

SUMMER 2020

Registration Form

Campers 5th-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).

2020 Camp Dates: August 3 - August 24

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. New applications are reviewed on a first come first served basis.

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	Secondary Email		
<input type="text"/>	<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 *\$2,750. Total fee must be paid upon acceptance.

*Advanced Teen Program is \$2,840 for girls 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 upon acceptance. *Failure to do so can result in the complete or partial cancellation of your registration.*

2. Deposits and full payments can be made by the following methods:

- Option 1- Chase Quickpay (Zelle) to svivasleepaway@gmail.com**
- Option 2- Credit Card (please note, there will be a 3.5% processing fee)**
Card Number _____ Expiration _____ CVC _____
Name on Card _____ Billing Zip Code _____

5. OTHER IMPORTANT INFORMATION

CANCELLATION/REFUND POLICY: All payments are **nonrefundable**. If Sviva Sleepaway does not accept your daughter the payments will be returned.

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 2020 SWEATSHIRT ORDER

All Sweatshirts must be preordered before camp. The price for the sweatshirt is \$40.

Yes, I would like to order a Sviva 2020 Sweatshirt.

Size: S M L XL (women's sizes)

No, I will not be ordering a Sviva 2020 Sweatshirt.

8. CAMPS PREVIOUSLY ENROLLED

Were you previously enrolled in a different camp for this season? Yes _____ No _____

If yes, please list the camp(s): _____

9. SIGN AND RETURN

After your registration form is complete, sign it, and email it to svivasleepaway@gmail.com. I agree to pay the full payment amount upon acceptance to camp.

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 email to: svivasleepaway@gmail.com