

# 2012 Camp Ben Frankel Application Form

Page 1 of 4



Please return to:

Camp Ben Frankel / 3419 West Main Street / Belleville, IL 62226 Phone/Fax: (618) 235-1614 or (877) 714-6103

The 2012 Camp Ben Frankel Session will be from June 17th, 2012 through July 15th, 2012.

**STAPLE CAMPER PHOTO HERE**

Camper's Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_  
T-Shirt Size: Children's Sizes 6-8 \_\_\_\_\_ 10-12 \_\_\_\_\_ Adult Sizes S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_ XXL \_\_\_\_\_ 3XL \_\_\_\_\_  
Grade Entering Fall 2012 \_\_\_\_\_ School \_\_\_\_\_ Gender F \_\_\_\_\_ M \_\_\_\_\_  
Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Synagogue Affiliation \_\_\_\_\_ / \_\_\_\_\_ Orth. \_\_\_\_\_ Conserv. \_\_\_\_\_ Reform \_\_\_\_\_ Unaffiliated \_\_\_\_\_  
Camper's E-mail \_\_\_\_\_

## CONTACT INFO

Campers Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Camper lives with: Both parents ( ) Mother ( ) Father ( ) Other ( ) \_\_\_\_\_  
If Camper does not live with both parents, correspondence should be sent to ( ) Mother ( ) Father ( ) Both  
Parents are: Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widow(er) \_\_\_\_\_ Single \_\_\_\_\_  
Parent/Guardian 1 Full Name \_\_\_\_\_ Business Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Parent/Guardian 1 Cell Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Parent/Guardian 1 Email: \_\_\_\_\_  
Address (if different than camper) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Parent/Guardian 2 Full Name \_\_\_\_\_ Business Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Parent/Guardian 2 Cell Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Parent/Guardian 2 Email: \_\_\_\_\_  
Address (if different than camper) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
**If different Addresses, send all correspondence to \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Both.**

## CAMPER INFORMATION

Hebrew Name: \_\_\_\_\_  
Hebrew: \_\_\_\_\_ Knows Letters - \_\_\_\_\_ Reads; \_\_\_\_\_ Slowly \_\_\_\_\_ Average \_\_\_\_\_ Quickly.  
My Child \_\_\_\_\_ Reads or \_\_\_\_\_ Chants \_\_\_\_\_ Haftarah and/or \_\_\_\_\_ Torah.  
Is he/she willing to do so at camp? \_\_\_\_\_ yes \_\_\_\_\_ no. If yes, which? \_\_\_\_\_  
Has your child had a Bar/Bat Mitzvah? \_\_\_\_\_ yes \_\_\_\_\_ no.  
Will your child be celebrating a Bar/Bat Mitzvah in the year following camp? \_\_\_\_\_ yes \_\_\_\_\_ no  
Will your child require Bar/Bat Mitzvah lessons at camp? \_\_\_\_\_ yes \_\_\_\_\_ no.

**REGISTRATION**

1. Each registration form must be accompanied by the appropriate 10% deposit and payment plan (pg. 4)
2. All registrations are subject to availability of bed space within session, age groups and gender.
3. No registration is accepted contingent upon a specific bunking request or another child's application.

**HEALTH & SAFETY**

1. I certify that my child is healthy and able to participate in all activities at the time of completing this application.
2. Although fullest safety precautions are taken, I understand that the camp does not assume responsibility for any accidents.

**GENERAL INFORMATION**

1. I give permission to use camp pictures in which my child appears in any Camp Ben Frankel publication and on the Camp Ben Frankel websites.
2. I give my permission to publish my child's email address and phone number in the Camp Ben Frankel buzz book.
3. I grant permission to the camp for my child to participate in any special trips away from camp.
4. It is suggested that parents make and keep a copy of this registration form.

**CANCELLATIONS AND REFUNDS**

1. Cancellations must be submitted in writing to the camp registrar.
2. Cancellations prior to March 1st - full refund minus 10% non-refundable deposit\*
3. Cancellations March 1st - April 15th - 50% tuition reimbursement\*
4. Cancellations after April 15th - no tuition reimbursement\*
5. There will be NO PRO-RATED OR FULL REFUND if a child leaves or is sent home before the end of the period for which he/she has been registered.\*\*
6. Camp Ben Frankel reserves the right to cancel programs if they do not meet minimum enrollment criteria.

\*A child who cancels due to a medical reason (a physician's note is required) will be granted a full refund minus the 10% deposit.

\*\* A child who leaves camp due to a medical reason (a physician's note is required) will be granted a pro-rated refund.

I have read and will abide by the terms as outlined on this registration form.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent(s) or Guardian required and Date.

**Code of Conduct Agreement:** This Code of Conduct has been composed with the objective of providing assurance that every individual, every community represented, and every congregation involved, will derive maximum benefit from every activity, as well as creating safe conditions. The rules are simple and provide for a uniform high standard of conduct to govern the actions of every person and group. 1. Smoking is prohibited at all functions and activities. 2. Female campers are prohibited at all times from entering boys cabins and male campers are prohibited at all times from entering girls' cabins. 3. No participant may leave the camp premises without the express permission of the Camp Director. 4. Gambling is prohibited at all functions and activities. 5. Should damage to property occur, the individuals responsible, and their parents, will be held financially accountable. 6. Each participant shall cooperate with all adults and staff. 7. Each participant shall attend all sessions, meals, services, and other activities. Each participant shall come to all scheduled functions on time. 8. After curfew no participant shall leave their cabin area, unless permission from the individual in charge has been given. 9. Vandalism, disturbing the peace, or other inappropriate behaviors will not be permitted. **Offenses that require a participant being sent home immediately. (Also applies to persons perceived as accomplices in incident).** 1. Possession or use of alcohol. 2. Possession or use of illegal drugs. 3. Substance abuse. 4. Possession or use of drug paraphernalia. 5. Possession or use of explosives or weapons. (includes lighters & switchblades) 6. Theft or any other illegal act. 7. Continuous failure to follow the rules or to participate in the program. 8. Any act or failure to act that immminently endangers the participant or other participants or staff. 9. Any act of vandalism, damaging of another person's property or camp property or equipment. Other Policies: 1. Participants must wear seatbelts when traveling. 2. Photographs: Camp Ben Frankel is granted the permission to use any individual or group photographs taken at camp showing campers in camp activities for public relations purposes. 3. Fire Extinguishers: The cost of recharging any unnecessary fire extinguisher discharges will be assessed against the person responsible. In the event the individual cannot be determined, the cost will be divided among the entire cabin and their counselors. I have read and understand the terms and conditions of this code of conduct. To the best of my knowledge and belief, my child and I have read, understand and agree to abide by the above code.

Camper Signature: \_\_\_\_\_ Parent's Signature: \_\_\_\_\_

**ASSUMPTION OF RISK**

**LIABILITY RELEASE, WAIVER DISCHARGE AND COVENANT NOT TO SUE**

Release executed by \_\_\_\_\_ (full legal name of Participant) and \_\_\_\_\_ (full legal name of Parent or legal guardian of Participant), whose address is \_\_\_\_\_

to the Board of Trustees of Southern Illinois University, a body politic and corporate of the State of Illinois, on behalf of Southern Illinois University at Carbondale. 1.0 Southern Illinois University's Touch of Nature Environmental Center is sponsoring Camp Ben Frankel (hereinafter "Activity") in which there may be rock climbing, teams courses, canoeing, hiking, high ropes courses, camping, or other activities. Participant and parent or legal guardian desires participant to participate in Activity, to be held at Touch of Nature which is property owned and/or controlled by SIU, and participant and parent or legal guardian fully understand and appreciate the dangers, hazards, and risks inherent in the Activity, in the transportation to and from the Activity, which dangers include but are not limited to weather, heights of up to fifty feet, swinging on ropes, balance activities, water hazards, ticks, insects, and other animals, and which also could include serious or even mortal injuries and property damage. Participant and parent or legal guardian understand that the list of such dangers is not a comprehensive list and that other risks may be associated with Participant's participation in the Activity or transportation to and from the Activity. 2.0 Knowing the dangers, hazards, and risks of such activities, and in consideration of being permitted to participate in the Activity, on behalf of Participant, Participant's family, heirs, and personal representative(s), Participant and parent or legal guardian, agree to assume all the risks and responsibilities surrounding Participant's participation in the Activity, the transportation, and in any independent research or activities undertaken as an adjunct thereto, and in advance release, waive, forever discharge, and covenant not to sue the Board of Trustees of Southern Illinois University, and its officer, agents, employees, and any students acting as employees (hereafter called the "Releasees"), from and against any and all liability for any harm, injury, damage, claims, demands, actions, causes of action, costs, and expenses of any nature that Participant may have or that may hereafter accrue to Participant, arising out of or related to any loss, damage, or injury, including but not limited to suffering and death, that may be sustained by Participant or by any property belonging to Participant, whether caused by the carelessness of the Releasees, or otherwise, while in, on, upon, or in transit to or from the premises where the Activity, or any adjunct to the Activity, occurs or is being conducted. 3.0 Participant and parent or legal guardian understand and agree that Releasees do not have medical personnel available at the location of the Activity or on the campus. Participant and parent or legal guardian understand and agree that Releasees are granted permission to authorize emergency medical treatment, if necessary, and that such action by Releasees shall be subject to the terms of this Agreement. Participant and parent or legal guardian understand and agree that Releasees assume no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment. Further, Releasees shall not be responsible or liable for any costs or other charges related to such medical treatment. 4.0 Participant and parent or legal guardian understand that any personally owned automobiles used in conjunction with this Activity are not covered by the university for personal property damage or liability. Participant and parent or legal guardian understand that if Participant utilizes a personally owned automobile Participant is required to carry auto liability insurance as required by the State of Illinois and any state in which this activity involves. Further, if Participant agrees to be a passenger in a vehicle that is not owned and/or operated by a University faculty member of representative, Participant and parent or legal guardian hereby assume any and all risks that may be associated with riding in such vehicle and will hold the Releasees harmless from any and all loss, damage, injury or liability that may arise from such act. 5.0 It is Participant's and parent's or legal guardian's express intent that this release and hold harmless agreement shall bind the members of Participant's family, if Participant is alive, and Participant's estate, family, heirs, administrators, personal representatives, or assigns, if Participant is deceased, and shall be deemed as a "Release, Waiver, Discharge and Covenant" not to sue the above-named Releasees. Participant and parent or legal guardian further agree to save and hold harmless, indemnify, and defend Releasees from any claim by Participant or Participant's family, arising out of Participant's participation in Camp Ben Frankel activities. 6.0 In signing this Release, Participant and parent or legal guardian acknowledge and represent that they have fully informed themselves of the content of the foregoing waiver of liability and hold harmless agreement by reading it before they sign it, and they understand that they are signing this document as their own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written statement, have been made. 7.0 Participant and parent or legal guardian agree that Participant is voluntarily participating in this activity, despite the possible dangers and risks and despite this Release. 8.0 Parent or legal guardian further state that he/she/they are the legal parent of guardian of Participant and have legal authority to sign this agreement; and that Participant and parent or legal guardian execute this release for full, adequate, and complete consideration fully intending to be bound by the same. Participant and parent of legal guardian further state that there are no health-related reasons or problems which preclude or restrict Participant's participation in this activity, and that Participant has adequate health insurance necessary to provide for and pay any medical costs that may be attendant as a result of injury to Participant. 9.0 Participant and parent or legal guardian further agree that this Release shall be construed in accordance with the laws of the State of Illinois. If any term or provision of this Release shall be held illegal, unenforceable, or in conflict with any law governing this Release the validity of the remaining portions shall not be affected thereby.

In Witness Whereof, I have executed this release this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

**THIS IS A RELEASE OF LEGAL RIGHTS, READ AND BE CERTAIN YOU UNDERSTAND IT BEFORE SIGNING.**

Participant Signature: \_\_\_\_\_ Parent/Legal Guardian Signature: \_\_\_\_\_

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

Campers are grouped by the grade they will enter in the Fall '12. The camp director is the only person with the authority to amend these guidelines if in the best interest of the camp and the child.

**GIRLS / BOYS Camp Session will be June 17th through July 15th**

We have an all new tuition schedule for camp this year.

- Grades 1 - 2 \$600. \_\_\_\_\_
- Grades 3 - 6 \$900. \_\_\_\_\_
- Grades 7 - 9 \$1,200. \_\_\_\_\_
- CIT's grade 10 \$1,800. \_\_\_\_\_

Camp Fees are to be paid by April 15, 2012. A non-refundable deposit of 10% per child must be submitted with the application or child will not be considered registered and a spot will not be held. Any registrations after these dates must be accompanied by payment in full.

**PAYMENT PLAN - PLEASE PRINT:**

Name of Camper \_\_\_\_\_

Camp Ben Frankel 2012 Tuition \_\_\_\_\_

Transportation: \$100 roundtrip; \$50 one way + \_\_\_\_\_

Camp Ben Frankel Forever CAMPAign (Your donation assists with capital improvement to Camp Ben Frankel as well as assisting less fortunate families to send their kids to camp. Thank you!) + \_\_\_\_\_

Total Tuition = \_\_\_\_\_

**PAYMENT OPTIONS (A credit card must be on file for ALL Registrations)**

Type of Card: \_\_\_\_\_ Visa \_\_\_\_\_ Mastercard

Number: \_\_\_\_\_

Name of Cardholder \_\_\_\_\_ Expiration Date \_\_\_\_\_

Address of Cardholder (if different from camper) \_\_\_\_\_

**Please check your payment option below:**

- \_\_\_\_\_ Check for full amount enclosed (please make payable to Camp Ben Frankel)
- \_\_\_\_\_ Charge my credit card for the full amount of camp today
- \_\_\_\_\_ Check for deposit is enclosed, charge my credit card automatic payments\*
- \_\_\_\_\_ Charge my credit card for the deposit today, then for automatic payments\*
- \_\_\_\_\_ I will be submitting an application for Financial Assistance\*\*, enclosed is a check for 10% for the deposit, of which \$25 is non-refundable

Signature of cardholder and / or guardian

required \_\_\_\_\_ Date \_\_\_\_\_

\*Automatic payments will be processed on the 1st of the month after the application is submitted and will occur each month until April 1, 2012 May 1, 2012. If registration is received after payment due dates, the application must include full tuition payment.

\*\*To apply for financial assistance, please contact our Belleville Office. Scholarship dollars are limited. Scholarship applications must be received no later than four weeks following camp registration, with payment arrangements made prior to camp attendance.

**Upon Completion and Acceptance of this application, we will send out Medical and Activity Forms.**

For More Information contact Rick Kodner, Director - Camp Ben Frankel  
Phone: 618-235-1614, Toll Free Phone: 877-714-6103, Fax: (618) 235-1620  
Web site: www.campbenfrankel.com - E-mail: campbenfrankel@gmail.com

**FOR OFFICE USE ONLY**

DATE RECEIVED IN OFFICE \_\_\_\_\_ DATE ENTERED INTO SPECTRUM \_\_\_\_\_ INITIALS \_\_\_\_\_

**Please fill out the form COMPLETELY. Camper will not be registered without a 10% non-refundable deposit and a completed application. INCOMPLETE REGISTRATION INCLUDING YOUR PAYMENT PLAN MAY FORFEIT CAMP ENROLLMENT.**

Camper's Name: \_\_\_\_\_