

# Camp Hikon Summer 2021 Application Form

Camper			
Name:	Shirt size:	Shoe size:	DOB:
Address:			Cell #:
Yeshiva:			Grade:
Rav:	Phone #:		Shul:
Session			
Choose:	<input type="radio"/> 6/28 - 7/19	<input type="radio"/> 7/19 - 8/9	<input type="radio"/> 8/9 - 8/30
			\$3300 per session, deposit by 5/19
Parents			
Father's name:			Cell #:
Email:	Occupation:		Text/Chat/t.me:
Mother's name:			Cell #:
Email:	Occupation:		Text/Chat/t.me:
Address:			Home #:
Medical			
Pediatrician Name:			Phone #:
Medical Conditions:			Last Physical:
Past Treatments:			Medications:
Food/Medication/Other Allergies:			
Restrictions on Physical Activities:			
Health Insurance			
Insurance Company:			Group #:
Employer:			ID/SSN#:
Policy Holder's Name:			DOB:
Billing Address:			Phone #:

We authorize the camp management to act as the agent of the parents in an emergency situation. We understand that smartphones are not allowed, cell phone use is restricted, and certify camper has not been "vaccinated" against Covid-19.

Camper Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_