

Congregation Beth Am
Eighth Grade Trip to Los Angeles
April 3-5, 2009
Registration Form

Student's Last name : _____ **First name :** _____

Gender: _____ Birth date: _____ Age: _____

Student's address: _____

Student's email address: _____ Student's cell number: _____

Child resides with: Mother Father Both Other: _____

PARENTS' INFORMATION

Parent 1's name: _____ **E-mail address:** _____

Telephone numbers: Home: _____ Work: _____

Cellular telephone: _____ Other: _____

Address if different from student's: _____

Parent 2's name: _____ **E-mail address:** _____

Telephone numbers: Home: _____ Work: _____

Pager/Cellular telephone: _____ Other: _____

Address if different from student's: _____

Please list any medical problems that might affect your child's weekend experience (e.g. allergies, diabetes, etc.)
Also indicate any medication, including allergy medicine, that your child will bring:

NOTE: Copies of each student's emergency form on file at Congregation Beth Am will be with us during the weekend.

Parent Permission

I give permission for _____ to attend the Congregation Beth Am 8th Grade Trip to Los Angeles on April 3-5, 2009. I hereby waive all claims against Congregation Beth Am and relieve Congregation Beth Am from liability for personal injury, property damage or wrongful death caused by negligence or otherwise, to the full extent allowable under applicable laws. I give permission for authorized personnel to render emergency treatment to my son/daughter as necessary.

Parent's Signature _____ Date: _____

Is your child a vegetarian? (circle one) yes no Other dietary needs:

Weekend Contract

Parents and Students: Please read the policies of our educational programs.

The “Kavod: Behavior Expectations” and “Emergency Procedures” forms can be found on our website at <http://www.betham.org/youth/Kavod.html>. Please review it before signing this contract.

After you have read and understood the outlined policies, parents and students please date and sign below (even if you have previously signed this).

We have read and understood the “Kavod: Behavior Expectations” form. We affirm the expectations and values therein.

Signatures: _____ Date: _____

To ensure the health, safety and comfort of each participant, as well as to maintain a fun, pleasant and enjoyable atmosphere for living and learning together, the following policies will be followed during our weekend:

- 1) NO DRUGS OR ALCOHOL! If any problem should arise in this area, parents will be called immediately and students may be sent home.
- 2) It is each participant's responsibility to REMAIN IN SUPERVISED AREAS at all times and to PARTICIPATE IN ALL PROGRAMMING. No ipods or cell phones are allowed at programs or meals.
- 3) NO SMOKING or lighting of fire is allowed anywhere.
- 4) NO VANDALISM OR GRAFFITI will be tolerated. Participants who inflict any damage to any place during our trip will be responsible for any and all repairs.

I have read and understand the above contract and agree to comply with all policies throughout our weekend.

Signature of Participant

Signature of Parent or Guardian

Enclosed is a check for \$_____.

_____ This is our \$100 non-refundable deposit. The remaining balance is due by March 1, 2009.

_____ This is the total amount for the trip, which includes the above mentioned, non-refundable deposit.

_____ Please contact me with scholarship information.

_____ I would like to contribute \$_____ to the scholarship fund for this trip.

PLEASE RETURN THIS FORM, WITH A CHECK, TO CONGREGATION BETH AM
NO LATER THAN JANUARY 16, 2009
Space is limited, so hurry!

More information will follow upon receipt of this reservation form!