

## Camp Gan Israel Summer 2010 Permission Slip

### Jewish Educational Institute

- ▶ E-Torah Newsletters
- ▶ Guest Speakers
- ▶ JLI Courses
- ▶ Lunch 'n Learn
- ▶ Monthly Lectures
- ▶ Private (one-on-one) Classes
- ▶ Senior's Classes
- ▶ University Classes
- ▶ Weekly Classes
- ▶ Women's Events

### Festival Awareness

- ▶ Chanukah in the Park
- ▶ Community Pesach Seder
- ▶ Holiday Guides
- ▶ Lag B'Omer Family Celebration
- ▶ Purim Family Celebration
- ▶ Sukkot Family Celebration

### Youth Activities

- ▶ Camp Gan Israel
- ▶ Cheder Classes
- ▶ Shabbatons
- ▶ Torah Tots Holiday Program

### Social Services

- ▶ Correctional Centre Visits
- ▶ Crisis Counselling
- ▶ Elderly, Sick & Homebound Visits
- ▶ Yehudis Tamar Gemach:  
Interest-free Loan Fund

### Community Resources

- ▶ Annual Jewish Art Calendar
- ▶ Comprehensive Jewish website:  
www.ChabadBrisbane.com
- ▶ Judaica Services: Tefillin, Mezuzah etc.
- ▶ Yehoshua Avraham & Miriam  
Blumberg Lending Library

### Rabbi Levi Jaffe

Director

### Chanoch H Sufirin

Adult Education Director

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I, \_\_\_\_\_ give permission for my child/ren

\_\_\_\_\_ to travel with Camp Gan Israel to and from (please pick the appropriate circles).

- AMF Bowling Greenslopes - Tuesday, January 5th
- South Bank - Thursday, January 7th
- Iceworld Olympic Ice Rinks Acacia Ridge - Tuesday, January 12th
- Dreamworld - Thursday, January 14th

For the duration of Gan Israel Camp, in the event of an accident or injury and I can't be reached, I authorize the necessary medical service to be provided for my child.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## Medical Form for Camp Gan Israel 2010

Child's Name: \_\_\_\_\_ Family Name: \_\_\_\_\_

Hebrew Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Hebrew Birthday: \_\_\_\_\_

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_ Home phone: \_\_\_\_\_

Family Email: \_\_\_\_\_

Father's name: \_\_\_\_\_ Hebrew name: \_\_\_\_\_

Work phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Hebrew name: \_\_\_\_\_

Work phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

❖ Any special information about the applicant that is necessary for us to know (allergies, illnesses, special needs):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_