



Jewish Community Center

SONOMA COUNTY

JEWISH TEEN PROGRAM

REGISTRATION INSTRUCTIONS AND CHECKLIST

Student Name \_\_\_\_\_ Grade in Fall 2010 \_\_\_\_\_

Parent Name(s) \_\_\_\_\_

Parent email \_\_\_\_\_ Student email \_\_\_\_\_

Parent Phone \_\_\_\_\_ Student Cell Phone \_\_\_\_\_

Please send in your payment and completed forms to register for Shorashim by June 30, 2010. JCC, 1301 Farmers Lane, Suite 103, Santa Rosa, CA 95405

Payment options (choose one):

- I am sending the \$100 deposit, payable to Shorashim. Please bill me for the balance due.
I am sending in the entire fee of \$230. My synagogue is
I am sending in the entire fee of \$275 as a non-synagogue member.

I have signed and am sending in the following forms:

- Registration & Checklist (this sheet)
Release from Liability / Participation Agreement (double-sided form)
Teen & Family Information / Medical Information (double-sided form)

I am sending in an additional \$18, \$36, \$72, \$180, \$360 or \$ towards helping another family who needs assistance. (Optional, but appreciated, of course!)

Please check all that apply:

- I am available to chaperone an event.
I am interested in being on the Jewish Teen Program Committee.

Calendar of Events and Dinner Discussions are forthcoming. Dates and Events are subject to change



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GRADE IN FALL 2010 \_\_\_\_\_

TEEN AND FAMILY INFORMATION

Student's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Please print email address clearly. The JCC uses email very frequently to communicate.

Contact Parent Name: \_\_\_\_\_  Mom  Dad

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

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Second Parent Name: \_\_\_\_\_  Mom  Dad

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

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

City: \_\_\_\_\_

Zip: \_\_\_\_\_ If currently affiliated, name of Synagogue: \_\_\_\_\_

1. Emergency Contact (other than parent): \_\_\_\_\_

Relationship: \_\_\_\_\_

Emergency Contact Phone(s) #: \_\_\_\_\_

2. Emergency Contact (other than parent): \_\_\_\_\_

Relationship: \_\_\_\_\_

Emergency Contact Phone(s)#: \_\_\_\_\_



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MEDICAL INFORMATION

Is participant allergic to any foods or medications? If yes, what?

Is there any additional information the staff should know about your child?

Please describe any chronic or recurring illness or condition your child is affected by that would prevent him/her from participating in any activities or restrict their participation in such activities, and describe any restrictions that JCC staff should be aware of.

Insurance Information

This information must be completed for your teen to attend Jewish Teen Program functions.

Please attach a copy of the teen's health insurance card.

Do you have family medical/hospital insurance? Yes No

Name of Policy Holder:

Group or Policy#: Carrier:

Name of family physician: Phone:

Authorization for Emergency Medical Treatment, Transportation to/from Activities and Use of Photographs, and Agreement

I understand that the Jewish Teen Program does not provide any accident or health insurance coverage for members or guests. I further understand that it is the responsibility of every individual participant, his or her parents or legal guardian to provide their own accident and/or health insurance coverage while participating in Jewish Teen Program activities. In the event I cannot be reached in case of an emergency or need for medical treatment involving my child, I hereby authorize the Jewish Teen Program Director or his/her authorized representative to consent to any emergency transportation, medical treatment and/or hospitalization rendered to my child. I understand that I will be responsible for the cost of such transportation and medical treatment.

My child has permission to ride in any necessary transportation to or from Jewish Teen Program activities that is arranged by the Jewish Teen Program. I grant permission for my child to participate in all Jewish Teen Program activities except as may be specifically noted in the Medical Information above, and I hereby authorize the Jewish Teen Program to use photographs, videos, likenesses or testimonials of my child for Jewish Teen Program marketing purposes unless otherwise indicated in writing. I further understand and agree that my child must follow the basic rules outlined in the Agreement as it may be amended from time to time.

Student's Name:

Parent/Guardian Signature: Date:

5/27/2010



**Jewish Community Center**

SONOMA COUNTY

**JEWISH TEEN PROGRAM**

**RELEASE FROM LIABILITY**

I hereby represent that I am the parent or legal guardian of the child named below. I understand and fully accept that there are risks of physical injury involved in my child participating in Jewish Teen Program activities including but not limited to transportation to or from such activities. In consideration of my child being allowed to participate in Jewish Teen Program activities and programs, and on behalf of myself and my child, I hereby waive, release, relinquish and hold harmless, the Jewish Teen Program, Jewish Community Center, Sonoma County, Congregation Beth Ami, Congregation Ner Shalom, Congregation Shir Shalom, Congregation Shomrei Torah, B'nai Israel Jewish Center and each of their elected or appointed officers, directors, officials, employees, agents, insurers, volunteers and chaperones (the "released parties") from any and all claims of loss, injury or damage, whether the result of active or passive negligence or fault which may hereafter occur, arising from or related to my child's participation in or presence at Jewish Teen Program activities, including but not limited to transportation to or from such activities.

By signing below I knowingly, voluntarily and expressly release and discharge the Released Parties named above from all such liability or claims even though such claims are not known at this time and do not presently exist. This release is knowingly and voluntarily entered into despite the language of Section 1542 of the California Civil Code which reads as follows:

“A general release does not extend to claims which the creditor does not know or suspect to exist in his or her favor at the time of executing the release, which if known, by him or her must have materially affected his or her settlement with the debtor.”

I hereby expressly waive and relinquish any rights or benefits which I or my child might have against the Released Parties under Section 1542 of the California Civil Code or any similar provision of statutory or non-statutory law of any jurisdiction to the fullest extent that I may lawfully waive all such rights and benefits pertaining to any of the subject matter of this Release.

Date: \_\_\_\_\_ Student's Name: \_\_\_\_\_

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



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JEWISH TEEN PROGRAM
PARTICIPATION AGREEMENT
2010 - 2011

I will promote the creation of a Jewish youth community based on mutual respect. I support the following Agreements, designed to promote the health and safety of all event participants, and have indicated my support by my signature and that of my parent/guardian. I agree to alert the Program Director and Event Director or an adult chaperone if there is a violation of the Agreement.

- 1. I will not engage in any illegal activities while participating in any Jewish Teen Program activity, including:
a. possession, consumption or distribution of alcoholic beverages;
b. possession, consumption or distribution of illegal drugs, controlled substances or any prescription drugs that were not prescribed specifically for me;
c. possession of weapons of any kind.

I understand I will be immediately sent home from the activity if I violate this rule.

- 2. I understand that vandalism, disturbing the peace, or other behavior deemed inappropriate by the adult leadership will not be tolerated. I understand I will be responsible for any damage I cause.
3. I will try my best to participate fully in the event. I will arrive on time, stay until the end, and remain on the event premises at all times.
4. I will abide by the event curfew announced by the adult leadership.
5. I understand members of the opposite sex are not allowed inside the same sleeping rooms or sleeping areas.
6. I understand I must ask the Program Director and/or Event Director in advance for permission to bring a guest to an event.
7. I will not engage in inappropriate sexual behavior. I understand that if another person's behavior is making me uncomfortable, I can speak to the Program Director, Event Director, or other adult leader or chaperone.
8. I will respect the property and privacy of others.
9. I will abide by any additional rules that may be announced by the Program Director and/or Event Director or other adult leader or chaperone.
10. I understand the consequences of a violation of rules 2 through 9 will be determined by the Program Director and/or Event Director on a case-by-case basis, but may include being sent home from an activity, suspended temporarily from participation in Jewish Teen Program activities, or expulsion from the Jewish Teen Program.

Participant Name (Print)

Signature

Date

Parental Agreement

- 1. I have read the Jewish Teen Program Agreement above and have indicated acceptance by my signature below.
2. I understand and agree that the consequences for any violation of this Agreement could include sending my child home from an activity, at my expense.

Parent/Guardian Name (Print)

Signature

Date