

Bureau of Jewish Education TALIT (9th-12th Grade) 2008/2009 APPLICATION

Current membership in any congregation is required for 9th grade participation only. If you do not belong to a sponsoring congregation, additional fees apply. Please check with your educator to see if yours is a sponsoring congregation, or go to www.bjeoc.org.

Student Name _____		Date of Birth _____		<input type="checkbox"/> M <input type="checkbox"/> F
Mailing Address _____		City _____		Zip _____
Home Phone () _____		Parent Home E-mail _____		
Student Cell Phone () _____		Student E-mail _____		
School (Sept. '08) _____		Grade (Sept. '08) _____		Synagogue _____
Parent 1: Name _____		Parent 2: Name _____		
Cell Phone () _____		Cell Phone () _____		
Business/Occupation _____		Business/Occupation _____		
Work Phone () _____		Work Phone () _____		
Work Email _____		Work Email _____		
Student lives with: <input type="checkbox"/> Both parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other				
Emergency contact (other than parents): Name _____		Phone () _____		
Student's bus stop: <input type="checkbox"/> Samuelli Jewish Campus, Irvine <input type="checkbox"/> Temple Beth Sholom, Santa Ana <input type="checkbox"/> Alpert JCC, Long Beach				

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—including name of medication, dosage and time of administration, or special needs for your child. 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 TALIT.

I hereby grant permission for my child _____ to participate in the 2008/2009 TALIT program at all of its locations, which may include synagogues, occasional field trips, and our woodsy camp setting. 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, or in the transportation in connection therewith. 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.
 Please be advised that each participant's own insurance remains their primary insurance.

I do _____ do not authorize the Bureau staff to dispense Ibuprofen/Acetaminophen (i.e. Advil/Tylenol) and, under the supervision of the camp medical staff, other "Over-the-Counter" medications at my child's request.

Health Insurance Company _____ Policy # _____

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, and that our family is affiliated with the synagogue listed above. I also understand that The Bureau is not responsible for lost or stolen items.

Parent or Guardian Signature _____ Date _____

PLEASE FILL OUT THE REVERSE SIDE OF THIS FORM

The Bureau of Jewish Education reserves the right to use any and all photographs taken at Bureau events for publicity purposes.