



Registration Form 2011-2012 / 5772

Bay Area Midrasha in Oakland – 2808 Summit St. Oakland, CA 94609 – 510-501-6692 – bayareamidasha@gmail.com – www.bayareamidrasha.org

Student Information First Name _____ Last Name _____
 Student Email _____ Student Cell Phone _____
 Date of Birth ____/____/____ Sex Male Female Secular School _____ Grade in School _____

By checking one of these boxes, ***you are financially committing to this program.***
 Retreat dates for all grades: Fall: 12/9-12/11 (no 8th grade), Winter: 2/3-2/5, and Spring: 4/20-4/22
 Please mark the dates in your calendar today!

8th Grade: (choosing at least one retreat is mandatory)

- One retreat (Winter or Spring)
- Two retreats (Winter and Spring)
- A Tasty Backwards Adventure –
A sneak peak at the retreats on 12/11

9th Grade: (choosing at least one retreat is mandatory)

- One retreat (Fall, Winter, or Spring)
- Two retreats (Fall, Winter, Spring [must mark 2])
- Three retreats

10th-12th Grades: (retreats are optional)

- No retreats
- One retreat (Fall, Winter, or Spring)
- Two retreats (Fall, Winter, Spring [must mark 2])
- Three retreats
- 10th grader
- 11th grader
- 12th grader

Please list two friends with whom you'd like to share classes/retreat bunks. 1. _____ 2. _____

Parent/Guardian Information

If parents live in separate households- student lives with: Both Parents Parent I only Parent II only
 Send mail to: Both Parent/Guardian I only Parent/Guardian II only

Parent/Guardian I:

Name _____
 Address _____
 City _____ Zip _____
 Synagogue Membership (if any) _____

Home phone _____
 Day/Work Phone _____
 Parent Email _____
 Cell phone _____

Parent / Guardian II:

Name _____
 Day/Work Phone _____
 Parent Email _____
 Cell phone _____

If Parent II lives in a separate household:

Home Phone _____
 Address _____
 City _____ Zip _____
 Synagogue Membership (if any) _____

Grandparent Information (we will send our annual fundraising appeal):

Name/s _____
 Address _____
 City _____ Zip _____

Name/s _____
 Address _____
 City _____ Zip _____

Emergency Contacts (one of the following people will be notified if neither parent can be reached):

Name _____
 Relationship _____ Phone _____

Name _____
 Relationship _____ Phone _____

Additional Information and Signatures Required on Reverse Side

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Student Name: _____

MEDICAL AND INSURANCE INFORMATION

Doctor's Name _____	Doctor's Phone _____
Dentist's Name _____	Dentist's Phone _____
Insurance Company _____	Policy Number _____

During a retreat or overnight, all medications must be turned in to the retreat leader. Participants may keep only EPI pens and inhalers. If your child requires hospital care while on the retreat, your medical insurance will be billed.

Medical and/or Psychiatric Conditions. All information is strictly confidential.

Does your child take medication, including for emotional or psychological reasons?

Medication name and dosage: _____

For what condition is medication being taken? _____

Does your child have or has s/he ever had any of the following?

An anaphylactic reaction Yes No

Specific physical condition/illness such as epilepsy, asthma, allergies, diabetes Yes No

Special learning or emotional needs such as autism, developmental delays, or ADD Yes No

Special dietary needs Yes No

Any psychiatric conditions Yes No

Any significant life changes or disruptions about which we should be aware Yes No

Please describe any and all medical and or psychiatric conditions below, including details pertaining to any 'yes' answer above:

The CJLL Retreat Coordinator/Midrasha Director/Retreat Medic has my permission to dispense over-the-counter medications such as acetaminophen, ibuprofen, or antihistamines to my child. Yes No

MEDICAL RELEASE

I/We, the undersigned parents of _____, a minor, do hereby authorize Midrasha and CJLL staff as agents 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 to be rendered under the general or specific supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. This authorization shall remain in effect until June 30, 2012.

PARENT/GUARDIAN UNDERSTANDING: PERMISSION

- 1) I authorize my child to leave the Midrasha/CJLL site or retreat site for supervised field trips. I give my permission to Midrasha and CJLL to use this emergency information for all classes, programs, events, and retreats attended by my child. In the event that this information changes or that I will be out of town, I will provide the Midrasha Director and/or CJLL Retreat Coordinator with updated emergency contact information.
- 2) I have instructed my child to abide by all rules of safe and respectful conduct during Midrasha and CJLL Retreat activities. I understand that failure to follow safety rules will result in my child being sent home at my expense and possibly being excluded from future activities.
- 3) At their discretion, the Midrasha Director or CJLL Retreat Coordinator may remove my child from any program or retreat for reasons related to health or violations of Midrasha policies and Code of Conduct. Upon request, I agree to arrange for my child to be picked up from any retreat or Midrasha program immediately.
- 4) Neither I nor any other representative of ours will sue, claim against, attack the property of, or prosecute any of the Jewish Federation of the East Bay and the Midrasha, their directors, officers, agents and employees, and all affiliated entities for loss of property, injury, harm, accident, illness, loss of limb or life, or other personal injury, incapacity, medical cost, expense, damage, claim, or liability, howsoever caused, and regardless of whether caused directly or indirectly by my child's acts or any acts arising out of or in connection with their participation in the Midrasha school or retreat programs, or any activity associated with either program.
- 5) I understand that if the online RSVP is not received by the printed deadline, my child may not be able to attend the retreat, but I will still be financially responsible for the retreat. I also understand that if I sign up for a retreat, I am financially responsible for the retreat whether or not my child ultimately attends.
- 6) I grant permission for the use of still and moving photos of the above named minor in Midrasha and CJLL promotional materials, unless otherwise indicated in writing.

STUDENT UNDERSTANDING: MIDRASHA POLICIES & CODE OF CONDUCT

- 1) I will attend and participate fully in Midrasha Retreats, unless my parent(s) expressly permit me to arrive late or depart early. During the announced class and programming hours, I will attend the class/program from beginning to end, and will remain onsite during the clearly announced breaks.
- 2) I am aware that the possession or use of weapons, violence, drugs, or alcohol is forbidden. I will pay for any damages I cause at Midrasha or retreat sites.
- 3) I agree to abide by the Policies and Code of Conduct as described in the Midrasha Program Brochure; the Retreat Handbook; and those rules delineated by the directors, teachers, and staff(s) of Midrasha and the CJLL, and Midrasha/CJLL retreats. I understand that violation of the Midrasha/CJLL Policies and Code of Conduct may result in immediate dismissal from the program.

Signatures (Registration will not be accepted without both student and parent signatures)

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____