

(Please type or write legibly in blue or black pen)
If you have any questions, please email
campnefesh@gmail.com
or visit our website www.campnefesh.com

Please fill out only one of this page per family.

Parent Name	Relationship to camper:				
Contact Phone Number	E-mail				
Current Address	City	Zip			
Have you participated in Camp Nefes	h before? (Circle one)	Yes	No		
If so, what year(s)					
What language(s) do you and your ca	mpers speak?				
Please list the names, gender, and ag	es of the campers you a	re registering	below. (For exa	ample	
Ahmad - male - age 8)					

Waivers and Releases: Please read the following and initial after each statement.

I approve of the above registration for my camper(s). I understand that the Director of Camp Nefesh will contact me (or another emergency contact if I cannot be reached) in case of an emergency. I hereby grant permission for my camper(s) to be treated by qualified medical authorities as necessary and I give permission to the Director to hospitalize, secure proper treatment, and order injections, anesthesia, or surgery for my camper(s). I agree that we, our heirs, next of kin, guardians, successors, and assigns, or any other representative of ours will not sue, claim against, attach the property of, or prosecute Camp Nefesh, Congregation B'nai Israel, Opening Doors, or any of its directors, officers, agents, and employees, and all affiliated entities for loss of property, injury, harm, accident, illness, loss of limb or life, or other personal injuries, incapacity, medical cost, expense, damage, claim, liability, howsoever, caused, and regardless of whether caused directly or indirectly, by their acts or any other acts, arising out of or in connections with the camper's participation in Camp Nefesh activities. The undersigned parent/guardian fully understands that s/he is responsible to pay all costs incurred as a result of the foregoing.

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I understand and acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I and, if applicable, my child(ren) may be exposed to or infected by COVID-19 by participating in this program, and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, other participants or employees, volunteers, and/or representatives. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any harm, loss, or injury to myself and/or, if applicable, my child(ren), including, but not limited to, any personal injury, disability, death, illness, damage, loss, claim, causes of action, liability, cost or expense of any kind, that I, or, if applicable, my child(ren), may experience or incur in connection with the Camp Nefesh Program ("Claim").

Waiver of Liability. In consideration of Camp Nefesh allowing my (child(ren) to participate in the program, I, on behalf of myself, and/or, if applicable, my child(ren), hereby release a covenant not to sue, discharge, and hold harmless the camp, and any officials, employees, volunteers, and/or representatives thereof ("Releasee"), of and from the Claims, including all liabilities, claims, actions, damages, costs, or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Camp, its officials, employees, volunteers, and/or representatives, whether a COVID-19 infection occurs before, during, or after participation in the Program.

I acknowledge that Camp Nefesh is responsible for producing and publishing a variety of newsletters, brochures, videos, and fliers. I hereby authorize Camp Nefesh, Congregation B'nai Israel, and Opening Doors to use, reproduce or publish photographs or videos of my camper(s) or of me that may be taken during our participation in Camp Nefesh activities for any purposes without compensation to me or my camper.

I declare under penalty of perjury under the laws of the state of California that to the best of my knowledge, information, and belief my campers are in good physical health and are capable of participating in camp activities, including swimming, and field trips, and other vigorous physical activity. I hereby authorize my camper to participate in such activities.

I understand that my children must abide by all Camp Nefesh policies and rules as laid out in the Camp Nefesh Camper & Family Handbook.

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Camper #1 Information

Name	Age_	Grad	e entering	Fall 202	23		
Name Called		(if different from the above name)					
Camper Gender (please circl	le)	Ма	le	Female	Э	Other	
School Attending							-
Comfort with English (please	circle)	Fluent	Moder	rate	Low		None
T-shirt Size (Please circle) C	hild S	M L OR	Adult S	M L	XL X	K L	
Likes:							
Dislikes:							
Food Allergies or restrictions	(all foo	d will be hal	lal):				
Is there anything else we sho	ould kno	ow?			 		
Camper #2 Information							
Name	Age_	Grad	e entering	Fall 202	23		
Name Called		_ (if differe	nt from the	above	name)		
Camper Gender (please circl	le)	Ма	le	Femal	е		
School Attending							-
Comfort with English (please	circle)	Fluent	Moderate	Low		None	
T-shirt Size (Please circle) C	hild S	M L OR	Adult S	M L	XL X	(L	
Likes:							
Dislikes:							
Food Allergies or restrictions	(all foo	d will be hal	lal):				
Is there anything else we sho	ould kno	ow?					

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Camper #3 Information

Name Age_	Grade entering	Fall 2023	
Name Called	_ (if different from the above name)		
Camper Gender (please circle)	Male	Female	
School Attending			
Comfort with English (please circle)	Fluent Moderate	Low None	
T-shirt Size (Please circle) Child S	M L OR Adult S	M L XL XXL	
Likes:			
Dislikes:			
Food Allergies or restrictions (all food	d will be halal):		
Is there anything else we should kno	w?		

NOTE: For additional campers in the same family, provide the same information requested above on a separate sheet.