

Jr. Jewbilation ^{6th-8th Grade}



Come together with hundreds of Jewish 6th-8th graders in one awesome place to have lots of fun. Jr. Jewbilation, is open to all Jewish 6th - 8th Graders and will be held Saturday night, **February 5th from 7 p.m. to 10 p.m.**

Come with your friends and meet new ones, too!

Location: Temple Beth Sholom (2625 N. Tustin Ave, Santa Ana).

Cost: \$20 with RSVP / \$25 at the door

Forms: Waiver required to attend (located on the back of this flyer)



Complete Video Game Party Truck Trailers:

- Flat Screen TV's & Leather Couches
- The latest gaming systems
- Variety of today's most popular games



Multiple Inflatables / Bounce Houses

- Come challenge your friends to race, jump and joust



Live DJ, lighting & dancing



For more info, or to RSVP, contact Jeff Reinstein, Youth Program Coordinator at: 949-435-3450, jeff@bjeoc.org or visit our website at www.bjeoc.org.

the  **bureau**
of jewish education

1 Federation Way, Suite 205, Irvine, CA 92603
Phone: 949-435-3450 Fax: 949-435-3456



Bureau of Jewish Education 6th-8th Jr. Jewbilation Application 2011

Student Name _____ Date of Birth _____ M F
Mailing Address _____ City _____ Zip _____
Home Phone _____ Parent Home E-mail _____
Student Phone _____ Student E-mail _____
School (Sept. 2010) _____ Grade (Sept. 2010) _____ Synagogue _____
Parent 1 Name _____ Parent 2 Name _____
Cell Phone _____ Cell Phone _____
Emergency contact: Name _____ Phone _____
(other than parent/guardian)

Physical and Mental Health Disclosure (Confidentiality assured)

Please describe and list any and all medical requirements, mental health concerns, physical handicaps, psychological issues, allergies, medications. This information is essential to the health care of your child when in our guardianship. Please include an additional sheet if necessary. **IF YOUR CHILD HAS NO MEDICAL NEEDS OR CONCERNS, PLEASE WRITE "NONE"**

MEDICAL WAIVER AND RELEASE FORM

All participants must have current health insurance to participate in the 6th - 8th grade Jr. Jewbilation.

I hereby grant permission for my child, _____ to participate in the 6th - 8th grade Jr. Jewbilation, 2011. I hereby release the Bureau of Jewish Education and its members and employees from any and all liability resulting from or in any manner arising out of any injury or damage which may be sustained by said child and any loss or damage to property on account of his/her participation in said activity. I understand that the Bureau of Jewish Education is not liable if my child chooses to leave a Bureau sponsored program early.

I further agree, that in case any action is brought against the Bureau of Jewish Education, its members or employees arising out of participation as described above, I will indemnify them and hold them harmless from any attorney's fees, costs or judgments incurred or rendered in any such action.

I, the undersigned parent(s) of _____ a minor, do hereby authorize the supervising agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is so rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the Medicine Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of our afore-said agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the afore-mentioned physician, in the exercise of his/her best judgment may deem advisable, pursuant to the provisions of Section 25.8 of the Civil Code of California.

It is understood that the person in charge will try to reach me by phone prior to administering any emergency treatment.

Health Insurance Company: _____ Group/Policy #: _____
I.D.#: _____

Parent or Guardian Signature: _____ Date: _____

This signature also confirms that I have reviewed and understand the cancellation policy and behavior policy as stated on the reverse side of this form. I also understand that The Bureau is not responsible for lost or stolen items.

CODE OF CONDUCT & DRESS CODE

In order to ensure the safety and well-being of all our students, the staff of the Bureau will enforce the following policies:

1. Any student who is deemed to be a danger to him/herself, to others or to the program will not be permitted to participate in Bureau activities.
2. Possession of any illegal or unlawful items will result in **immediate** dismissal from the program. These items include: cigarettes, alcohol, drugs, and weapons.
3. The Bureau reserves the right to inspect any property brought to a Bureau activity, including but not limited to purses, luggage, backpacks, shopping bags and clothing (whether it is being worn at the time or not) at any time, with or without prior notice.
4. If a student has a mental health concern or diagnosis with a medical or psychological problem that could result in his/her being a danger to him/herself, others or the Program, the director must approve his/her participation and may require certain conditions (i.e. doctor's note, on-going therapy, etc.). We ask that this be disclosed out of the interest of assuring your child's safety and the safety of the community because we take this very seriously.

Dress Code: Our community upholds respect and honor for each individual. In order to maintain this standard, please do not plan to wear any item of clothing that is strapless, has spaghetti straps or reveals your midriff or undergarments. In an effort to uphold the Bureau values, no garment should display graphics of drugs, alcohol, profanity or violent acts. If a program participant chooses to wear a skirt, it must be of modest length.

Parent/Guardian Signature _____ Date _____ Student Signature _____ Date _____

PAYMENT AND FEES

Please mail completed form to: Bureau of Jewish Education, 1 Federation Way, Suite 205, Irvine, CA 92603 or fax to: 949.435.3450

Enclosed is my check for \$ _____ made out to: **Bureau of Jewish Education.**

I prefer to pay by VISA/MasterCard (circle one)

My card number is _____ Exp. Date _____

Print cardholder's Name _____ Cardholder's signature _____