

NFTY - NEL Regional Event Application

Return completed application to your TYG Advisor for signature and processing

Name _____ TYG Name _____

Congregation; _____ City: _____

TYG_Board Position _____ Regional Board Position: _____

I will be picked up and dropped off via bus at which city (please check one):

- Buffalo
 Burlington
 Canton
 Cleveland
 Erie
 Mississauga
 Ottawa
 Pittsburgh
 Rochester
 Syracuse
 Thornhill
 Toronto

An adult (over the age of 21) is driving me to and from the event: _____

**NFTYITES ARE STRICTLY PROHIBITED FROM DRIVING TO,
FROM AND DURING THE EVENT!**

Housing Request (single-gender only – We will try to honor one choice!)

1. _____ 2. _____ 3. _____

Environmental/Pet Allergies: _____

T-shirt Size S M L XL XXL This is my 1st NFTY-NEL Event

PLEASE MAKE CHECKS PAYABLE TO NFTY NEL

TOTAL Event PRICE \$ _____

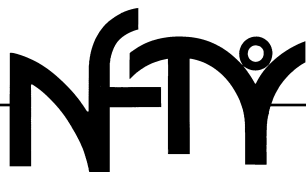
Late Fee (Mandatory after deadline) + \$ 20.00

I would like to contribute funds to support the + \$ _____

**NFTY-SOlidairty Project to help defray regional event costs
for members of NFTYSolthern (NFTY-SO) who were
affected by Hurricane Katrina. (optional)**

Voluntary donation to NFTY-NEL Mitzvah Corps (optional) + \$ 2.00

TOTAL AMOUNT PAID _____
\$ _____



NORTH AMERICAN FEDERATION OF TEMPLE YOUTH

NFTY's *B'RIT KEHILLAH*—Code of Conduct

ברית קהילה

I will promote the creation of a religious youth community based on mutual respect and a sense of personal well-being. I will treat others with *Kavod* (honor and respect) because we are created *B'tzelem Elohim* (in the image of God). I have read the following rules, designed to promote the health and safety of all event participants, and have indicated my complete acceptance by my signature and that of my parent/guardian.

I will not possess, consume, or distribute alcoholic beverages, other than that served by adult leadership for Jewish sacramental purposes, even if I am of legal drinking age.

I will not possess, use, or distribute any illegal drug or drug paraphernalia.

I will not smoke or consume or distribute tobacco products at any time during the event.

I will attend and participate fully in the entire event, unless otherwise agreed upon with the NFTY Regional Advisor. I will arrive on time, stay until the end, and remain on the event premises at all times.

I will not bring or use any weapons, firearms, or anything that may be construed as a weapon.

I will not commit any illegal act. I understand that vandalism, disturbing the peace, or other inappropriate behavior as determined by the adult leadership in accordance with the youth leadership will not be tolerated. I understand that I will have to pay for any damage that I cause. I understand that no gambling is allowed, except for fundraisers approved by the adult leadership.

I will abide by the event curfew announced by the leadership. After each event session, I will go directly to my cabin, hotel room, or host home and remain there until the next session.

I understand that no guests are allowed at any event, unless the adult leadership grants permission in advance, and that any unauthorized guests will be asked to leave immediately.

I will not drive to, during, or from events, unless advance permission for a special situation is requested in writing by my parent/guardian and granted in writing by the NFTY Regional Advisor.

I will not participate in any activities that could be deemed as hazing, sexually harassing, demeaning, or hurtful.

I agree to refrain from inappropriate sexual behavior.

I agree to abide by any additional rules, pertinent to a specific event, which may be announced, and to accept the consequences of their violation.

I understand that these rules of behavior apply from the time I leave home for the event, during the event itself, and until I return home after the event.

We understand that part of the NFTY experience involves activities, group living arrangements and interactions that may be new to my child. These things come with certain risks and uncertainties beyond what my child may be used to dealing with at home. I am aware of these risks, and I am assuming them on behalf of my child. I realize that no environment is risk free and so I have instructed my child on the importance of abiding by NFTY's *B'rit Kehillah*—Code of Conduct. My child and I both agree that he or she is familiar with these rules and will obey them. We further understand that sanctions imposed by the NFTY Regional Advisor for violation could include immediate expulsion from the event, at the expense of the parent or guardian.

My signature, and the signature of my parent/guardian, on the attached Health and Safety Form for Union for Reform Judaism Youth Programs, affirm my agreement to the rules and policies of NFTY and this *B'rit Kehillah*.

HEALTH AND SAFETY FORM FOR UNION FOR REFORM JUDAISM YOUTH PROGRAMS

NFTY-NORTH AMERICAN FEDERATION OF TEMPLE YOUTH • NFTY MITZVAH CORPS • JUNIOR YOUTH PROGRAMS • UNION FOR REFORM JUDAISM YOUTH LEADERSHIP PROGRAMS

The information you provide on this form is gathered to assist in identifying appropriate care. The more information provided, the better able we are to ensure a safe and healthy event.



Event Name _____

Location _____ Date _____

TO BE COMPLETED BY PARENT OR GUARDIAN OF PARTICIPANT - No Doctor visit required

Name _____ Birth Date _____ Age _____ Grade _____
Last First Middle

Home Address _____
Street Address City State Zip Country

Email _____ Temple Youth Group _____

Participant Social Security Number _____ Gender: Male Female NFTY Region _____

Parent/Guardian 1 _____ Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

Home Address _____
If different from above Street Address City State Zip Country

Email _____

Parent or Guardian 2 _____ Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

Address _____
If different from above Street Address City State Zip Country

Emergency Contact Information

Name _____ Home Phone _____ Work Phone _____

Relationship _____ Cell Phone _____ Email _____

Name _____ Home Phone _____ Work Phone _____

Relationship _____ Cell Phone _____ Email _____

Insurance Information

Is the Participant Covered by Family Medical/hospital insurance? Yes No If so, Indicate Carrier or Plan Name _____

Group # _____ Policy # _____ Claims/Phone Authorization # _____

Name of Insured Relationship to Participant _____ Co-Pay Amount _____

Health History

The intent of this information is to provide health care personnel the background to provide appropriate care. Keep a copy of the completed form for your records. Any changes to this form should be provided to the Union staff member upon participant's arrival at the event. Provide complete information so that the Union can be aware of your needs.

ALLERGIES- List all known

Medication Allergies

- Penicillin _____
- Amoxicillin _____
- Septra _____
- Aspirin _____
- Erythromycin _____
- Sulphur _____
- Hay Fever _____
- Ivy Poisoning _____
- Bee Stings _____ Needs EpiPen
- Insect Stings _____
- Other _____

How do these allergies manifest themselves? (rash, swelling, difficulty breathing)

Are they ever life threatening? _____

Operations or serious injuries (dates) _____

Chronic or Recurring Illness _____

Other diseases or details of above _____

Food Allergies - List _____

RESTRICTIONS: Vegetarian Lactose Intolerant Does not eat red meat Does not eat fish Does not eat eggs Does not eat poultry

Other (describe) _____

Explain any restrictions to activity (e.g., what cannot be done, what adaptations or limitations are necessary). _____

Medications Being Taken

Please note that medications will not be collected during this event, but the Union needs to be aware of the medications your child is currently taking. If you have specific needs (e.g. shot injection by a nurse), please be sure to make that notation below. Please list all medications (including over-the-counter or nonprescription drugs) taken routinely. Bring enough medication to last the entire event. Keep it in the original packaging bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

This person takes NO medications on a routine basis. This person takes medications as follows:

Med #1 _____ Dosage _____ Specific times taken each day _____

Reason for taking/Other Notes _____

Med #2 _____ Dosage _____ Specific times taken each day _____

Reason for taking/Other Notes _____

Med #3 _____ Dosage _____ Specific times taken each day _____

Reason for taking/Other Notes _____

Identify any medications taken during the school year that participant does/may not take during this event. _____

I give permission to the Union staff member to dispense any medications as needed. Yes No

My child may be given the following "over-the-counter" medications: _____

IMPORTANT - THESE BOXES MUST BE COMPLETE FOR ATTENDANCE

To be read and signed by Union for Reform Judaism Participant

B'rit Kehillah—Code of Conduct I have read the *B'rit Kehillah—Code of Conduct* and I understand that these rules of behavior apply from the time I leave home for the event, during the event itself, and until I return home after the event.

Signature of Participant _____ Date _____

To be read and signed by Youth Advisor or Clergy

Congregational Certification I certify that this participant is a member in good standing of his/her congregation's youth group, and the congregation is a member in good standing of the Union for Reform Judaism, and is eligible to participate in Regional and North American events.

Signature of Youth Advisor or Clergy _____ Date _____

To be read and signed by Parent or Guardian

B'rit Kehillah—Code of Conduct We understand that part of the Union experience involves activities, group living arrangements and interactions that may be new to my child. These things come with certain risks and uncertainties beyond what my child may be used to dealing with at home. I am aware of these risks, and I am assuming them on behalf of my child. I realize that no environment is risk free and so I have instructed my child on the importance of abiding by the *B'rit Kehillah—Code of Conduct*. My child and I both agree that he or she is familiar with these rules and will obey them. We further understand that sanctions imposed by the Event Director for violation could include immediate expulsion from the event, at the expense of the parent or guardian.

Signature of Parent/Guardian _____ Date _____

Health and Safety This health history is correct and complete to my knowledge. The person herein described has permission to engage in all program activities except as noted. I hereby give permission to the Union for Reform Judaism 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 the Union to arrange necessary related transportation for my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician/health care provider selected by the Union to secure and administer treatment, including hospitalization, for the person named above. I agree that the Union for Reform Judaism may use any photograph or likeness of my child for Union publicity. This completed form may be photocopied, if needed, for trips off event premises.

Signature of Parent/Guardian _____ Date _____

Event transportation I give my permission for my son/daughter to be driven to and from the event by authorized vehicle (bus or automobile) transportation. I understand that my son/daughter may not drive to or during the event. I agree to indemnify and hold harmless the Union for Reform Judaism, their employees, volunteers, and members from any harm which may come to my son/daughter while driving to or from the event. I also am aware that it is the responsibility of my son/daughter to notify the Union office of his/her transportation arrangements to and from the event when this information becomes available.

Signature of Parent/Guardian _____ Date _____