

Student Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  M  F

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Student Cell Phone: \_\_\_\_\_ Student Email: \_\_\_\_\_

School (9/2010): \_\_\_\_\_ Grade (9/2010): \_\_\_\_\_ Synagogue: \_\_\_\_\_

Parent I Name: \_\_\_\_\_ Parent II Name: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Business/Occupation: \_\_\_\_\_ Business/Occupation \_\_\_\_\_

Emergency contact (other than parents) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Student lives with:  Both Parents  Parent I  Parent II  Other \_\_\_\_\_

Student's bus stop:  Samueli Jewish Campus, Irvine  Temple Beth Sholom, Santa Ana  Alpert JCC, Long Beach

I would like to bunk in the same cabin with the following: \_\_\_\_\_

**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 CIRCLE "NONE".**

Medical Information: \_\_\_\_\_

**MEDICAL WAIVER AND RELEASE FORM**

***All participants must have current health insurance to participate in TALIT Nation.***

I hereby grant permission for my child, \_\_\_\_\_ to participate in the 2010/2011 TALIT Nation 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.

Health Insurance Company: \_\_\_\_\_ Group/Policy #: \_\_\_\_\_

I.D.#: \_\_\_\_\_

I do  I 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.

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

**PLEASE FILL OUT THE REVERSE SIDE OF THIS FORM**

## CODE OF CONDUCT & DRESS CODE FOR ALL BUREAU YOUTH PROGRAMS

**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. On weekend camp retreats, students will also be dismissed from the program for entering a cabin of the opposite sex at any time. Students may also be dismissed for leaving their cabins after "lights out" or for indecent exposure.
4. 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.
5. If a disciplinary action has been taken against a student in school, camp or the community, the student's parent is required to schedule a consultation with the director in order for the student to enroll or to continue (if it occurs mid-year) in a Bureau program. Failure to do so will result in dismissal from the program.
6. 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.
7. If the Bureau learns of an undisclosed disciplinary action or problem diagnosis, the student will immediately be dismissed from all Bureau programs. Immediate dismissal means that a parent will be called to pick up the student immediately, regardless of the time of day or the location of the program.

**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 come at least to the knees. While at camp, the Shabbat dress code states: "In order to make Shabbat different from the rest of the week, we will all dress in nice clothes for Friday night services. While you do not want to wear your High Holiday best, please remember that, t-shirts, and shorts are not appropriate for Erev Shabbat."

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

### PAYMENT & FEES

Please mail completed form to: 1 Federation Way, Suite 205, Irvine, CA 92603 or fax to: 949-435-3456

PROGRAM	Early Bird Program Cost (Postmarked on/before 07/09/10)	Program Cost (Postmarked after 07/09/10)	FEES DUE
TALIT Nation @ the Bureau	<input type="checkbox"/> \$795	<input type="checkbox"/> \$845	
9th Grade Initiation Fee* <small>(See box below to see if fee applies to you)</small>	<input type="checkbox"/> \$305	<input type="checkbox"/> \$305	
ACL @ TALIT Nation	<input type="checkbox"/> \$155	<input type="checkbox"/> \$155	
YP @ TALIT Nation <small>(Donation paid to Community Foundation)</small>	<input type="checkbox"/> \$36	<input type="checkbox"/> \$36	
Jewbilation Package @ TALIT Nation	<input type="checkbox"/> \$90	<input type="checkbox"/> \$90	
Jewbilation Pay-Per Event: \$25 each <small>(\$30 per person at the door)</small>	<input type="checkbox"/> 11/13 <input type="checkbox"/> 12/11	<input type="checkbox"/> 3/19 <input type="checkbox"/> 5/14	
TAC @ TALIT Nation	<input type="checkbox"/> Check here if you would like more information on this program		
TIES @ TALIT Nation	<input type="checkbox"/> Check here if you would like more information on this program		
Donation to TALIT Nation Scholarship Fund	<input type="checkbox"/> This donation is tax deductible to assist those in need		
<b>TOTAL DUE</b>			

My check is enclosed (payable to: The Bureau of Jewish Education)

Please charge my credit card

\_\_\_\_\_  
Visa / MasterCard (circle one)

Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_

Cardholder's Name \_\_\_\_\_

Signature \_\_\_\_\_

For financial aid information or to establish a payment plan, please contact the Bureau Registrar, Lucille Cohen Carter at 949-435-3450.

**CANCELLATION POLICY:** All program fees include a \$100 non-refundable registration fee. In the event of cancellation prior to the first weekend retreat, the full tuition fee less the non-refundable registration fee will be refunded. If cancellation occurs after the first weekend until November 1, 2010 the amount refunded will be \$329. No refunds will be given after November 1, 2010. If you are on a payment plan and choose to withdraw after November 1, 2010, you will still be responsible for the remaining balance of you tuition.

This signature confirms that I have reviewed and understand the cancellation policy as stated above. I also understand that The Bureau of Jewish Education is not responsible for any lost or stolen items.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

The Bureau of Jewish Education reserves the right to print contact information in Bureau rosters. If you would want your information withheld, please call our office at 949-435-3450. The Bureau of Jewish Education reserves the right to use any and all photographs taken at Bureau events for publicity purposes.

\*The following list of partnering agencies cover the 9<sup>th</sup> grade initiation fee if enrolled in their 9<sup>th</sup> grade program. Our partner agencies include:

Congregation B'nai Israel, Congregation B'nai Tzedek, Congregation Shir Ha-Ma'alot, Temple Bat Yahm, Temple Beth El of South O.C., Temple Beth El-Riverside, Temple Beth David, Temple Beth Israel-Pomona, Temple Beth Ohr, Temple Beth Shalom-Corona, Temple Beth Shalom-Long Beach, Temple Beth Shalom-Santa Ana, Temple Beth Tikvah, Temple Israel-Long Beach, University Synagogue, and Tarbut V'Torah.