



2019 Beth Tfiloh Camps Registration Form

Return by mail or FAX. Fill out one form for each camper. Print more applications or register online at btcamps.org.

phone 410.517.3451 * fax 410.517.3454



camper's last name	camper's first name	gender		date of birth	grade in September 2019
		<input type="checkbox"/> M	<input type="checkbox"/> F		

name of parent(s) living in the household, Mr., Mrs., Mr. and Mrs., Ms., Dr. and Mrs., Dr. and Mr., Drs. etc.	Mark this box if there is a custody issue. Please attach an explanation. <input type="checkbox"/>
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camper's present mailing address	mailing ZIP code
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if your transportation address differs from your mailing address write that address here, if not, leave blank	transportation ZIP code
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name of <input type="checkbox"/> step <input type="checkbox"/> mother or <input type="checkbox"/> father	best phone number	second phone number	best email
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name of <input type="checkbox"/> step <input type="checkbox"/> mother or <input type="checkbox"/> father	best phone number	second phone number	best email
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names of siblings who will also be attending Beth Tfiloh Camps this summer
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List additional contacts you'd like us to know about. You must provide two, but may attach more on a separate sheet of paper if you wish. These contacts have permission to pick your camper up from camp, receive your camper from the bus stop, and might be called in the event we are unable to reach any primary contact for non-medical purposes.

additional contact	best phone number	additional contact	best phone number
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2019 camp week dates 1| 6/24-6/28 2| 7/01-7/05 3| 7/08-7/12 4| 7/15-7/19 5| 7/22-7/26 6| 7/29-8/02 7| 8/05-8/09 8| 8/12-8/16

mark off your camper's camp program and weeks attending weeks need not be consecutive

Nursery Camp ages two, three, and four; Monday, Wednesday, and Friday; 9 to 1 1 2 3 4 5 6 7 8

Nursery Camp ages two, three, and four; five days a week 9 to 1 9 to 3 1 2 3 4 5 6 7 8

Day Camp age four through entering grade eight, 5th, 6th, 7th, and 8th grade campers are placed in senior camp 1 2 3 4 5 6 7 8

JV Sports Camp entering grades two through four, coed 1 2 3 4 5 6 7 8

Art Camp entering grades three through eight 1 2 3 4 5 6 7 8

Theatre Camp entering grades four through eight, if you are an LT interested in Theatre Camp, contact the office, 410.517.3451 Peter Pan, Jr. weeks 1 - 5

Varsity Sports Camps entering grades five through eight, coed, select the specific sport weeks below, choose only one sport for each week

Baseball 1 2 **Basketball** 3 4 **Lacrosse** 4 **Football** 5 6 **Soccer** 7 8 **Tennis** 7 8 **Golf** 7 8

Survival Camp entering grades five through eight 1 2 3 4 5 6 7 8

Travel Camp for grades five and six 1 2 3 for grades seven and eight 4 5 6

Leadership Training entering grades nine and ten, the LT will receive and must complete an LT Contract 1 2 3 4 5 6 7 8

BT STEAM entering grades two through eight, choose one per week. There aren't bunk requests or Hot Lunch for STEAM camps.

STEAM Week 1	Video Game Maker <input type="checkbox"/>	Goodnight Moon <input type="checkbox"/>	Aleph Bet Vet <input type="checkbox"/>	Tattered Hatters <input type="checkbox"/>
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STEAM Week 2	Science of Art <input type="checkbox"/>	Engineers <input type="checkbox"/>	Instaworthy <input type="checkbox"/>	Domo Arigato Mr. Roboto <input type="checkbox"/>
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STEAM Week 3	RoBoT Olympics <input type="checkbox"/>	Circus Camp <input type="checkbox"/>	SewFabulous <input type="checkbox"/>	As Seen on YouTube <input type="checkbox"/>	Confection Connection <input type="checkbox"/>
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STEAM Week 4	Roblox Coding <input type="checkbox"/>	Potion Explosion <input type="checkbox"/>	Pirate's Booty <input type="checkbox"/>	Crime Scene Investigators <input type="checkbox"/>
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Bunk requests

Bunk requests must be reciprocal and are limited to friends of the same gender, grade, program, and who are registered for at least 4 weeks of the same program. All requests must be received by May 1st. A "do-not-bunk-with" request is **NOT confidential** and will take precedence over your "do-bunk-with" requests.

This friend is my first choice as bunkmate I'd also like to be with this person if possible or if my first choice is not available

1	2
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for office use only	date received	program	food	extended day	i.d.

Health history and release 2019

signed, documented proof of immunizations is required to accompany all registrations with no exceptions religious or medical

camper's full name		Tell us the date of the camper's most recent DPT, DTP, or Tetanus immunization. This may not be left blank.	month	day	year
camper's primary physician	physician's phone number				
camper's dentist	dentist's phone number				
medical and hospital insurance carrier	policy or group number				

my camper has... mark all that apply <input checked="" type="checkbox"/>	if you selected "other" or indicated an injury, please provide more details if possible
<input type="checkbox"/> frequent ear infections <input type="checkbox"/> diabetes <input type="checkbox"/> an EpiPen <input type="checkbox"/> heart disease or a defect <input type="checkbox"/> bleeding or clotting disorder <input type="checkbox"/> asthma <input type="checkbox"/> seizures <input type="checkbox"/> hypertension <input type="checkbox"/> a serious or recent injury <input type="checkbox"/> other	

list any medication or other health aid that is in present use by the camper

list any medication or other health aid that the parent anticipates sending to camp for the camper's use

list any allergies that could impact upon the camper's summer experience

list any restrictions on the camper's full participation in the camp program

Is there a health problem that needs to be discussed with the Camp Nurse?
 no yes, a note is attached

Is there a behavior, emotional, or psychological matter that the camp should be aware of?
 no yes, a note is attached

Does this camper attend a Maryland State School?
 yes no, call camp, 410.517.3451

Has this camper received all immunizations required by Maryland state law?
 yes no, call camp, 410.517.3451

I understand that there are inherent hazards and risks to my child of participating in the Beth Tfiloh Camps' program, including those arising during transportation to and from the program (collectively, the "Program"). Despite those risks, and in consideration of Beth Tfiloh allowing my child to participate in the Program, I accept and assume all risks, known and unknown associated with participation in the Program (including without limitation those related to personal injury, disability, other harm, or loss or damage to property), and assume all responsibilities for losses, costs and/or damages arising therefrom, including without limitation medical costs and expenses, even if caused by the negligence of others. As the person signing this registration form on page 4, on my own behalf and on behalf of my child and our respective heirs, personal representatives and assigns, we voluntarily and expressly release, forever discharge, and hold harmless Beth Tfiloh Camps, its owners, directors, employees, agents, and any and all affiliated parties ("Released Parties") from any claims that I and/or my child or any other person may have as a result of my child's participation in the Program whether or not any damage incurred is caused by the negligence of any of the Released Parties, and agree to indemnify the Released Parties against any damages, costs or expenses, including attorney fees incurred by the Released Parties if I, my child or any other person should bring any lawsuit or otherwise assert that the Released Parties have any liability from my child's participation in the Program. I understand that my registration is not complete or accepted until I provide documented proof of my child's immunization history.

T-Shirt size

Choose the camper's T-shirt size

Camper in specialty camps receive both a traditional shirt and an Under Armour shirt.	<input type="checkbox"/> child XS 2-4	<input type="checkbox"/> child S 6-8	<input type="checkbox"/> child M 10-12	<input type="checkbox"/> child L 14-16
	<input type="checkbox"/> adult S 34-36	<input type="checkbox"/> adult M 38-40	<input type="checkbox"/> adult L 42-44	<input type="checkbox"/> adult XL 46-48

Extended Day options

If you'd like to enroll your child in Extended Day, select an option below. Enrollment is for all weeks you are enrolled in camp. Please call camp at 410.517.3451 if you have any questions about these options.

Nursery Camp Early Drop-off and Extended Day options are available. Drop off as early as 8 a.m. and pick-up as late as 5:00 p.m.	for Day and Specialty Camps, Extended Day is held at BT Camps in Reisterstown until 5:45 p.m. Enrollment is per week. There is a late fee of \$1 per minute per camper after 5:45 p.m.
<input type="checkbox"/> enroll in Early Drop-off <input type="checkbox"/> enroll in extended day	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8

A few questions

What camp, if any, did the camper attend last summer?	Will this be your camper's first year at this campsite?
What school, if any, is the camper presently attending?	What school will the camper attend in September 2019?
Of which congregation, if any, is your family a member?	Where does the camper receive religious education?

Transportation

Does not apply to Nursery Camp

This application must be completed in its entirety and payment received by **May 1st** for your address to be included in our 2019 bus routes.

After May 1st, you will have to meet at an existing stop. While we make every effort to service as many areas as possible with our bus service, there are some circumstances where we are unable to do so. If we have any concerns about your location, camp will contact you when your application is received. We do not offer any rebate if we are unable to provide busing to your area. Bus routes, central stop locations, pick-up, and drop-off times are subject to change every summer.

Each camper registration and tuition received by **May 1st** includes **one permanent bus stop**. Daily bus changes to an existing stop may be called in no later than 2:30 p.m. Camp doesn't accept transportation email or notes during the summer; therefore, all bus changes must be called in to the camp office. **Camp does not accept transportation schedules.**

If a camper is not allowed to be left alone and a parent or authorized individual is not home or at a stop, your camper will be brought back to camp and placed in the Extended Day Program. In the event camp receives conflicting stop information for a camper and we are unable to make contact with a parent by dismissal time, camp will place your camper into Extended Day.

Baltimore County parents, answer the following question:

May we leave your camper alone at your home as long as your camper can get into the house? yes no

Howard County parents, read the following:

It is camp's policy that each parent must sign to receive their camper off the bus in the afternoon. If you would like another person to be able to sign for your camper in the event you are not at the stop, they must be listed on this application either as a primary contact or under the "Additional Contacts" on page 1 of this form. Additions to this list must be made in writing and sent to camp after your registration is completed.

Howard County Parents only:

Keeping in mind that this is only a suggestion to us and does not at all guarantee a stop, indicate the ideal Howard County village center most convenient to you to be used as a reference point when determining central stops.

If this is left blank, we will assume the Howard County village center near you is most convenient. Stops might change every summer.

Hot lunch

For \$5 per day, your camper will receive a kosher entrée, side, fruit, and beverage. The menu is fixed and consists of a single option per day. The side will be a flavor of chip or pretzel, and fruit will change daily based on availability. There are no alternative choices; we are unable to accommodate special dietary needs. Our lunches do not contain nuts, but are not certified nut free. **The 9 days of Av falls during week 7 of camp. Camp reserves the right to provide an alternative to meat or conduct a Sium as necessary. The effected two meals are highlighted in grey in the selection table below.**

You may enroll for hot lunch by the day, or select an entire week. After registering, you may enroll for hot lunch at any time, but there is a **hard deadline of Wednesday at noon the week prior to which you want lunch.** For example, if you wish to add hot lunch for select days in week 2, you would need to contact the office no later than Wednesday at noon of week 1. Call the office at 410.517.3451 to enroll in hot lunch after registering for camp.

After May 1, there are no refunds for hot lunch even if you decide not to use the service nor are there refunds or credits should your camper be absent on a day that they are enrolled for lunch.

register per day or select an entire week	monday	tuesday	wednesday	thursday	friday	
<input checked="" type="checkbox"/>	cheese calzone	chicken tenders	cheese quesadilla	breaded chicken sandwich	pizza	extra slice
week 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
week 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	closed	<input type="checkbox"/>	<input type="checkbox"/>
week 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
week 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
week 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
week 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
week 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
week 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Multiply the number of days you've checked above by \$5, add any \$2 for each extra slice on a pizza day, and write your total cost of lunch in the total box.

total \$

Carefully read all of the below and sign.

Tuition

- 1. Prior to and on May 1st, a deposit of \$250.00 or more must accompany each camper's application. Payment in full is not required at time of registration to receive an eligible discount.
2. All fees must be paid in full by May 1st.
3. If I withdraw my camper prior to or on May 1st, all monies will be refunded.
4. AFTER MAY 1st THERE ARE NO REFUNDS. This includes, but is not limited to, decreasing weeks, withdrawing, changing programs, Specialty Camp fees, etc.
5. After May 1st, weeks can be added as priced per the 2019 Tuition list. A \$100 administrative fee will be assessed for switching weeks for which the camper was originally enrolled.
6. A late registration fee of \$100 will be added to all tuitions after May 1st.
7. Prior to and on May 1st, payment may be made in cash, by check, VISA, or MasterCard. After May 1st, no personal checks will be accepted.
8. Bills for outstanding balances are mailed in the first week of each month. Discounts will appear on your bill as a credit. Questions about your bill should be referred to Mrs. Fox at Beth Tfiloh Congregation by phoning 410.413.2208.

Registration

- 9. The camp tuition includes, as applicable, transportation to and from one permanent address, lunch beverage, afternoon snacks, cookouts, out-of-camp trips, late stays, overnights, group photo, and a camp T-shirt. Specialty campers additionally receive one Under Armour shirt.
10. I understand that not all age groups participate in all activities and that not all activities are available every week.
11. Absences from camp, even with a doctor's note, are not grounds for a refund. Attendance for any part of a week constitutes attendance for the entire week. Days in one week cannot be substituted for days in another week. Days of registered siblings may not be combined, substituted, or exchanged.
12. I understand that my camper must abide by camp rules and all instructions from camp staff. Beth Tfiloh Camps may withdraw a camper at any time if the Camp Director believes it would be in the best interest of that camper, other campers, or the camp. In such cases, a proportional refund may be given. All payments are refunded if a registration is not accepted.

Health

- 13. My camper is able to participate in all camp activities, trips, programming, and special events without restriction unless noted in writing.
14. I am responsible for completing and submitting the health history section of this registration form. It is my responsibility to notify camp in writing of any changes to the camper's health history after this form is submitted. I have made camp aware of any medical conditions or limitations my camper has.
15. I hereby give permission to the camp to provide routine health care, administer over-the-counter and prescribed medications, and apply sunscreen if necessary. I understand that to administer prescription drugs, camp must have written parental consent in a properly labeled container provided by a pharmacy accompanied by a specific written authorization from the prescribing physician.
16. It is not necessary to send an EpiPen or Benadryl for a camper. The camp keeps a supply on hand in the Health Suite.
17. In the event I cannot be reached in an emergency, I hereby give permission to the physician or dentist selected by camp to secure and administer treatment, including hospitalization, for my camper. My physician will be contacted first, if possible. I will allow camp to release camper information to the health care provider. I understand that I am responsible for any and all fees that occur should my camper require medical attention.

Disclaimers

- 18. No staff members other than the Director, Assistant Directors, or Registrar may authorize any changes in weeks, bus, program, or bunk. Any agreement, verbal or written, made by anyone other than the above mentioned staff is non-binding and void.
19. Camp has permission to use my camper's photograph in press releases, ads, video, news media, and electronic media. Camp cannot be responsible for unauthorized use of photographs or names.
20. Camp has permission to give my camper's entire name, address, phone number, and email address to other members of the camper's group to help friends keep in touch. In addition, I understand an un-redacted photocopy of this registration form will be sent on any out-of-camp trips.
21. If a parent, grandparent, other relative, or any person does not have permission to visit or pick up my camper, I have attached an explanation. This information may be shared with appropriate staff members as well as anyone named, if the camp is questioned.
22. All camp programs are subject to minimum enrollment requirements.
23. On behalf of my camper, I accept and assume any and all risks associated with attendance and participation in the camp and its activities.
24. As the parent signing this form, I agree that I am responsible for payment of camp tuition.
25. I attest that all information I have provided, including my camper's age and grade, are correct and complete to the best of my knowledge.
26. My signature indicates that I have read and understand the registration form, brochure, program descriptions, and tuition information. I agree to all terms, conditions, releases, and waivers on all pages of this form. No alterations may be made to this form.

Parent's Signature

Date

Return entire form by mail with payment to Beth Tfiloh Camps, 400 Delight Meadows Road, Reisterstown MD, 21136 or FAX all four pages to 410.517.3454

Compute the camper's total fee from the tuition, hot lunch, discounts or fees listed in the brochure and enter here \$

If you wish to make your \$250 deposit, a partial payment, or full payment by credit card, please complete the following:

charge this amount \$ to my VISA MasterCard expiration
account number month / year
3-digit card security ID number located on the back of the credit card ZIP code of card billing address
signature of card holder date