_\_ Gender \_\_\_\_\_

Parent/Guardian #1: \_\_\_\_\_

Parent/Guardian #2: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

## ADDITIONAL EMERGENCY CONTACTS:

NAME 1: \_\_\_\_\_

NAME 2: \_\_\_\_\_

Relationship \_\_\_\_\_

Relationship \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

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## PHYSICIAN AND INSURANCE INFORMATION

Physician name: \_\_\_\_\_ Office phone \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy/ID number \_\_\_\_\_

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## CONSENT TO TREATMENT AND FINANCIAL RESPONSIBILITY

I understand that my child (named above) will be attending a JCA program on the campus of Hampshire College.

I do hereby request that Camp Shemesh and Hampshire College take whatever steps necessary to secure medical treatment for my child in the event that my child appears to be in need of such treatment. I consent to the rendering of all necessary treatment, including admission to a hospital or other appropriate health care facility, in such institutions and at such places as Hampshire College, acting through its agents, deems best, and I accept financial responsibility for the expense. I authorize the agents or employees of Camp Shemesh and Hampshire College to execute whatever forms might be necessary to ensure complete and adequate care of my child.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

## AGREEMENT OF TERMS

**Program:** I give permission for my child to participate in all program activities similar to this described in the newsletter, camp brochure, or camp website. I understand that Camp Shemesh reserves the right to change the program activities or instructs and cancel programs should Camp Shemesh decide in its sole judgment that it is necessary and appropriate to do so.

**Expectations/Dismissal:** I have informed appropriate Camp Shemesh staff of any limitations my child has and agreed to abide by Camp Shemesh's sole judgment as to whether or not the needs of my child can be accommodated. I understand that non-disclosure of any physical, emotional or behavioral issues may result in the dismissal of the child from the program with no refund. I understand that my child must follow the stated behavior exception and safety rules and that Camp Shemesh reserves the right to dismiss any child whose behavior in its judgment interferes with the rights and safety of others or consistently disrupts group dynamics and/or activities. In such cases no refunds will be given.

**Sun and Bugs:** I understand that outdoor exploration is an integral part of Camp Shemesh programs and that my child may be exposed to things like sun, ticks and insects. I understand that it is my responsibility to apply sunscreen and insect repellent to my child prior to bringing him/her to the program. I hereby give permission for Camp Shemesh staff to assist my child with the application of sunscreen, insect repellent and/or topical anti-itch cream. I understand that some ticks may transmit diseases after being attached for over 24 hours and it is my responsibility to do a thorough body check of my child every day and to remove any ticks that may become attached. I understand that if a camper finds a tick on their body, trained camp staff will remove it and save it if possible so you have the option to test it. I understand that participants in overnight programs will be given instructions on how to do self-checks and be reminded by staff to do so. I am responsible to do a complete check upon my child's return home.

**Payment, Cancellation and Refund:** I understand and agree to the payment, cancellation, refund and late fee policies as described in the newsletter, camp brochure, confirmation letter or website.

**Release from Liability, Indemnification Agreement and Covenant Not to Sue:** In consideration for use of the facilities and program at Camp Shemesh (and Hampshire College) I COVENANT NOT TO SUE and agree to INDEMNIFY AND HOLD HARMLESS The Jewish Community of Amherst (and Hampshire College), its agents and employees from any and all causes of action, claims, demands, losses or costs of any nature whatsoever arising out of, or in any way relating to, my child's participation in Camp Shemesh (and the use of Hampshire College facilities). I hereby certify that I have full knowledge of the nature and extent of risks inherent in Camp Shemesh and the use of Hampshire College Facilities, and that I am voluntarily assuming all risks, whether known or unknown. I further understand that the terms of this agreement are legally binding and I certify that I am signing this agreement after having carefully read and understood the same, of my own free will.

**Field Trip Permission:** My child(ren) has/have permission to go on educational field trips sponsored by Camp Shemesh, such as but not limited to the Notch Ropes Course. I understand that they will travel by bus or van and will be accompanied by staff. I release Camp Shemesh from all responsibility for injury during supervised activities.

**Swim Permission:** I hereby give permission for my child to participate in the swimming program at Hampshire College as detailed on the Camp Shemesh website.

I have read, understand and agree to abide by the terms and policies listed above as well as those found in the newsletter, camp brochure, website or information packet.

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Parent/Legal Guardian's Signature

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Print Name

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Date

## Audio/Visual Image Release

Camp Shemesh uses images and sounds of children and staff participating in programs as a way of documenting the enjoyable and educational experiences they have while at camp. Camp Shemesh will not identify my child, or will identify my child only by first name and program, unless I give specific written permission to do otherwise.

In consideration of the above, I hereby consent to Camp Shemesh (1) photographing, filming and video/audio taping my child, and (2) using and displaying images and sounds of my child on Camp Shemesh's website, archives, and promotional or informational material, including, but not limited to, newsletters, brochures, advertisements, and newspaper articles, and I hereby waive and release on behalf of my child any rights of compensation for, or ownership of, such images and/or sounds of my child.

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Parent/Legal Guardian's Signature

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Print Name

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Date



## Camp Shemesh Authorized Pick-Up Form

\_\_\_\_\_ may be picked up at camp by any of the parents or guardians listed below. Please include name of approved drivers' children as well for ease in identifying departing groups.

Name of Parent/Guardian Driver	Name of Drivers' Campers

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_