



REGISTRATION, CONSENT & EMERGENCY CONTACT INFORMATION

FOR ZCAMP 2011, JUNE 3rd, 4th and 5th .

NAME OF CHILD:

AGE:

NAME OF PARENTS:

ADDRESS:

EMAIL ADDRESS:

HOME TEL.:

CELL PHONES (LIST ALL):

ANY ALLERGIES/MEDICAL CONDITIONS:

ANY OTHER COMMENTS:

FEE: \$100.00, (\$50 for Camp + \$50 for Water Park admission and food).

Cash or check to: Shiroy Ranji, 639 Concord Road, Ridgewood, NJ 07450

Questions to: shranji@gmail.com or (917-903-3139)

Consent: By my signature below, I hereby consent to my child(ren)'s participation in the 2011 Ivy Gandhi Youth Camp. I understand that the camp may involve hiking, climbing, swimming, boating and other sporting events and that there is a risk of injury from such activities. I here by confirm that my child(ren) is physically able to participate in such activities and release the DMZT, ZAGNY, IZA and their officers, employees, agents and chaperones from any and all claims, causes of action, losses or damages which may arise out of my child(ren)'s participation in the Camp.

Parent's Signature

Date