

SUMMER 2019

Registration Form

Campers 4th-9th Grades

10th Grade- Advanced
Teen Program



CAMP SVIVA

(845)798-8073

25883 Greenfield Road #34 Southfield MI 48075

Please place a photo of camper in the box provided. This application will not be considered without a photograph (even for returning campers).

2019 Camp Dates: July 31 - August 26

1. Complete all information requested. Missing information will cause a delay in processing.
2. Each camper applying will need to fill out her own application.
3. Return this application with a \$700 deposit.
4. Make all checks payable to: Sviva Sleepaway
5. Applications are reviewed on a first come first serve basis. Therefore, to ensure a possible slot for your daughter the application must be received by **December 31.**

1. FAMILY INFORMATION

| | | | | |
|-----------------------------------|--|--|----------------------------------|-----------------------------------|
| Family Name | Father's: <input type="checkbox"/> Rabbi <input type="checkbox"/> Mr. <input type="checkbox"/> Dr. | Mother's: <input type="checkbox"/> Reb. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. | Marital Status | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> Married | <input type="checkbox"/> Widow/er |
| <input type="checkbox"/> Divorced | | | | |
| Address | City | State | Zip | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| Home Phone | Home Fax | Summer Address | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | | |
| Father's Cell Phone | Mother's Cell Phone | Summer Phone | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | | |
| Father's Occupation | Firm Name | Business Phone | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | | |
| Mother's Occupation | Firm Name | Business Phone | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | | |
| Mother's Maiden Name | Emergency Contact | Emergency Phone | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | | |
| Primary Email | <input type="text"/> | Secondary Email | <input type="text"/> | |

2. CAMPER INFORMATION

| | | | | |
|----------------------|----------------------|----------------------|----------------------|---|
| Camper Name | DOB | Current Grade | School | Name of all camps attended last year (required) |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Please provide names of two school staff members who know your daughter well.

| Name | Relationship to camper | Phone Number (personal #) |
|-------------------------|------------------------|---------------------------|
| 1. <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2. <input type="text"/> | <input type="text"/> | <input type="text"/> |

REQUIRED Please list any daily prescription medication(s):

3. FEES DUE

The camp fee is *\$2,500. All camp trips included. Total fee must be paid by April 1st.

*Advanced Teen Program is \$2,600 for entering 11th grade.

4. PAYMENT DUE WITH REGISTRATION

DEPOSIT:

A deposit of \$700 is due with completion of application. This deposit is **nonrefundable**. If Sviva Sleepaway does not accept your daughter the deposit will be returned.

PAYMENT POLICY:

1. Payment in full must be received by April 1st, 2019. *Failure to do so can result in the complete or partial cancellation of your registration.*
2. Payment in full can be made by the following methods:
 - Option 1- Payment in full:** At time of registration or by April 1st, 2019.
 - Option 2- Post-dated checks:** 2 checks for \$900* (*\$950 for entering 11th grade), each to be dated April 1st and May 1st. If this option is chosen, we must receive your postdated checks with your first statement.

5. OTHER IMPORTANT INFORMATION

CANCELLATION/REFUND POLICY: The \$700 deposit is **nonrefundable**. If Sviva Sleepaway does not accept your daughter the deposit will be returned. After April 1, 2019 no refunds whatsoever will be made.

TRIP/ACTIVITY AUTHORIZATION/HOLD HARMLESS AGREEMENT: By completing/signing this application, I hereby authorize Sviva Sleepaway (hereinafter Camp) to take my child(ren) off Camp grounds to go on trips organized as part of the camping program. This may include swimming and/or boating sites. In addition, my child(ren) may participate in any on or off ground activity, organized by Camp, including but not limited to land sports, aquatics activities, ropes course, indoor activities, bicycling, hiking, cookouts, etc. and I assume the inherent risk of such activities and camp programs. I will hold Camp harmless in the event of injury or property damage or loss because of such activities. The Camp will not be held responsible for articles of clothing or personal belongings lost or damaged by fire, theft, laundry, etc. or shipped by any transportation company. I also agree to abide by all rules and regulations as set forth in the camp application, in the directory of information and by the camp administration.

Please feel free to call us at any time if you have any questions at 845 798 8073.

Medical Care Authorization

I the undersigned, parent/guardian of the above noted minor, do hereby authorize the administration of Sviva Sleepaway as my agent to consent to any diagnostic procedure or medical care which is deemed advisable by, and is rendered under the general or special supervision of any licensed physician and/or surgeon at a hospital or doctor's office. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both the routine health care and in medical situations. If I cannot be reached in an emergency, I give my permission to the physician selected by the Sviva Sleepaway administration to hospitalize, secure proper treatment for, order injections, order anesthesia, or order surgery for my child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to reproduce this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status. This authorization shall be in effect until the of the summer camp session or until it is revoked in writing and such revocation is delivered to the Sviva Sleepaway office via certified mail.

7. NEW SVIVA 2019 SWEATSHIRT ORDER

All Sweatshirts must be preordered before camp. The price for the sweatshirt is \$38. Money will be taken out of your daughter's canteen account once she receives her sweatshirt.

Yes, I would like to order a Sviva 2019 Sweatshirt.

Size: S M L XL

No, I will not be ordering a Sviva 2019 Sweatshirt.

8. TRANSPORTATION AND LUGGAGE

Please fill out how your daughter will be traveling to and from camp.

To Camp: Brooklyn Bus Far Rockaway Bus Lakewood Bus Monsey Bus Private

From Camp: Brooklyn Bus Far Rockaway Bus Lakewood Bus Monsey Bus Private

9. SIGN AND RETURN

After your registration form is complete, sign it, and return it to the address below. Unsigned applications will be returned. I agree to pay the camp fee in full by April 1st.

I have read the camp cancellation/refund policy, the camp "Trip/Activity Authorization/Hold Harmless Agreement", and the "Medical Care Authorization", and agree to all its conditions and terms.

DATE:

PARENT SIGNATURE:



Sign and mail to: SVIVA SLEEPAWAY 25883 GREENFIELD RD, UNIT 34, SOUTHFIELD, MI 48075