

- CAMP SABABA IS OPEN TO KIDS AGES 8-11
- YOU DON'T HAVE TO BE A TBT MEMBER TO ATTEND CAMP SABABA!
- CAMPERS CAN ATTEND JUST THE MORNING HEBREW PROGRAM OR FOR A SMALL ADDITIONAL FEE, THEY CAN STAY ALL DAY!
- SPECIAL SHABBAT PROGRAM FRIDAY AFTERNOON WITH RABBI KINBERG!
- ALL STAFF MEMBERS ARE ACTIVELY INVOLVED IN THE TBT COMMUNITY. CAMPERS WILL GET TO SPEND TIME WITH AMAZING JEWISH ROLE MODELS!!!
- CAMPERS WILL BUILD HEBREW CONFIDENCE...AND HAVE FUN, TOO!

SAMPLE SCHEDULE

9AM ARRIVE AT CAMP! BOKER TOV!

9:10AM MORNING TEFILLAH WITH SONG LEADER ANNA GORDON! INTERACTIVE MUSIC, MOVEMENT AND PRAYERS TO WAKE US UP AND MAKE US SMILE!

9:30AM HEBREW WARM-UP GAMES WITH ANDREA SHMUELI AND ABBY PHELPS! SING THE ALEPH BET WHILE JUMPING ROPE, PLAY ALEPH BET TWISTER, DO THE ALEPH BET BOOGIE, AND LEARN SOME FUN MODERN HEBREW!

10:15AM MORNING SNACK EAT SNACK FROM HOME

10:30AM HEBREW STATIONS: PRACTICE READING, WRITING, AND CHANTING HEBREW ONE-ON-ONE WITH CAMP SABABA'S AMAZING COUNSELORS!

11:30AM DAILY HEBREW CHALLENGE: WHO WILL BE TODAY'S HEBREW CHAMPION?

12:30PM LUNCH TIME! EAT BAG LUNCHES FROM HOME & HANG OUT WITH FRIENDS!

1:15PM SHUK TIME! USE TICKETS WON DURING THE HEBREW CHALLENGE TO BUY PRIZES AND TREATS FROM THE CAMP SABABA SHUK.

1:30PM SONG SESSION! WE'LL END THE HEBREW PORTION OF THE DAY WITH AN INTERACTIVE SONG SESSION LED BY SONG LEADER ANNA GORDON!

2PM HEBREW-ONLY CAMPERS DEPART - SHALOM, CHAVERIM!

2PM AFTER-CARE BEGINS! FUN & GAMES WITH ASHLEY MARX AND TBT TEENS: SIDEWALK CHALK, FACE PAINTING, ARTS N' CRAFTS, DRAMA, WADING POOL, AND MORE!

3PM SNACK TIME!

3:15PM MORE FUN: GO TO THE PLAYGROUND, READ A STORY, PLAY WITH PLAY-DOUGH, HAVE A DANCE PARTY, PLAY BINGO, AND MORE!

5PM PICK UP - SEE YOU TOMORROW!



Camp Sababa Camper Information, Emergency & Medical Release Form



COMPLETE ONE FORM FOR EACH CAMPER. COMPLETE ALL SECTIONS & DO NOT OMIT ANY INFORMATION

Camper Name: _____

Gender (circle one): M F DOB: _____ Age: _____ Camp Session: 8/16-8/20 8/23-8/27

PARENT/GUARDIAN/EMERGENCY CONTACT INFORMATION

Provide contact information for camper's parents/guardians, as well as contact information for any other person who will regularly pick camper up from Camp Sababa. Indicate at least **two emergency contacts** located within 30 miles of TBT who have authority to make medical decisions on camper's behalf.

1. Name: _____ Cell: _____

Home Phone: _____ Work: _____ Email: _____

May we contact this person in case of an emergency? Yes No

2. Name: _____ Cell: _____

Home Phone: _____ Work: _____ Email: _____

May we contact this person in case of an emergency? Yes No

3. Name: _____ Cell: _____

Home Phone: _____ Work: _____ Email: _____

May we contact this person in case of an emergency? Yes No

4. Name: _____ Cell: _____

Home Phone: _____ Work: _____ Email: _____

May we contact this person in case of an emergency? Yes No

Please list one out of state contact we may notify in the unlikely event of an earthquake or other disaster:

Name: _____ Relationship to Camper: _____ Cell: _____

Please list any person(s) who have been denied legal permission to have contact with your child: _____

FILL OUT BOTH SIDES OF THIS FORM

Severe Allergies:

If camper has a history of a life threatening allergic reaction and requires immediate medical treatment and/or carries medication with them, please list allergies & medication(s):

Health Conditions & Medications:

Please list any relevant health concerns and/or any medications of which we should be aware:

Please provide any additional information that will help us provide the camper with a positive camp experience:

EMERGENCY MEDICAL RELEASE

I, the undersigned parent/guardian attest that the camper named above is in good health and able to participate in all activities (unless otherwise noted on this form) of Camp Sababa. I agree to release and hold harmless Camp Sababa and Temple B'nai Torah, their trustees, employees, and agents from any and all liability for damage which may occur to said camper as a result of any medical condition known or unknown. Furthermore, in the event of illness, accident, or other emergency, I understand that Camp Sababa staff may seek emergency medical assistance on behalf of the camper, and that the camper may be transported to the nearest hospital as determined by the emergency medical team. In the event of illness, serious injury, or other emergency, I understand that the Camp Sababa staff will attempt to contact one or more emergency contacts listed above. If an emergency contact cannot be reached within a reasonable time, I authorize Camp Sababa and Temple B'nai Torah to procure medical treatment and/or hospital care for the camper and to follow the directions of any attending physician or emergency response team for the welfare of the camper, and I assume responsibility for any costs arising thereof.

Yes No

Parent/Guardian Signature: _____

Date: _____