

Camp Ruach Cleveland LLC  
campruachcleveland@gmail.com  
347-314-3375

**OHR YOSEF PRE-MESIVTA REGISTRATION FORM 2021**

**For boys entering grades 8<sup>th</sup> and 9<sup>th</sup> only**

**To request an online registration form email [campruachcleveland@gmail.com](mailto:campruachcleveland@gmail.com)**

We are accepting registration for boys entering grades 8 and 9. The following are the weeks of camp. Please check off which week(s) your son will be attending camp.

- July 05 – July 09
- July 12 – July 16
- July 19 – July 23

**CAMPER INFORMATION:**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

School: \_\_\_\_\_ Grade Completed: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

School: \_\_\_\_\_ Grade Completed: \_\_\_\_\_

**FAMILY INFORMATION:**

Father Name: \_\_\_\_\_ Cell number: \_\_\_\_\_

Mother Name: \_\_\_\_\_ Cell number: \_\_\_\_\_

Summer Address of Camper: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

Emergency Contact 1: \_\_\_\_\_ Cell number: \_\_\_\_\_

Relation to Child \_\_\_\_\_

Emergency Contact 2: \_\_\_\_\_ Cell number: \_\_\_\_\_

Relation to Child \_\_\_\_\_

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**MEDICAL RELEASE INFORMATION:**

Primary Care Physician: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Please fill out separately for each child:

**Child Name:** \_\_\_\_\_

Allergies: \_\_\_\_\_

Any medical conditions we need to be aware of?

\_\_\_\_\_

**Child Name:** \_\_\_\_\_

Allergies: \_\_\_\_\_

Any medical conditions we need to be aware of?

\_\_\_\_\_

The purpose of the above information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

**Waiver:**

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

I understand that Camp Ruach Cleveland LLC will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

I hereby give permission for the transportation of my child for official Camp Camp Ruach Cleveland activities.

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

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### **General Fees and Information:**

**Location:** Taylor Road Synagogue

**Hours:** 9:30am – 3:45 pm Fridays until 2 pm

This program is designed to give the boys a structured yet laid-back experience. We therefore will not have a rigid end time. The program can end anytime between 3:45 and 6:00. Please call the camp hotline after 3:00 to get updated approximate end times.

### **Camp Fees:**

\$250/week or \$700 for all three weeks.

All trips and activities are included.

**Registration cannot be processed without a non refundable \$100 deposit.**

**ALL PAYMENTS MUST BE IN BY JULY 1<sup>st</sup>.**

### **Payment methods:**

- Zelle to [campruachcleveland@gmail.com](mailto:campruachcleveland@gmail.com)
- Paypal to [campruachcleveland@gmail.com](mailto:campruachcleveland@gmail.com)
- Checks: Can be postdated but must be cashable by the Monday of that week  
Checks should be made payable to Camp Ruach Cleveland
- Cash drop off to 3642 Shannon Rd. ONLY in a marked envelope.

**All applicants will be vetted to ensure that campers are compatible with each other.**

We will do our utmost to inform you in a timely matter as to whether or not your application was accepted.

For questions please contact:

Rabbi Aharon Dovid Lebovics (216) 372 8330

Rabbi Meshulum Yehuda Klugmann (216) 255 7011

Registration forms and payment should be mailed to:

Camp Ruach Cleveland

3642 Shannon Rd.

Cleveland, OH 44118