



Camp Agudah • Camp Bnos  
Camp Bnoseinu • Camp Chayl Miriam  
42 Broadway, 14th Floor, New York, NY 10004

## 2021 Registration Information

Dear Parent,

Thank you for your interest in Ruach Country. Your attached application is a fillable form and should be completed and submitted by email. *Please indicate in the comment field on page 2 if you previously had children in any of our camps.* New applications will be processed after we have registered returning campers. You can expect a response from us in about three weeks.

- **Deposit:** Please complete credit card or ACH info. Deposit will only be used upon acceptance to camp.
- **Filling Out the Form:** Please download the pdf file and then open it with Adobe, instead of filling it out within your browser. (Adobe Reader is available as a free download.)
- **Submit the Application:** After completing the application submit by email. Otherwise you may print it, complete it, scan it and email to [register@campagudah.org](mailto:register@campagudah.org).
- **Problem Submitting Form:** If you have difficulty with electronically signing or submitting the form, you may scan it and email it to [register@campagudah.org](mailto:register@campagudah.org) or mail to 42 Broadway, 14th Fl, New York, NY 10004.
- **Email:** Please check to receive info via email.
- **Parental Consent Form:** A separate form must be completed for each child and returned with the application. **YOUR APPLICATION WILL NOT BE PROCESSED WITHOUT THE COMPLETED PARENTAL CONSENT FORM.**

Please note:

- This application is only to be used for **sleep-in** campers at Camps Agudah, Bnos, Bnoseinu and Chayl Miriam
- For applications for STAFF, MACHANE EPHRAIM AND CAMP AGUDAH DAY CAMP, please call or send an email to [applications@campagudah.org](mailto:applications@campagudah.org) after January 15, 2021

### Please review before returning your application:

**Did you --**

- Attach a completed and signed parental consent form for each camper?
- Complete the application and check off the trips requested?
- Authorize a separate deposit of \$600 per camper?
- Complete credit card information, (if paying by credit card) or bank information (if paying by direct debit - ACH).
- Include \$54 for Agudath Israel Membership (to save \$100 per trip per child)?
- Submit your email address?

#### CAMP AGUDAH

TRIP 1: JUNE 23 – JULY 20 י"ג תמוז – י"א אב  
TRIP 2: JULY 21 – AUGUST 16 י"ב אב – ח' אלול

#### CAMP BROS • CAMP BNOSEINU • CAMP CHAYL MIRIAM

TRIP 1: JUNE 29 – JULY 25 י"ט תמוז – ט"ז אב  
TRIP 2: JULY 27 – AUGUST 22 י"ז אב – י"ד אלול

PLEASE NOTE: JULY 26TH WILL BE A STAFF TRAINING DAY,  
HOWEVER FULL SUMMER CAMPERS WILL BE ACCOMMODATED AS NECESSARY.

#### VISITING DAYS

א' אב – 8 AUGUST  
MINI VISITING DAY TRIP 1  
FOR BNOSEINU & CAMP AGUDAH  
YOUNGER DIVISION ONLY  
ב' אב – 11 JULY



**Camp Agudah • Camp Bnos**  
**Camp Bnoseinu • Camp Chayl Miriam**  
 42 Broadway – 14th floor, New York, NY 10004 • (212)797-8172

**FOR OFFICE USE ONLY**

DATE	REG	WL	SCH. SENT	OTHER
		1 2		

# Summer 2021 Registration Form

Corrections and additions should be made in the box below the incorrect or missing information.

Father		Marital Status		Mother	
Last Name	Title	First Name		Title	First Name
Occupation		Firm Name		Occupation	Firm Name
Street Address 1		Street Address 2		c/o or Alternate Address Name	
City		State		Country	
type	telephone # or email	type	telephone # or email	type	telephone # or email

I wish to receive all camp information and forms via email  
 Yes No

C  
O  
N  
T  
A  
C  
T  
S

### Emergency

Corrections should be made in the box below the incorrect information. Use a blank line for a new camper.

Register	Voicemail#	First Name	Last Name	Camp	DOB	School	Current Grade	Alternate First Name from medical records	Trip Requested 1 2	Accept Other Trip Yes No	Camp Attended Last Year

If Last 4 matches the card that you want to use, leave the other 3 numbers blank; we have a secure link to your account number. Otherwise fill out either side. See instructions on page 2.

Name on Card	Last 4			Expiration Date	Routing Number	ACH	Account Number	Deposit Total from Page 2
	First 4	Second 4	Third 4					

I, the undersigned, custodial parent/guardian of all minors listed above, do hereby authorize Camp Agudah, Machane Ephraim, Camp Bnos, Camp Bnoseinu, Camp Chayl Miriam, and/or Shimon Newmark, Director, as our agent(s) to act in my name, place and stead in any way in which I could do, if I was personally present, with respect to any said minor, including without limitation, giving consent to any diagnostic procedure or medical care which is deemed advisable by, and is to be rendered under the general or special supervision of, any licensed physician or surgeon and specifically the staff of or engaged by any Medical Center selected by such agent, whether such diagnosis or treatment is rendered at the office of said physician or at such Medical Center. It is understood that this authorization is given in advance of any specific need for treatment but is given to provide authority on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the physician in the exercise of his best judgment may deem advisable. This authorization shall remain effective for the period of time during which said minor(s) are in the custody of the agent(s), unless sooner revoked in writing delivered to said agent(s).

I have read the camp cancellation/refund policy, the camp "Trip/Activity Authorization/Hold Harmless Agreement" on page 2, the financial authorization above, and the medical agency above and agree to abide by all its conditions and terms. Date

**Please fill out page 2 before signing.**

SIGNATURE

**3 FEES DUE** Enter the number of children attending and calculate the amount due. If there is a discrepancy between this section and section 2, (camper information, on page 1) your registration will be based on section 2. NOTE: ALL TRIP FEES INCLUDED.

			CAMP FEE		DISCOUNT FOR AGUDAH MEMBERS**	
<b>A. CAMP AGUDAH</b>	<input type="text"/>	Children attending First Trip	x \$2,625 <sup>00</sup>	OR	\$2,525 <sup>00</sup>	= \$ <input type="text"/>
	<input type="text"/>	Children attending Second Trip	x \$2,750 <sup>00</sup>	OR	\$2,650 <sup>00</sup>	= \$ <input type="text"/>
	<input type="text"/>	Children attending Full Summer	x \$5,375 <sup>00</sup>	OR	\$5,175 <sup>00</sup>	= \$ <input type="text"/>
<b>B. CAMP BNOS</b>	<input type="text"/>	Children attending First Trip	x \$2,725 <sup>00</sup>	OR	\$2,625 <sup>00</sup>	= \$ <input type="text"/>
	<input type="text"/>	Children attending Second Trip	x \$2,625 <sup>00</sup>	OR	\$2,525 <sup>00</sup>	= \$ <input type="text"/>
	<input type="text"/>	Children attending Full Summer	x \$5,350 <sup>00</sup>	OR	\$5,150 <sup>00</sup>	= \$ <input type="text"/>
<b>C. CAMP BNOSEINU</b>	<input type="text"/>	Children attending First Trip	x \$2,850 <sup>00</sup>	OR	\$2,750 <sup>00</sup>	= \$ <input type="text"/>
	<input type="text"/>	Children attending Second Trip	x \$2,650 <sup>00</sup>	OR	\$2,550 <sup>00</sup>	= \$ <input type="text"/>
	<input type="text"/>	Children attending Full Summer	x \$5,500 <sup>00</sup>	OR	\$5,300 <sup>00</sup>	= \$ <input type="text"/>
<b>D. CAMP CHAYL MIRIAM</b>	<input type="text"/>	Children attending First Trip	x \$2,825 <sup>00</sup>	OR	\$2,725 <sup>00</sup>	= \$ <input type="text"/>
	<input type="text"/>	Children attending Second Trip	x \$2,825 <sup>00</sup>	OR	\$2,725 <sup>00</sup>	= \$ <input type="text"/>

ALL TRIP FEES INCLUDED.

\*\* I QUALIFY FOR THE REDUCED CAMP RATE FOR AGUDATH ISRAEL OF AMERICA MEMBERS AS FOLLOWS:

- \$54 AGUDATH ISRAEL OF AMERICA NATIONAL MEMBERSHIP DUES FOR 5781 IS ENCLOSED.  I HAVE ALREADY PAID MY 5781 DUES.

**TOTAL CAMP FEE (A+B+C+D) \$**

**4 PAYMENT DUE WITH REGISTRATION** Supply us with your credit card or bank information here and on page 1.

DEPOSIT  CAMPERS x \$600.00 = \$   ACH  Charge my:      

ADDRESS OF CARD HOLDER, if different than family address on Page 1

**PERSONAL CREDIT CARDS ONLY.**  
No business, foreign or AMEX credit cards accepted

**PAYMENT POLICY:**

1. Payment in full must be received by April 12, 2021. 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 12, 2021.
  - OPTION 2 — POST DATED CHECKS:** If this option is chosen, we must receive your post dated checks with your first statement. All payment schedules must receive prior approval.
  - OPTION 3 — CREDIT CARDS:** If you choose this option, you authorize Camp Agudah to charge your credit card as follows:
    1. A deposit of \$600 per camper at the time of receipt of your application.
    2. 1/2 of your balance on the following dates: **April 12, 2021, May 12, 2021.**

IF YOU DO NOT SPECIFY DATES, WE WILL CHARGE YOUR ACCOUNT ON THE FIRST OF APRIL AND MAY 2021.  
IF YOU WISH A DIFFERENT SCHEDULE, LIST CHARGE DATES BELOW (MAXIMUM 3 CHARGE DATES).

**1ST** CHARGE: DATE  AMOUNT  **2ND** CHARGE: DATE  AMOUNT  **3RD** CHARGE: DATE  AMOUNT

Comment

**CANCELLATION/REFUND POLICY:** Any total or partial cancellation up until February 28, 2021, will incur a \$100 service fee. Refunds on Credit Card deposits, will incur an additional 2% service fee. Cancellations from March 1, 2021 – April 1, 2021 Additional \$200 (Total \$300); April 1 – June 15, 2021: \$600. Cancellations after June 15, 2021: No refund of Tuition.

**TRIP/ACTIVITY AUTHORIZATION/HOLD HARMLESS AGREEMENT:** By completing/signing this application, I hereby authorize Camp Agudah, Camp Bnos, Camp Bnoseinu, Camp Chayl Miriam and Machane Ephraim (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 that may occur during my child's(ren)'s stay at camp or going to and from camp. By attending the Agudath Israel camps (the "Camps") and participating in activities, each camper and his/her parent or guardian agrees that the Camps may take and use photos and videos of the camper for marketing and promotional purposes.

**DISMISSAL FROM CAMP:** I agree to abide by all rules and regulations as set forth in the camp application, the Directory of Information (forms@campagudah.org), and by the camp administration. Any violations of these rules, regulations, policies, or any actions by the camper, deemed inappropriate, even prior to camp, can lead to dismissal from camp. Please read Refund Policy in your Directory of Information booklet for further details.

**IF YOU DON'T HEAR FROM US:** You should receive a reply email acknowledging the receipt of your application. If you don't hear from us within three weeks, call the camp office to confirm receipt of this application. We are not responsible for the mail (or email). Please feel free to call us at any time at (212) 797-8172 if you have any questions.

**INSTRUCTIONS**

1. Page 1 contains double lines with the information from our database on each top line. To make any changes or additions, enter the correct information in the box directly underneath the missing or incorrect preprinted information. Use the dropdowns to choose a selection.
2. For each camper that you wish to register check the box next to the camper name, check which trip requested, and whether to accept other trip.
3. Alternate first name should be provided when such name is used in medical records.
4. Choose to pay your deposit either via credit card or via direct debit from your bank account (ACH) and fill out the information for the account. Note that if the "last4" is pre-printed it indicates that we have a secure link to the account ending with those last 4 digits. If you wish us to charge that account do not fill out the account number. If you are entering a card number put each group of 4 digits in its respective box.
5. Fill out page 2 as indicated.
6. Sign the bottom of page 1 electronically. Click on the signature box and follow the instructions to create an electronic signature if you don't have one.
7. Click on Submit to send it to register@campagudah.org.
8. If you don't have the capability to fill out a pdf, you may print this form, complete it using a pen, and then either scan it and email it, or you can mail it to Camp Agudah, 42 Broadway - 14th Floor, New York, NY 10004

Ferndale/Liberty New York  
**Parental Consent Form**

**To be completed by Parent**

Please return this form to: Camp Office, 42 Broadway, 14<sup>th</sup> Floor, New York, NY 10004

Staff Member/  
 Camper's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Check here if you **do not** have medical insurance and wish to purchase camper accident insurance at a rate to be determined. Note: This policy only covers accidents! Pre-existing conditions are not covered. Parents of campers without insurance will be responsible for all medical fees.

The above camper/staff member will be attending the following trips:  First  Second

Home Phone \_\_\_\_\_ Summer Phone \_\_\_\_\_

Father's Business \_\_\_\_\_ Name of Bungalow Colony \_\_\_\_\_

Mother's Business \_\_\_\_\_ In Emergency Call: Name \_\_\_\_\_

Father's Cell # \_\_\_\_\_ Mother's Cell # \_\_\_\_\_ Phone # \_\_\_\_\_

Allergies	<input checked="" type="checkbox"/>	Comments
*Bees/Insect Bites	<input type="checkbox"/>	
Penicillin	<input type="checkbox"/>	
Sulfa	<input type="checkbox"/>	
Cephalosporins	<input type="checkbox"/>	
Other Medications	<input type="checkbox"/>	
Food (List foods child is allergic to:)	<input type="checkbox"/>	
Activity Limitations	<input type="checkbox"/>	

Please attach a copy of the front and back of your medical and prescription card to your email. If no card is attached, you will be responsible for all medical and drug charges.

**PARENTS/MENINGITIS VACCINATION RESPONSE** Please check one box and sign below.

My child has had the meningococcal meningitis immunization (Menomune™) within the past 10 years.

Date received: \_\_\_\_\_

I have read, or have had explained to me, the information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine. I have decided that my child will not obtain immunization against meningococcal meningitis disease.

**AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR TEMPORARILY SEPARATED FROM HIS/HER PARENTS**  
**SIGNATURE REQUIRED TO ATTEND CAMP**

I, the undersigned, custodial parent/guardian of the minor listed above, do hereby authorize Camp Agudah, Machane Ephraim, Camp Bnos, Camp Bnoseinu, Camp Chayl Miriam, and/or Shimon Newmark, Director, as our agent(s) to act in my name, place and stead in any way in which I could do, if I was personally present, with respect to any said minor, including without limitation, giving consent to any diagnostic procedure or medical care which is deemed advisable by, and is to be rendered under the general or special supervision of, any licensed physician or surgeon and specifically the staff of or engaged by any Medical Center selected by such agent, whether such diagnosis or treatment is rendered at the office of said physician or at such Medical Center.

It is understood that this authorization is given in advance of any specific need for treatment but is given to provide authority on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the physician in the exercise of his best judgment may deem advisable. This authorization shall remain effective for the period of time during which said minor(s) are in the custody of the agent(s), unless sooner revoked in writing delivered to said agent(s).

I have read the camp letter describing Meningitis, its transmission, the benefits, risks and effectiveness of immunization, availability and cost.

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted by me and the examining physician.



\_\_\_\_\_  
 Parent's Signature

\_\_\_\_\_  
 Date