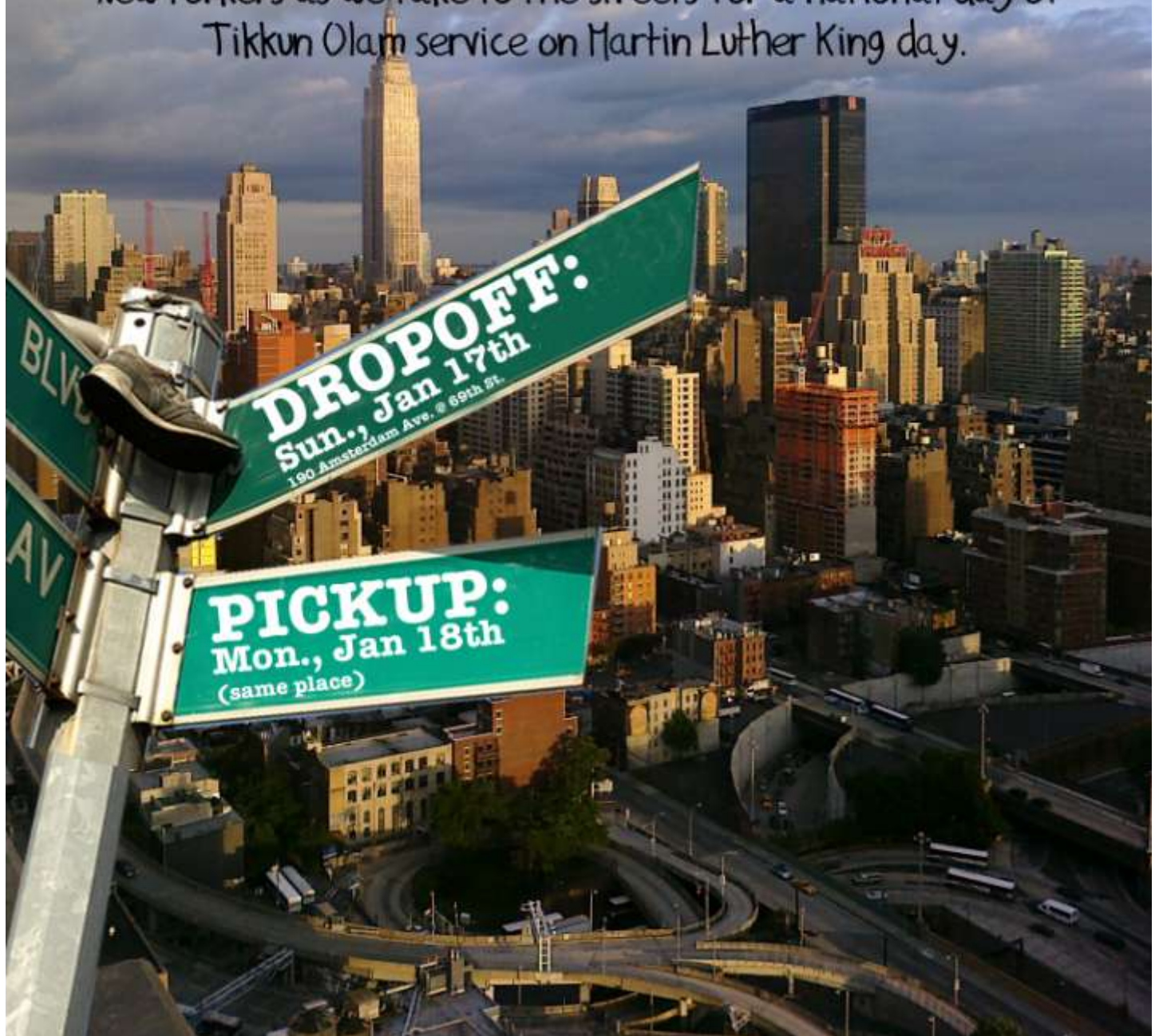


NYC MINI KALLAH!

JAN 17-18TH

A sleepover for teens in grades 8-12 from Reconstructionist congregations all over the East Coast, including free-time in the city. Catch up with old friends and meet new ones! Also, join thousands of New Yorkers as we take to the streets for a national day of Tikkun Olam service on Martin Luther King day.



Jan. 17-18

NYC Mini Kallah

Registration Packet

Registration instructions: Please fill out all pages of this packet and return to the West End Synagogue office (190 Amsterdam Ave NY NY 10023) with your \$36/per teen fee Monday, January 11, 2010.

For more information, please contact: Mick Fine;

Youth Educator; West End Synagogue mfine@westendsynagogue.org

Return this form, signed with payment, to:

West End Synagogue 190 Amsterdam Avenue New York, NY 10023

Attention: NYC Mini Kallah – Mick Fine, Youth Educator

fax 212-579-5669 / email teens@westendsynagogue.org / phone 212-579-0777 x222

Drop off: 2:30pm, Sunday January 17

Pickup: 2:30pm, Monday January 18

[Both at West End Synagogue, 190 Amsterdam @ West 69th street]

NYC Mini-Kallah

Sunday Jan 17 - Monday Jan 18, 2010 ■ West End Synagogue (New York, NY)

Teen's Name _____ D.O.B. _____ Sex _____ Grade _____

Address _____ City _____ State/Province _____ Zip _____

Teen's email address _____

Parent's Phone (_____) _____ Parent's Cell Phone (_____) _____

Parent(s)' Name(s) _____

Parent(s)' E-mail(s) _____

JRF Congregation/Havurah _____

Food Requirements/Allergies _____

TRANSPORTATION

I will be traveling by private car I will be traveling by train

I will be traveling with my synagogue group Other: _____

COST: \$36

Enclosed please find my check for \$36 made payable to 'West End Synagogue'

Please charge my credit card for the following amount: \$36

___MC ___Visa ___Amex Name on Card _____

Card # _____ Expiration Date _____ Code _____

Billing Address _____

Signature _____

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 any 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 NYC Mini-Kallah and release West End Synagogue and all of their agents, officers, and employees from any liability whatsoever, including personal injury.

I hereby give permission to the staff of NYC Mini-Kallah 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 staff of the NYC Mini-Kallah to arrange necessary related transportation. In the event that I cannot be reached in an emergency, I hereby give permission to the physician/health care provider selected by the staff of NYC Mini-Kallah to secure and administer treatment, including hospitalization, for the person named above.

I also understand and agree that situations may necessitate that my child's medical information be shared with the administrative and program staff as well as doctors and nurses. I give permission to any health care provider, such as a hospital or physician, to share my child's medical information with the program medical staff, for treatment purposes.

I acknowledge and agree that the staff of the NYC Mini-Kallah 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.

Parent / Guardian's Signature: _____ Date: _____

COVENANT OF BEHAVIOR

As a participant in the NYC Mini-Kallah, 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. I will not leave the synagogue or the group without specific authorization from one of the adult advisors.
- 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.
- 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 the NYC Mini-Kallah. I will not at any time send, share or post email, blogs, text messages, 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 the NYC Mini-Kallah can be immense.
- Obeying all laws. 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).
- Behaving appropriately in public and private, and paying for any damage that I cause to the synagogue or another's property.
- I will respect single-gender sleeping areas as designated by the event's advisors and chaperones.

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 community.

Teen's Signature: _____ Date: _____

Parent / Guardian's Signature: _____ Date: _____