



The Jewish Day School

Camp Sababa Registration Form

Age 5-11 Years

Camp Hours: 9:00-4:00

June 22-26, June 29-July 3, July 6-July 10, July 13-July 17



TEMPLE B'NAI TORAH
בני תורה

Session Date	Camper Name	Fee	Early Bird (by Feb. 28)	Total
June 22-June 26	1.	\$200	\$190	
	2.			
June 29-July 3	1.	\$200	\$190	
	2.			
July 6-July 10 Jump Rope Week	1.	\$250	\$235	
	2.			
July 13-July 17	1.	\$200	\$190	
	2.			
Payment Instructions: Payment may be made via cash, check or VISA/Mastercard in the JDS Front Office. Please make checks payable to Camp Sababa .			Total:	

Please contact Jim Wiesen, Camp Director, with any questions 425-460-0273 or jwiesen@jds.org

Extended care will be available for an hour before and after camp with a minimum 5 camper sign-up for a charge of \$10.00/hour. I would like to sign my child up for the following times: 8:00-9:00 3:00-4:00

Field Trip Permission and Release of Liability

I hereby give permission for my child to participate in all field trips and athletic events as part of Camp Sababa. Transportation for these trips or events will be by bus or on foot if within walking distance. I understand that in the event of a medical emergency, I will be informed and consulted as soon as possible. I understand that my child may receive first aid and medical attention at the discretion of the trip or activity leader (on or off campus). The cost of such first aid or medical attention is a parental responsibility.

Parents will be notified of all field trips at the beginning of each session.

In consideration for permitting me or my child to participate in JDS field trips, I hereby waive and release Camp Sababa, together with its trustees, employees, and agents from any and all liability, claims, or damages (including costs and attorneys' fees) arising out of or in any way connected to my or my child's participation in any Camp Sababa field trip, including any claims made by others for personal injury or property damage allegedly caused by me or my child. This release shall be binding upon my heirs, representatives, successors, and assigns, effective as of the date indicated below.

I HAVE READ AND UNDERSTAND THIS PARENT WARRANTY & RELEASE OF LIABILITY AGREEMENT BEFORE SIGNING IT.

1. _____
Camper Name (printed)

2. _____
Camper Name (printed)

Parent's Name (printed)

Parent's Signature

Date

FOR OFFICE USE ONLY

Date: _____ Payment Amount \$ _____ Cash Check# _____ C.C. _____ Batch# _____