



1666 Windsor Road  
Teaneck, NJ 07666

**Registration Form  
2019 -2020/5779-80**

**Student Information**

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Hebrew Name \_\_\_\_\_ Grade as of Sept.'19 \_\_\_\_\_  
 Student Cell # \_\_\_\_\_ Student Email \_\_\_\_\_

**PROGRAM FEES- covers food, transportation and admission tickets as needed. (circle program)**

**ETC On The Road \$300.00      Both OTR & Mitzvah \$400.00      ETC Mitzvah \$150.00**

\$100.00 deposit required with registration. **Balance due by November 1, 2019** \$ \_\_\_\_\_ enclosed

Student's T-shirt size: S M L XL

**Parent(s)/Guardian(s) Information:**

Parent / Guardian Name(s): (1) \_\_\_\_\_ (2) \_\_\_\_\_

Parent / Guardian Status: Married \_\_\_ Divorced \_\_\_ Widowed \_\_\_ Single \_\_\_

Student Lives with: Both \_\_\_ Parent 1 \_\_\_ Parent 2 \_\_\_ Shared custody \_\_\_

|              | <b><u>Parent / Guardian 1</u></b> | <b><u>Parent / Guardian 2</u></b> |
|--------------|-----------------------------------|-----------------------------------|
| Home Address |                                   |                                   |
| Home Phone:  |                                   |                                   |
| Cell phone:  |                                   |                                   |
| Work Phone:  |                                   |                                   |
| Email:       |                                   |                                   |

# TEMPLE EMETH TEEN PROGRAMS

## Emeth Teen Community

1666 Windsor Road

Teaneck, NJ 07666

Medical Form 2019 -2020/5779-80

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Are there any factors concerning your child's development or background of which we should be aware? (visual, hearing, or physical problems; special learning needs or current medications, or any other factors?) All such information will be kept confidential. (Attach extra pages as needed.)

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### AUTHORIZATION FOR EMERGENCY- MEDICAL AND/OR SURGICAL TREATMENT

It is our hope that the authorization on this form will never need to be used. For the safety of the children, however, sound preparation calls for such authorization. In emergency situations, where for some reason the parent of the child cannot be contacted immediately, this form may be extremely important. The authorization granted by this form will be used only when absolutely necessary and only after every attempt has been made first to contact the parent/guardian. Please indicate below two (2) emergency numbers at which we may be able to reach one of the parents or obtain information as to their whereabouts. We find that doctors and hospitals refuse to give any treatment regardless of how minor, unless they have authorization from the parents. As you know, time can be a factor in being of assistance to your child where medical attention is needed, and this would assure us that no time would be lost in giving immediate treatment.

Student's Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Allergies (medical, food, etc.) \_\_\_\_\_

Insurance Company \_\_\_\_\_ Phone \_\_\_\_\_

Primary Policy Holder's Name \_\_\_\_\_ Group# \_\_\_\_\_

Plan # \_\_\_\_\_ Hospitalization Policy # \_\_\_\_\_

### EMERGENCY CONTACTS: (WHEN A PARENT CANNOT BE REACHED)

|      | <u>Relation to student</u> | <u>Cell Phone</u> | <u>Home Phone</u> |
|------|----------------------------|-------------------|-------------------|
| Name |                            |                   |                   |
| Name |                            |                   |                   |

### AUTHORIZATION

In the event my child requires medical care (and the determination thereof shall rest solely with you), I hereby authorize the doctor and/or doctors and/or hospital to which she/he may be brought to take and perform all necessary procedures and render any indicated treatment, including the administration of an anesthesia, if needed, and the performance of an operation, if in the opinion of said doctor or doctors, the same is necessary, while she/he is under Temple Emeth jurisdiction.

SIGNATURE

DATE:

Student Last Name

First Name

# TEMPLE EMETH

1666 Windsor Road  
Teaneck, NJ 07666

*"Where there is no Torah, there is no proper conduct; where there is no proper conduct, there is no Torah."*

*Pirkei Avot... (Ethics of the Fathers)*

## **B'RIT K'HILAH – Reform Jewish Youth/Temple Emeth Student Code of Conduct**

***I will promote the creation of a religious youth community based on mutual respect and a sense of personal well being. I have read the following rules, designed to promote the health and safety of all event participants, and have indicated my unqualified acceptance by my signature and that of my parent/guardian.***

1. I will not possess, consume, or distribute alcoholic beverages, other than that served by adult leadership for Jewish sacramental purposes.
2. I will not possess, use or distribute any illegal drug or drug paraphernalia.
3. I will not smoke or consume or distribute tobacco products.
4. I will attend and participate fully in the entire event. I will arrive on time, stay until the end, and remain on the event premises at all times.
5. I will not bring or use weapons or firearms.
6. I will not commit any illegal act. I understand that vandalism, disturbing the peace, or other inappropriate behavior as determined by the adult 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.
7. In the event of an overnight 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.
8. I understand that no guests are allowed at any event, unless the adult leadership grants permission in advance.
9. I will dress appropriately for all occasions.
10. I agree to refrain from inappropriate sexual behavior.
11. I agree to not come to an event under the influence of any illegal substances or alcohol.
12. 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 have read the Temple Emeth Student Code of Conduct and understand and agree to abide by the above.**

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The undersigned hereby authorizes Temple Emeth and its authorized personnel to supervise all sponsored activities at the Temple. In particular, I do hereby permit my son/daughter \_\_\_\_\_ to participate in said undertaking by assuming full responsibility for my child's welfare and specifically releasing the Congregation and its personnel of any liability.**

*We have read the preceding rules, and fully understand them. We understand that sanctions imposed by the Temple Emeth adult leadership for violation of these rules could include immediate expulsion from the event, at the expense of the parent or guardian.*

Parent/Guardian's Signature: \_\_\_\_\_ Date \_\_\_\_\_

# TEMPLE EMETH TEENS

*"Where there is no Torah, there is no proper conduct; where there is no proper conduct, there is no Torah."*

*Pirkei Avot... (Ethics of the Fathers)*

## General Permission – Emergency Contact – Photo Release 2019 - 20

Dear Parent/Guardian,

From time to time, pictures are taken during Teen Community events (special events, class time, trips, etc.) and published in a variety of ways (Temple website, facebook page, local newspapers, Temple bulletin, school advertisements, general press releases, etc.).

Of course, most of these pictures are of the students and their school activities, and we would like to share their progress and participation in these activities with you and with others. Therefore, we would appreciate it if you would sign below and indicate if you agree to allow your child's picture to be taken, or if you decline permission for their picture to be taken.

**Additionally, please complete and sign the emergency medical authorization and field trip permission below. Return this form to Temple Emeth RS office along with your registration form. Thank you!**

\_\_\_\_\_  
**STUDENT NAME – Please Print**

\_\_\_\_\_ I agree to allow Emeth Teen Community (teachers, administrative staff or any other person or persons acting as their agent or agents) to photograph my child while attending class or other school or Temple activities or events. I understand that these pictures may be published on the Temple Web site, in the Temple Bulletin, or in any other form or publication, be they print, television, Internet, or any other medium, as Temple Emeth or Emeth Teen Community sees fit, as long as such publication relates to the functions of Temple Emeth and/or Emeth Teen Community. Furthermore, I realize that I will receive no financial consideration or remuneration for my child's picture being taken or used in this manner. In addition, I release Temple Emeth, its employees and/or agents working on its behalf, from any unforeseen circumstance or liability which may arise from said publication of my child's picture.

\_\_\_\_\_ I decline to allow my child's picture to be taken by Emeth Teen Community and Temple Emeth.

### MEDICAL AUTHORIZATION – GENERAL PERMISSION

**In the event my child requires medical care (and the determination thereof shall rest solely with you), I hereby authorize the doctor and/or doctors and/or hospital to which she/he may be brought to take and perform all necessary procedures and render any indicated treatment, including the administration of an anesthesia, if needed, and the performance of an operation, if in the opinion of said doctor or doctors, the same is necessary, while she/he is under Temple Emeth jurisdiction. Additionally, I give permission for my child to participate in off-site activities. I understand that my child may be travelling by bus or car with a parent/faculty/staff member.**

ALLERGIES \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Contact Phone #

\_\_\_\_\_  
Date

\_\_\_\_\_  
Additional Emergency contact name and number