

Grown Up and Me Application Form

154 Sunset Avenue, Westhampton Beach NY 11978
631-288-0534 x10
reception@thehamptonsynagogue.org



CAMP MONA

Dedicated in memory of
Dr. Mona Riklis Ackerman
by her children Ari and Gila

Camp Season: June 26 – August 17, 2023

Camper Information

FIRST NAME	LAST NAME	DATE OF BIRTH	<input type="checkbox"/> M <input type="checkbox"/> F GENDER
PERMANENT ADDRESS	CITY	STATE	ZIP
LOCAL ADDRESS	CITY	STATE	ZIP
SCHOOL NAME AND GRADE FOR SEPT 2023			
EMERGENCY CONTACT: FIRST NAME	LAST NAME	RELATION	CONTACT NUMBER
ALLERGIES / HEALTH RESTRICTIONS			
PARENT 1: NAME	EMAIL	PHONE	
PARENT 2: NAME	EMAIL	PHONE	
ANY OTHER INFORMATION YOU'D LIKE US TO KNOW ABOUT YOUR CHILD?			

Grown Up and Me Schedule Selection

For 12-24 Month Olds and a Caregiver from 9:30-11:30

HOW MANY SESSIONS ARE YOU REGISTERING FOR? _____

PLEASE CHECK WHICH SESSIONS YOU ARE REGISTERING FOR:

- SESSION 1: MONDAY/FRIDAY JUNE 26 - JULY 21
 SESSION 2: TUESDAY/THURSDAY JUNE 27-JULY 20
 SESSION 3: MONDAY/FRIDAY JULY 24-AUGUST 18
 SESSION 4: TUESDAY/THURSDAY JULY 25-AUGUST 17

SESSION COST: \$2800

Payment Terms

I agree to pay a non-refundable deposit to Camp Mona at The Hampton Synagogue (hereinafter referred to as "Camp"), upon filing this application. I agree to pay the balance due on or before June 1, 2023. If the Camp cannot accommodate registrant, all fees and deposits will be refunded. In the event this application is filed after June 1, 2023 the entire amount is due with the application. All fees are non-refundable after June 1, 2023. I understand that no refund or adjustment will be made for absences, including but not limited to, illness or failure to provide a medical form. If the Camp finds it necessary to withdraw my child from Camp, I will be charged for the number of days and/or weeks attended. I understand that each group has a minimum enrollment to run and should the minimum not be met, Camp will transfer my deposit to another group or refund it.

PARENT/GUARDIAN SIGNATURE

DATE

Payment Information

CREDIT CARD

Please use this card: MC VISA AMEX DISCOVER

CARD NUMBER EXPIRATION

Check here to make this your guaranteed form of payment on file.

CHARGE TO ACCOUNT

I understand that I need a guaranteed form of payment on file, and I authorize Camp Mona to use it for payment(s) due.

CHECK OR CASH

Check # _____ CASH AMOUNT: _____

Register Today!

By mail or call **631-288-0534**.

Email to

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continued on reverse

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Camp Liability Waiver, Assumption of Risk and Release, and Other Terms and Permissions

Please initial the permissions to which you agree, and sign below.

By signing below I agree that I am the parent or legal guardian of above-named camper and hereby give permission for him/her to participate in the Camp Mona Camp Program. We agree to abide by all program and other club rules and regulations, which now exist or which may be hereafter adopted or amended by Camp Mona Clubs, LLC ("Camp Mona"), including providing Camp Mona with medical forms and records of immunization upon request. I further acknowledge and agree that there are certain inherent dangers in participating in tennis, sports and other camp activities, and that Camp Mona shall not be liable for any personal injuries, property theft or damage, or other loss sustained by my child, off, on or about the premises of Camp Mona, or arising out of the use of any facilities, equipment or other property of Camp Mona. I hereby further declare my child to be physically sound and suffering from no conditions, impairment, disease, infirmity or other illness that would prevent his/her participation in Camp Mona camp programs, services and activities. In case of accident or injury to my child, and if an emergency contact person cannot be reached, I grant Camp Mona permission to obtain medical attention for my child, if necessary, for which I will be financially responsible. Camp Mona reserves the right to cancel this contract at any time, at its sole discretion; in such event Camp Mona's sole liability shall be a refund for unused camp days. I understand and agree that Camp Mona retains the rights to any photographs or video taken of the named participant at Camp Mona facilities or at off-site Camp Mona programs or events, to be used for Camp Mona publicity, marketing, social media and advertising. I understand that I will be charged for extended day care in the event that I drop off my child more than 15 minutes prior to the start of camp or pick up my child more than 15 minutes after the end of camp.

_____ SUNSCREEN PERMISSION: New York State Public Health Law now requires written parental permission for a child to carry and use sunscreen at camp. The legislation further requires the camp to maintain record of the parental permission and allows camp staff to assist with the application of sunscreen when the child is unable to do so, provided the child requests the assistance and that this assistance is permitted/authorized by the parent. I hereby give permission for the camper listed on the reverse, to carry and use sunscreen at camp and to use it throughout the day. If my child needs help re-applying sunscreen, I give permission for camp staff to provide my child with assistance if requested.

_____ INSECT REPELLENT PERMISSION: New York State Public Health Law now requires written parental permission for a child to carry and use insect repellent at camp. The legislation further requires the camp to maintain record of the parental permission and allows camp staff to assist with the application of insect repellent when the child is unable to do so, provided the child requests the assistance and that this assistance is permitted/authorized by the parent. I hereby give permission for the camper listed on the reverse, to carry and use insect repellent at camp and to use it throughout the day. If my child needs help re-applying insect repellent, I give permission for camp staff to provide my child with assistance if requested.

PARENT/GUARDIAN SIGNATURE

DATE

Register Today!

Complete both sides of this application and return with required deposit by mail or call **631-288-0534**.

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