

2004/2005 TALIT APPLICATION

TEENS ARE LEADERS-IN-TRAINING



Recent
Student
Picture

Name _____ Date of Birth _____ () M () F

Mailing Address _____ City _____ Zip _____

Home Phone () _____ Parent Home E-mail _____

Student Phone() _____ Stud. Cell Phone() _____ Stud. E-mail _____

High School(Fall 2004) _____ Grade-Sept.2004 _____ Synagogue _____

Father's Name _____ Father Cell Phone () _____
() Rabbi () Dr. () Mr. () Cantor

Father's Business/Occupation _____ Work Phone () _____

Mother's Name _____ Mother Cell Phone () _____
() Rabbi () Dr. () Mrs. () Ms. () Cantor

Mother's Business/Occupation _____ Work Phone () _____

Student lives with () Both parents () Mother () Father () Other _____

Emergency contact: Name _____ Phone () _____
(other than parents)

Please describe any medical requirements, physical handicaps, allergies, ADD, special medications, problems, or special needs for your child,
if any: _____

MEDICAL WAIVER AND RELEASE FORM

All participants must have current health insurance to participate in TALIT

I hereby grant permission for my child _____ to participate in the 2004/2005 TALIT program at all of its locations, which may include synagogues, occasional field trips, and our woodsy camp setting. I hereby release the Bureau of Jewish Education and its members and employees from any and all liability resulting from or in any manner arising out of any injury or damage which may be sustained by said child and any loss or damage to property on account of his/her participation in said activity, or in the transportation in connection therewith. I understand that the Bureau of Jewish Education is not liable if my child chooses to leave a Bureau sponsored program early.

I further agree, that in case any action is brought against the Bureau of Jewish Education, its members or employees arising out of participation as described above, I will indemnify them and hold them harmless from any attorney's fees, costs or judgments incurred or rendered in any such action.

I(we), the undersigned parent(s) of _____, a minor, do hereby authorize the supervising agent(s) 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 so rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the Medicine Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of our afore-said agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the afore-mentioned physician, in the exercise of his/her best judgment may deem advisable, pursuant to the provisions of Section 25.8 of the Civil Code of California.

It is understood that the person in charge will try to reach me by phone prior to administering any emergency treatment. Please be advised that each participant's own insurance remains their primary insurance.

I do _____ do not _____ authorize the Bureau staff to dispense Acetaminophen/Ibuprofen (i.e. Tylenol/Advil) at my child's request.

Health Insurance Company _____ Policy # _____

Parent or Guardian Signature _____ Date _____

I have read and understand the cancellation policy on the back of this application. Parent initials _____

*****PLEASE MAKE SURE BOTH SIDES OF THE APPLICATION ARE COMPLETED AND RETURN TO:**

**BUREAU OF JEWISH EDUCATION
250 E. BAKER ST., SUITE B, COSTA MESA, CA 92626 * (714)755-4000**

The Bureau of Jewish Education reserves the right to use any and all photographs taken at Bureau events for publicity purposes.

TALIT

Teens Are Leaders-In-Training

Program Payment Options

\$ _____ **TALIT Program Fee**

\$500 (includes dinner and t-shirt) - **Postmarked after 7/9 OR**

\$460 Special Early Bird Fee (discounted fee + dinner and t-shirt) - **Postmarked on or before 7/9**

\$ _____ *Please include this contribution to the Bureau of Jewish Education Scholarship Fund to assist those in need.*

\$ _____ **TOTAL**

My t-shirt size is: S _____ M _____ L _____ XL _____ XXL

Enclosed is my check for \$ _____ made out to the **Bureau of Jewish Education**.

Please charge \$ _____ to my VISA/MasterCard:

My card number is _____ Exp. Date _____

 Print cardholder's name

 Cardholder's Signature

*Financial aid is available, please contact the office for information, 714-755-4000.

We would love to be able to share stories about your teen's Jewish education with their grand-parents. Please fill out the form below if you would like us to do so.

Name: _____

Name: _____

Address: _____

Address: _____

Email: _____

Email: _____

CANCELLATION POLICY

Core program fees **include a \$50 non-refundable registration fee** separate from tuition.

The full tuition fee will be refunded in the event of cancellation prior to the first Sunday session September 12. Withdrawal prior to the date of the weekend retreat, November 19-21, results in a refund of 70% of the total fee. Withdrawal prior to December 19, results in a refund of 50% of the total fee.

No refunds are given after December 19, 2004

Please complete both sides of this form and return it with your payment to:

Bureau of Jewish Education

250 E. Baker Street, Suite B Costa Mesa, CA 92626

(714)755-4000 FAX(714)433-2477