

NO'AR HADASH NORTH AMERICAN TEEN KALLAH

April 27 – 29, 2007 ■ Camp JRF: The Aaron and Marjorie Ziegelman Campus



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

TRANSPORTATION

I will be traveling by car. *Participants may not drive themselves or others to, from, or during the event.*

I will be traveling by airplane or train. **No'ar Hadash will provide transportation to and from Newark Airport only at the following times – please plan accordingly (unfortunately, we will not be able to provide transportation at any other times).**

April 27, 2007 (arrive by 2:00 p.m.) Airline _____ Flight _____ Time _____
 April 29, 2007 (depart after 4:00 p.m.) Airline _____ Flight _____ Time _____

COST: \$180 (\$200 for applications postmarked after April 9)

I would like to help support participation in this event by a donation of \$_____ to the No'ar Hadash Scholarship Fund.

Enclosed please find my check made payable to "Jewish Reconstructionist Federation."

Please charge my MasterCard or Visa for the following amount: Card: _____ Amount to be Charged: _____
 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 the No'ar Hadash North American Teen Kallah and release the Jewish Reconstructionist Federation (JRF), No'ar Hadash, Camp JRF: The Aaron and Marjorie Ziegelman Campus, the Jewish Reconstructionist Camping Corporation (JRCC), and all of their agents, officers, and employees from any liability whatsoever, including personal injury. In the event that I cannot be reached in an emergency, I hereby give my permission to the physician selected by the No'ar Hadash staff to hospitalize, secure treatment for, and order injections, anesthesia, or surgery for my child as named above.

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 participate fully in the entire event and will abide by the following rules designed to ensure the health and well-being of myself and all participants in the program.

- I will not possess, consume, or distribute tobacco products, alcoholic beverages, or any illegal drug or drug paraphernalia at any time during the event.
- I will not engage in inappropriate sexual behavior.
- I will not bring or use any weapons or firearms.
- I will not drive to, from, or during the event.
- I will not commit any illegal act, including vandalism, disturbing the peace, or other inappropriate behavior.

I agree to abide by these rules, 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: _____

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