

NO'AR HADASH NORTH AMERICAN TEEN KALLAH

April 16-18, 2010 ■ Washington, DC



Name _____ Sex _____ Grade _____
Address _____ City _____ State/Province _____ Zip _____
Phone (____) _____ Parents' Phone (____) _____
E-mail _____ Parents' E-mail _____
Congregation/Havurah _____ Birthday _____ Shirt Size _____
Room Request (maximum two people; must be of the same sex) _____
Food Requirements/Allergies _____

TRANSPORTATION

Auto - 4-H Youth Conference Center (7100 Connecticut Avenue in Chevy Chase, MD)

Arrive at 5:00pm on Friday and depart at 12:00pm on Sunday.

Participants may not drive themselves or others to, from, or during the event.

Please note: We can only arrange for transportation within the times specified below and if we are notified *two weeks* in advance.

Train - Washington Union Station

Friday, April 16 (arrive by 3:30pm) Train # _____ Time _____

Sunday, April 18 (depart after 2:00pm) Train # _____ Time _____

Air - Reagan National Airport (DCA) **Air - Dulles International Airport (IAD)**

Friday, April 16 (arrive by 3:30pm) Airline _____ Flight # _____ Time _____

Sunday, April 18 (depart after 3:00pm) Airline _____ Flight # _____ Time _____

COST: \$300 (add \$25 to applications postmarked after March 27)

I would like to help support participation in No'ar Hadash programs with a donation of \$ _____.

Enclosed please find my check made payable to "JRF - No'ar Hadash."

Please charge my MasterCard, Visa, or American Express (circle one) for the following amount: \$ _____

Name on Card: _____ Number: _____ 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 No'ar Hadash North American Teen Kallah and release the Jewish Reconstructionist Federation (JRF), No'ar Hadash, and all of their agents, officers, and employees from any liability whatsoever, including personal injury.

I hereby give permission to No'ar Hadash 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 No'ar Hadash 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 No'ar Hadash to secure and administer treatment, including hospitalization, for the person named above.

I understand that No'ar Hadash 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 No'ar Hadash 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 No'ar Hadash programs, 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.
- Understanding that as a community-centered environment, No'ar Hadash does not allow public or inappropriate sexual behavior.
- 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 No'ar Hadash. 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 No'ar Hadash can be immense.
- Obeying all laws. This means that I will not possess, consume, or distribute tobacco products, alcoholic beverages, or any illegal drug or drug paraphernalia at any time during the event - even if I am of legal age to do so. 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 teen community.

Teen's Signature: _____ Date: _____

Parent / Guardian's Signature: _____ Date: _____

For more information, please e-mail us at noarhadash@jrf.org.

Return both pages of this form,
signed and with payment, to:
No'ar Hadash North American Teen Kallah
101 Greenwood Avenue, Suite 430
Jenkintown, PA 19046
FAX: (215) 885-5603