

# Hands on Physics Camp

At Temple Beth El, for 6<sup>th</sup> grade and up.

**9:00 AM to 3:00 PM, July 16–20, 2018**

**Engineering challenges—a new one-week hands-on physics camp.**



Design and construct air powered rockets, electric circuits, solar ovens, gliders, trebuchets and skateboards.

\$200 for TBE members, \$255 for the greater community

**Includes a field trip to Great America!**

To enroll, send full payment with a completed camp registration form and medical release form—one for each child.

For more information, contact Rabbi Shifra at [swp@tbeaptos.org](mailto:swp@tbeaptos.org).

## PHYSICS CAMP 2018 APPLICATION FORM

*One for each child*

**Applications must include signature and full payment, along with a medical release form.**

Make checks payable to TBE. Please write “Hands-on Physics” on the check.

Send forms and payment to Temple Beth El, 3055 Porter Gulch Road, Aptos, 95003.

Camper first & last name \_\_\_\_\_

Age on July 16, 2018 \_\_\_\_\_ Grade as of Sept. 2018 \_\_\_\_\_ DOB \_\_\_\_\_

Mailing address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent #1 Name \_\_\_\_\_ Email \_\_\_\_\_

Daytime phone \_\_\_\_\_ Evening phone \_\_\_\_\_

Parent #2 Name \_\_\_\_\_ Email \_\_\_\_\_

Signature of parent / guardian \_\_\_\_\_

# Physics Camp 2018 Medical Release

Complete one for each child

Return with completed Application Form and payment to Temple Beth El.

Camper first & last name \_\_\_\_\_

Age on July 16, 2018 \_\_\_\_\_ Grade as of Sept. 2018 \_\_\_\_\_ DOB \_\_\_\_\_

Mailing address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent #1 Name \_\_\_\_\_ Email \_\_\_\_\_

Daytime phone \_\_\_\_\_ Evening phone \_\_\_\_\_

Parent #2 Name \_\_\_\_\_ Email \_\_\_\_\_

Daytime phone \_\_\_\_\_ Evening phone \_\_\_\_\_

Name and phone of person(s) authorized to drop off/pick up my child:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

Is your child allergic to ANY medications, food, insects, etc.?  No  Yes

**Emergency contacts:** To be able to reach you, please give us the most reliable phone numbers

Parent #1 Day \_\_\_\_\_ Evening \_\_\_\_\_ Cell \_\_\_\_\_

Parent #2 Day \_\_\_\_\_ Evening \_\_\_\_\_ Cell \_\_\_\_\_

Alternate Person Name \_\_\_\_\_ Day \_\_\_\_\_

Evening \_\_\_\_\_ Cell \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurance \_\_\_\_\_ Policy # \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

I give permission for my child to take part in all activities. In the event of illness or accident, you are authorized to take such emergency action as you deem necessary for the welfare of my child. I authorize TBE to take such action on behalf of myself. I hereby release and discharge Temple Beth El Jewish Community Center of Santa Cruz County. Including its agents and employees of and from all causes of action for injuries or damages to my child in any way arising from or growing out of participation.

Signature of parent / guardian \_\_\_\_\_ Date \_\_\_\_\_