

NO'AR HADASH NORTH AMERICAN TEEN KALLAH

March 3-5, 2017 • New York, NY

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

TRANSPORTATION

Auto – Park Central Hotel (870 7th Ave, New York, NY)

Arrive at 5:00pm on Friday and depart at 12:00pm on Sunday. *(Participants may not drive themselves or others to, from, or during the event.)*

Air – Newark Liberty International Airport (EWR)

Please note: We can only arrange for transportation within the times specified below and if we are notified *two weeks* in advance.

Friday, March 3 (arrive by 2:30pm) Airline _____ Flight # _____ Arrival Time _____

Sunday, March 5 (depart after 2:30pm) Airline _____ Flight # _____ Departure Time _____

Train – Pennsylvania Station (8th Avenue and West 31st Street New York, NY)

Friday, March 3 (arrive by 4:00pm) Train Number _____ Arrival Time _____

Sunday, March 5 (depart after 12:00pm) Train Number _____ Departure Time _____

Bus – Mega Bus/Bolt Bus (34th Street between 11th and 12th Ave)

Friday, March 3 (arrive by 4:00pm) Bus Number _____ Arrival Time _____

Sunday, March 5 (depart after 12:00pm) Bus Number _____ Departure Time _____

COST: \$395 (add \$25 to applications postmarked after February 15)

I would like to help support participation in No'ar Hadash programs with a donation of \$_____.

Enclosed please find my check made payable to "Camp JRF – No'ar Hadash."

Please charge my MasterCard, Visa, or American Express (circle one) for the following amount: \$_____

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 an emergency, please notify: Name: _____ Phone: (____) _____

- I have read and approve of this application in its entirety. I grant permission for my child to attend and participate in all aspects of the No'ar Hadash North American Teen Kallah and hereby release the Jewish Reconstructionist Camping Corporation (JRCC), the Reconstructionist Rabbinical College (RRC), and their respective officers, directors, employees, volunteers, agents, and other representatives from any and all responsibility of any nature for such actions and for any loss or damage to property or personal injury to my child while attending the No'ar Hadash North American Teen Kallah, regardless of how such injury or harms arise, and regardless of who is at fault.
- I understand that part of the program experience involves activities and group interactions that may be new to my child, and that they come with 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 Camp's rules. My child and I both agree that he or she is familiar with these rules and will obey them.
- I acknowledge and agree that Camp JRF 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.
- It is agreed that any dispute or cause of action arising between the parties, whether out of this agreement or otherwise, shall be resolved exclusively by binding arbitration in a court of competent jurisdiction located in Montgomery County, Pennsylvania according to the existing commercial rules of the American Arbitration Association and the substantive laws of Pennsylvania.
- I give permission to the physician and/or registered nurse selected by the Camp to order x-rays, routine tests, administer medication and provide treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician and/or registered nurse to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child.
- I authorize any physician, nurse or other physical or mental health care provider who treats this child, to communicate with and provide documentation to the medical staff and director of Camp JRF, or his/her designee, about the child's medical condition, treatment and/or prognosis. I further authorize the camp medical staff to discuss any medical conditions with the director, his/her designee, or the child's counselors when the medical staff or director, in their sole discretion, believe such communication is in the best interest of the child.

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 contribute to this sacred community by:

- Participating fully in the entire event.
- Respecting all people I encounter. This includes accepting everyone despite challenges they may face, recognizing and appreciating differences, and being inclusive to all.
- Welcoming old friends and new acquaintances with open arms.
- Looking out for those around me.
- Thinking before I speak. I am aware of the power words hold and will be mindful of those who are listening. In discussions, I will challenge my peers lovingly and with respect. I will be willing to forgive those who wrong me.
- Representing my family and community to the best of my ability.
- Understanding that as a community-centered environment, No'ar Hadash does not allow public or inappropriate sexual behavior.
- Respecting the privacy and dignity of my peers and the community. I will not use a camera (still or video), send, share, or post images in such a way that would invade privacy, embarrass or be hurtful to either individuals or No'ar Hadash. I will not at any time send, share or post email, blogs or images that are cruel, demeaning, disrespectful or intentionally hurtful to another person. I understand that the harm caused by such actions in a community such as No'ar Hadash can be immense.
- Obeying all laws. This means that I will not possess, consume, or distribute tobacco products, alcoholic beverages, or any illegal drug or drug paraphernalia at any time during the event – even if I am of legal age to do so. I will not act violently, bring or use any weapons or firearms, or commit any illegal act (including vandalism, disturbing the peace, or other inappropriate behavior).

I understand that these rules are designed to ensure the health and well-being of myself and all participants in the program, and I agree to abide by them, 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: _____

For more information, please e-mail Brianna at bspatz@rrc.edu.

Return both pages of this form,
signed and with payment, to:
No'ar Hadash North American Teen Kallah
1299 Church Road
Wyncote, PA 19095
FAX: (215) 576-0465