



Dear Camp J Families,

Camp J 2023 is right around the corner and we hope you're getting as excited as we are about the wonderful summer we have planned for our campers! In this welcome packet you will find the following:

- Important Dates
- ** Letter to My Counselor Form
- ** Medication Authorization Form
- ** Code of Conduct
- ** Waiver
- Lunch and Snack Ideas/Suggestions
- Remind App Instructions

All of the above forms that are labeled with ** **must be returned NO LATER than May 5th** in order to **distribute all information to your camper's group counselors.** It is very important to your camper's success this summer that you answer the questions as honestly as you can. The information will remain confidential and will only be shared at the discretion of the Camp Director.

The 2023 Camp J SBG Parent Manual can be found on our website along with an FAQ document to answer commonly asked questions.

Be sure to join us for our Camp Open House on Zoom Thursday, June 1st from 6:30pm until 8:00pm for campers in all sessions. A link to our Zoom info session and open house times will be sent out via email at a later date. You and your camper(s) can meet the staff, hear all about the camping experience you will have this summer, and ask questions.

We look forward to meeting you and spending a summer of fun with your camper.

L'Shalom,

Katie Luchen

Camp Director
Tampa JCCs & Federation



2023 IMPORTANT DATES

Thursday, June 1st

ALL SESSIONS OPEN HOUSE

Monday, June 5th

First day of Week 1

Monday June 12th

First Day of Week 2

Monday June 19th

First Day of Week 3

Monday June 26th

First Day of Week 4

Tuesday July 3rd

First Day of Week 5

Tuesday July 4th

Closed

Monday July 10th

First Day of Week 6

Monday July 17th

First Day of Week 7

Monday July 24th

First Day of Week 8

Friday July 28th

LAST Day of Camp J 2023

*Remember to wear your camp shirt for Ruach (Spirit) Fridays!



A LETTER TO MY COUNSELOR

First Name

Last Name

Nickname/Preferred Name

Camper Week(s): ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8

☐ Full Summer

Grade (as of September 1, 2023): ____ | Sex: ☐ M ☐ F

The information requested below will help your child's counselor understand your child better and aid in the adjustment to camp. The information will be strictly confidential.

FAMILY INFORMATION:

List all children living in the home with this child.

1) Name: _____ Age: _____

2) Name: _____ Age: _____

3) Name: _____ Age: _____

**Staple/Paste Picture Here
(2 x 2)**

**By including a picture, your
child's counselor can
identify your child
immediately upon arrival at
camp.**

Do both parents live with the child? ☐ Yes ☐ No

If "No", please explain: _____

MEDICAL DETAIL

Describe any significant physical or emotional limitations your child may have: _____

BEHAVIOR: What type of discipline is best for your child and how does your child react? _____

INTERESTS (Please fill out with your child):

What activities does your child especially enjoy? _____



What is your child really looking forward to doing at camp this summer? _____

Is there anything particular you would like us to encourage your camper to do this summer? _____

Swimming Ability: ☐ Excellent ☐ Good ☐ Average ☐ Poor ☐ Not at all

ADDITIONAL INFORMATION:

Are there any other campers you prefer your child to be grouped with, if possible (Child must be in same grade)? **Although everything will be done to meet your requests, we will only guarantee one mutual request**

1) Camper Name: _____

2) Camper Name: _____

3) Camper Name: _____

4) Camper Name: _____

Is there anything else you would like us to know about your child? _____

PARENT SIGNATURE

DATE



MEDICATION AUTHORIZATION—2023

Camp personnel will not dispense medication to any child without written permission from a parent or guardian.

CHILD'S NAME: _____ DOB: _____

PRESCRIPTION MEDICATION(S) TO BE PROVIDED AND DISPENSED AT CAMP:

Name of Medication	Purpose	Dosage	Specific Instructions

-OR-

_____ My child will **NOT** need prescription medication dispensed to him/her at Camp J during summer 2023.

OTC + SUNSCREEN AND BUG SPRAY APPLICATION:

IF **SUNSCREEN** IS AUTHORIZED, PLEASE INITIAL HERE: _____

IF **INSECT REPELLENT** IS AUTHORIZED, PLEASE INITIAL HERE: _____

IF **BENADRYL** IS AUTHORIZED, PLEASE INITIAL HERE: _____

IF **TYLENOL** IS AUTHORIZED, PLEASE INITIAL HERE: _____

IF **NEOSPORIN** IS AUTHORIZED, PLEASE INITIAL HERE: _____

A physician and/or medical facility are authorized to administer emergency medical treatment necessary to ensure the safety and health of my child. I understand that I will accept responsibility for payment of medical treatment to ensure the safety and health of my child. I understand that all reasonable attempts will be made to contact me. If I cannot be contacted, I hereby give my consent for the administration of any treatment deemed necessary by my designated preferred medical practitioner, or in the event the designated preferred medical practitioner is not available, another licensed physician, and the transfer of the child to the hospital of my preference, or any other hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinion of two other licensed physicians, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

PARENT SIGNATURE

DATE

Request for Immunization Record



It is required that a current and up-to-date immunization record be submitted for each camper—form DH 680.

This form is required by the Florida Department of Health for all children in public and private schools; a copy can be obtained from your child's primary care physician.

Campers are not required to be immunized for COVID-19, but if a camper tests positive for COVID-19, unvaccinated campers who were exposed to the virus will follow a different set of protocols than those campers who were exposed AND are fully vaccinated against COVID-19. Please submit your camper's COVID-19 vaccination card in addition to form DH 680 if they are fully vaccinated against COVID-19.

If your camper's DH 680 immunization record does not meet the state requirements and/or you cannot provide proof of a medical exemption, your camper will not be permitted to attend camp.

****ONLY Medical Exemptions will be accepted****

Please submit a copy of your camper's immunization records with the other required forms in the Welcome Packet.

CAMPER CODE OF CONDUCT



The following is our “Campers Code of Conduct.” Please review the code of conduct with your child.

- Campers must stay with their counselor and in the assigned areas.
- Campers should be courteous and respectful to all staff and fellow campers at all times.
- Campers must keep their hands and feet to themselves!
- Quiet zones in the facility should be observed.
- Campers must be respectful of camp property and fellow camper’s property.
- Campers must use appropriate language.
- Campers should follow the camp rules as set forth by the staff.

We reserve the right to implement the steps below as necessary based on the severity of the behavior problem. We want everyone to have a fun and safe summer at our campus. Every effort will be made to deal with all situations in a professional and sensitive manner. No refunds will be given if a camper is suspended for any length of time.

Failure to obey the above rules may result in the following consequences:

- Verbal warning given by counselor, which is neither humiliating nor frightening and is age appropriate.
- Time away from current activity.
- Removal from the group and conversation with the Camp Director/Assistant Director along with a written discipline report.
- Parent or guardian is called and incident is documented in child’s file.
- Suspension from the camp for a specified length of time or suspension from event.
- Expulsion from camp for entire program.

By signing below, I acknowledge: Receipt of the Camper Code of Conduct; that I have read and understand the policies herein; that I shared this with my camper; and that I hereby agree to all of the above rules, regulations, and expectations

Camper Name

Camper Signature

PARENT SIGNATURE

DATE



Minor Participant Waiver, Release, Indemnification of All Claims & Covenant Not to Sue

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. Read this document carefully and in entirety. By signing this agreement, you give up your right and the named minor's right to bring a court action to recover compensation or obtain any other remedy for any personal injury or property damage however caused arising out of the named minor's participation in Tampa JCCs and Federation programs, now or any time in the future.

Acknowledgment of Risk

I, in my legal capacity as the parent/guardian of the minor named below, do hereby acknowledge and agree that participation in Tampa JCCs and Federation program activities comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with Tampa JCCs and Federation program participation, including but in no way limited to: (1) slips, trips, and falls, (2) aquatic injuries, (3) athletic injuries, and (4) illness, including exposure to and infection with viruses or bacteria. I further acknowledge that the preceding list is not inclusive of all possible risks associated with Tampa JCCs and Federation program participation and that said list in no way limits the operation of this Agreement.

Coronavirus / COVID-19 Warning & Disclaimer

Coronavirus, COVID-19 is an **extremely contagious** virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a mean to prevent the spread of the virus. **COVID-19 can lead to severe illness, personal injury, permanent disability, and death.**

Initial

Participating in Tampa JCCs and Federation programs or accessing Tampa JCCs and Federation facilities could increase the risk of contracting COVID-19 Tampa JCCs and Federation in no way warrants that COVID-19 infection will not occur through participation in Tampa JCCs and Federation programs or accessing Tampa JCCs and Federation facilities.

Waiver, Release, Indemnification & Covenant Not to Sue

Initial

In consideration of _____'s participation in Tampa JCCs and Federation programs, I, _____, the parent/guardian of the minor named above, agree to release and on behalf of myself and the minor named above, my heirs, representatives, executors, administrators, and assigns, **HEREBY DO RELEASE** Tampa JCCs and Federation, its officers, directors, employees, volunteers, agents, representatives and insurers ("Releasees") from any causes of action, claims, or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I, the named minor, my heirs, representatives, executors, administrators and assigns may have, now or in the future, against Tampa JCCs and Federation on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to the use of Tampa JCCs and Federation facilities/equipment or participation in Tampa JCCs and Federation programs whether that participation is supervised or



unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees.

In consideration of the named minor's participation in Tampa JCCs and Federation programs, I, the undersigned parent/guardian of the named minor, agree to INDEMNIFY AND HOLD HARMLESS Releasees from any and all causes of action, claims, demands, losses, or costs of any nature whatsoever arising out of or in any way related to the named minor's participation in Tampa JCCs and Federation programs.

I hereby certify on behalf of myself and the named minor that I have full knowledge of the nature and extent of the risks inherent in participation in Tampa JCCs and Federation programs and that I, on behalf of myself and the named minor, am voluntarily assuming said risks. I understand that I and the named minor will be solely responsible for any loss or damage, including personal injury, property damage, or death, the named minor sustains while participating in Tampa JCCs and Federation programs and that by signing this agreement I, on behalf of myself and the named minor, HEREBY RELEASE Releasees of all liability for such loss, damage, or death. I further certify that the named minor is in good health and has no conditions or impairments which would preclude his/her safe participation in Tampa JCCs and Federation programs.

I further certify that my date of birth is _____ (MM/DD/YYYY), that my present age is _____, that I am therefore of lawful age (18 years or older) and otherwise legally competent to sign this agreement, and that I have legal capacity to act as the parent/guardian of the named minor. I further understand that the terms of this agreement are legally binding and certify that I am signing this agreement, after having carefully read it, of my own free will.

Participant Name (Print Clearly)

Date

Parent/Guardian Signature

Parent/Guardian Name (Print Clearly)



HELPFUL TIPS FOR KOSHER LUNCHES

All snacks and lunches brought to camp by students must be kosher, dairy or *parve* (containing no dairy or meat products). The following items are ideas/suggestions to include for a sufficient and nutritious kosher snack/lunch:

Protein Sources	Grains	Vegetables	Fruits
Beans and Rice	Breads	Beans	Apples/Applesauce
Cheese, Hard/Soft/Spreads	Bagels	Broccoli	Bananas
Egg – Sliced, Deviled, Salad	Banana Bread	Carrots	Blueberries
Fish	Carrot Cake	Celery	Grapes
Humus	Cookies	Cole Slaw	Oranges
Macaroni & Cheese	Crackers	Corn	Peaches
Nuts	English Muffins	Cucumber	Pears
Peanut Butter & Jelly	Granola	Green Beans	Pineapple
Sunflower Seeds	Macaroni	Lettuce	Plums/Prunes
Tuna – Casserole, Salad	Pasta, butter, cheese	Olives	Raisins
Yogurt	Popcorn	Pickles	Strawberries
	Pretzels	Potatoes, All Varieties	Watermelon
	Rice	Tomatoes, All varieties	
	Rice Cakes	Yams	
	Unsweetened Cereal		

NO MEAT, CHICKEN, OR SHELLFISH MAY BE INCLUDED

Eggs, fish, and all dairy products are permissible.

All fruits and vegetables are permissible.

Common Kosher symbols on packaged food items:





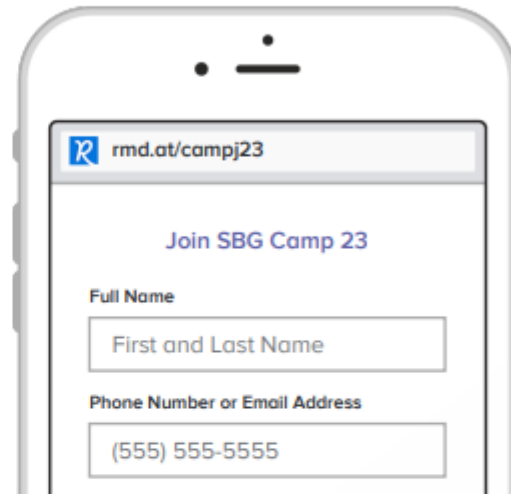
Pick a way to receive messages for **SBG Camp 23**:

A If you have a smartphone, get push notifications.

On your iPhone or Android phone, open your web browser and go to the following link:

rmd.at/campj23

Follow the instructions to sign up for Remind. You'll be prompted to download the mobile app.



B If you don't have a smartphone, get text notifications.

Text the message [@campj23](#) to the number **81010**.

If you're having trouble with **81010**, try texting [@campj23](#) to **(774) 353-0907**.

* Standard text message rates apply.



Don't have a mobile phone? Go to rmd.at/campj23 on a desktop computer to sign up for email notifications.

The Remind app is crucial for early/late drop off or pick up as well as quick messages and important announcements regarding weather, etc.