

5th and 6th grade Retreat

April 30-May 2, 2010 ■ Camp JRF (South Sterling, PA)

Name _____ Sex _____ Grade _____
Address _____ City _____ State/Province _____ Zip _____
Parent's Phone () _____ Parent's Cell Phone () _____
Parent's Names _____ Parents' E-mail _____
Congregation/Havurah _____
Food Requirements/Allergies _____

TRANSPORTATION

- I will be traveling by private car
 I will be traveling with my synagogue group

COST: \$140 (\$160 for Registration postmarked after April 1st)

- Enclosed please find my check made payable to "Kol Emet"
 Please charge my MasterCard or Visa (circle one) for the following amount: \$ _____
Name on Card: _____ Card #: _____ Expiration Date: _____

PARENTAL AUTHORIZATION

*** Insurance Company _____ Policy # _____ ***
Special Medical Information (allergies, medications, etc.): _____
Please list any physical or mental conditions of which the staff should be aware: _____

In the event of any emergency please notify: Name: _____ Phone: () _____

I have read and approve of this application in its entirety. I grant permission for my child to attend and participate in all aspects of the 5th and 6th grade Shabbat Retreat and release the Jewish Reconstructionist Federation (JRF), Camp JRF, the Jewish Reconstructionist Camping Corporation (JRCC), and all of their agents, officers, and employees from any liability whatsoever, including personal injury.

I hereby give permission to the staff of 5th and 6th grade Shabbat Retreat to provide routine health care, administer prescribed medications and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission to the staff of the 5th and 6th grade retreat to arrange necessary related transportation. In the event that I cannot be reached in an emergency, I hereby give permission to the physician/health care provider selected by the staff of the 5th and 6th grade Shabbat Retreat to secure and administer treatment, including hospitalization, for the person named above.

I understand that the staff of the 5th and 6th grade Shabbat Retreat is not defined as an entity subject to HIPAA and therefore is not covered by HIPAA regulations concerning patient medical records. I also understand and agree that situations may necessitate that my child's medical information be shared with the administrative and program staff as well as doctors and nurses. I give permission to any health care provider, such as a hospital or physician, to share my child's medical information with the program medical staff, for treatment purposes.

I acknowledge and agree that the staff of the 5th and 6th grade Shabbat Retreat may use photographs, videotape, audio recordings, and/or written accounts of activities in which my child may appear in the presentation of its program to the community.

Parent / Guardian's Signature: _____ Date: _____

COVENANT OF BEHAVIOR

As a participant in the 5th and 6th grade Shabbat Retreat, I understand that I am taking part in the formation of a sacred community. From the time I leave my home until the time I return at the conclusion of the event, I will contribute to this sacred community by:

- Participating fully in the entire event.
- Respecting all people I encounter. This includes accepting everyone despite challenges they may face, recognizing and appreciating differences, and being inclusive to all.
- Welcoming old friends and new acquaintances with open arms.
- Looking out for those around me.
- Thinking before I speak. I am aware of the power words hold and will be mindful of those who are listening. In discussions, I will challenge my peers lovingly and with respect. I will be willing to forgive those who wrong me.
- Representing my family and community to the best of my ability.
- Respecting the privacy and dignity of my peers and the community. I will not use a camera (still or video), send, share, or post images in such a way that would invade privacy, embarrass or be hurtful to either individuals or the 5th and 6th grade Shabbat Retreat. I will not at any time send, share or post email, blogs or images that are cruel, demeaning, disrespectful or intentionally hurtful to another person. I understand that the harm caused by such actions in a community such as the 5th and 6th grade Shabbat Retreat can be immense.
- Obeying all laws. I will not act violently, bring or use any weapons or firearms, or commit any illegal act (including vandalism, disturbing the peace, or other inappropriate behavior).

I understand that these rules are designed to ensure the health and well-being of myself and all participants in the program, and I agree to abide by them, as well as any additional ones presented by adult leadership, throughout the event. I understand that if I break any of these rules there will be consequences which could include payment for damages, probation from future events, or immediate dismissal from the current event at my expense. By my signature and that of my parent/guardian, I affirm my understanding of the above rules and my promise to follow them, as well as my commitment to building a strong Jewish community.

Child's Signature: _____ Date: _____

Parent / Guardian's Signature: _____ Date: _____

For more information, please contact
Ariel Zaslav, Kol Emet Camp JRF Liason
arielzaslav@gmail.com

Return this form signed with a check made payable to:

Kol Emet
1360 Oxford Valley Road
Yardley, PA 19067-4414