

2009-2010 Chaverim Teen and Family Information

Return this form and the deposit for \$100 (by 6/30, balance due by 8/30) or pay in full (\$395 for current synagogue members or \$470 for non-members), payable to Chaverim.

Mail to: Chaverim c/o Beth Ami, 4676 Mayette Avenue, Santa Rosa CA 95405

Teen's Name: _____ Cell Phone: _____

Email Address: _____

Contact Parent Name: _____ Mom Dad

Email Address: _____

Cell Phone: _____ Home Phone: _____

Second Parent Name: _____ Mom Dad

Email Address: _____

Cell Phone: _____ Home Phone: _____

Home Address: _____

City: _____

Zip: _____ If affiliated, name of Synagogue: _____

1. Emergency Contact (other than parent): _____

Relationship: _____

Emergency Contact Phone(s) #: _____

2. Emergency Contact (other than parent): _____

Relationship: _____

Emergency Contact Phone(s)#: _____

To facilitate carpooling to events, Chaverim distributes contact information to the participants' families. **Please check the box if you do not want your information in this listing.**

OVER

Medical Information

Is participant allergic to any foods or medications? _____ If yes, what? _____

Is there any additional information the Chaverim staff should know about your child? _____

Please describe any chronic or recurring illness or condition your child is affected by that would prevent them from participating in any Chaverim activities or restrict their participation in such activities, and describe any restrictions that Chaverim staff should be aware of. _____

Insurance Information

This information must be completed for your teen to attend Chaverim functions. Please attach a copy of the teen's health insurance card.

Do you have family medical/hospital insurance? _____ Yes _____ No

Name of Policy Holder: _____

Group or Policy#: _____ Carrier _____

Name of family physician: _____ Phone: _____

Name of dentist: _____ Phone: _____

Authorization for Emergency Medical Treatment, Transportation to/from Activities and Use of Photographs, and Agreement

I understand that Chaverim does not provide any accident or health insurance coverage for members or guests. I further understand that it is the responsibility of every individual participant, his or her parents or legal guardian to provide their own accident and/or health insurance coverage while participating in Chaverim activities. In the event I cannot be reached in case of an emergency or need for medical treatment involving my child, I hereby authorize the Chaverim Program Director or his/her authorized representative to consent to any emergency transportation, medical treatment and/or hospitalization rendered to my child. I understand that I will be responsible for the cost of such transportation and medical treatment.

My child has permission to ride in any necessary transportation to or from Chaverim activities that is arranged by Chaverim. I grant permission for my child to participate in all Chaverim activities except as may be specifically noted in the Medical Information above, and I hereby authorize Chaverim to use photographs, videos, likenesses or testimonials of my child for Chaverim marketing purposes unless otherwise indicated in writing. I further understand and agree that my child must follow the basic rules outlined in the Agreement as it may be amended from time to time.

CHILD'S NAME: _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

OVER

RELEASE FROM LIABILITY

I HEREBY REPRESENT THAT I AM THE PARENT OR LEGAL GUARDIAN OF THE CHILD NAMED BELOW. I UNDERSTAND AND FULLY ACCEPT THAT THERE ARE RISKS OF PHYSICAL INJURY INVOLVED IN MY CHILD PARTICIPATING IN CHAVERIM ACTIVITIES, INCLUDING BUT NOT LIMITED TO TRANSPORTATION TO OR FROM SUCH ACTIVITIES. IN CONSIDERATION OF MY CHILD BEING ALLOWED TO PARTICIPATE IN CHAVERIM ACTIVITIES AND PROGRAMS, AND ON BEHALF OF MYSELF AND MY CHILD, I HEREBY WAIVE, RELEASE, RELINQUISH AND HOLD HARMLESS CHAVERIM, CONGREGATION SHOMREI TORAH, CONGREGATION BETH AMI, AND EACH OF THEIR ELECTED OR APPOINTED OFFICERS, DIRECTORS, OFFICIALS, EMPLOYEES, AGENTS, INSURERS, VOLUNTEERS AND CHAPERONES (THE "RELEASED PARTIES") FROM ANY AND ALL CLAIMS OF LOSS, INJURY OR DAMAGE, WHETHER THE RESULT OF ACTIVE OR PASSIVE NEGLIGENCE OR FAULT WHICH MAY HEREAFTER OCCUR, ARISING FROM OR RELATED TO MY CHILD'S PARTICIPATION IN OR PRESENCE AT CHAVERIM ACTIVITIES, INCLUDING BUT NOT LIMITED TO TRANSPORTATION TO OR FROM SUCH ACTIVITIES.

By signing below I knowingly, voluntarily and expressly release and discharge the Released Parties named above from all such liability or claims even though such claims are not known at this time and do not presently exist. This release is knowingly and voluntarily entered into despite the language of Section 1542 of the California Civil Code which reads as follows:

"A GENERAL RELEASE DOES NOT EXTEND TO CLAIMS WHICH THE CREDITOR DOES NOT KNOW OR SUSPECT TO EXIST IN HIS OR HER FAVOR AT THE TIME OF EXECUTING THE RELEASE, WHICH IF KNOWN BY HIM OR HER MUST HAVE MATERIALLY AFFECTED HIS OR HER SETTLEMENT WITH THE DEBTOR."

I hereby expressly waive and relinquish any rights or benefits which I or my child might have against the Released Parties under Section 1542 of the California Civil Code or any similar provision of statutory or non-statutory law of any jurisdiction to the fullest extent that I may lawfully waive all such rights and benefits pertaining to any of the subject matter of this Release.

TEEN'S NAME: _____

PARENT/GUARDIAN SIGNATURE _____

DATE _____