

Registration

Please return this registration form, the emergency medical permission slip, and check by **May 23, 2008** to:

**CJCN Summer Fun
5400 Fellowship Lane
Spring, Texas 77379**

Family Name _____

Address _____

City _____

State _____

Zip _____

Mother's name: _____ e-mail: _____

Phone #'s home: _____ work: _____ cell: _____

Father's name: _____ e-mail: _____

Phone #'s home: _____ work: _____ cell: _____

People authorized to pick up: (name and phone number)

Place a check in the box next to the program your child will participate.

Child's Name <i>(first and last)</i>	Age in Sept.	Camp Shalom June 9 - 13	June 10	June 17	June 24	Total
Member		\$125.00	\$20	\$20	\$20	
Non-Member		\$140.00	\$25	\$25	\$25	

Total amount enclosed: _____

Emergency Medical Permission:

The undersigned, being the parent or legally appointed and qualified guardian of _____ does give permission to said child/children to participate in events planned by the Jacques C. Shure Religious School summer programs. I give permission for my child to be transported by Goodman Bus Company and be supervised by staff and volunteers during all field trips. I hereby grant Congregation Jewish Community North, its agents or representative, the following rights: that in the event the above child/children are injured while in the care of Congregation Jewish Community North and neither parent nor those listed above are available, Congregation Jewish Community North, its agents or representative, shall have the right to obtain medical treatment for such child/children at any accredited medical facility. I agree to pay, either directly or through my own personal health and accident insurance policy, and medical or hospital costs. I further agree to hold Congregation Jewish Community North, its Board of Trustees, administration, and/or faculty, harmless from all liability for any injuries which said child/children might receive while participating in or while traveling to and from such event.

I have listed below any pertinent medical information applicable to my child/children (allergies, nervous disorders, heart trouble, diabetes, etc.)

Parent Signature

Date

Emergency Contact and phone number:

Insurance information:

Doctor's name and phone number:
