



## SIGN UP SHEET *(Please use one per child)*

I, \_\_\_\_\_ wish to enroll my child in KAMP!

Child's Name: \_\_\_\_\_

Family Name: \_\_\_\_\_

Age: \_\_\_\_\_ Hebrew Birthday: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_

*(please list the parent or guardian that will be responsible for the child at shul)*

Payment for any special programs and/or trips will be required prior to participation.

### *For staff use only*

→ 35

→ 70

→ 105

→ 140

→ 175

→ 210

By Signing below you agree to the following:

I, the undersigned, hereby express interest in, and consent to, the enrollment of my child, listed above, in the children's program being offered by Congregation Bais Tzvi Yosef. I agree to hold harmless and indemnify any and all individuals and organizations associated with this program including but not limited to Cong. Bais Tzvi Yosef, its staff, volunteers, and its members, of any harm, trauma, or injury sustained by myself or my child as a result of my child's participation in this program. Furthermore, I waive my right to any claim or legal action against Cong. Bais Tzvi Yosef and any and all of its members or visitors in the event that physical injury or death are sustained by my child on the property known as 17 Second Ave., or on any trip or outing associated with this program that my child chooses to participate in.

Parent or guardian Name *(please print)*: \_\_\_\_\_

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