

Send completed application to: JFCS, 707 Alexander Rd, Suite 102, Princeton, NJ 08540 attn: Celeste



**JEWISH COMMUNITY YOUTH FOUNDATION
8TH GRADE 2009-2010 APPLICATION**

Please print clearly.

Name: _____ Parents: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Parent Cell: () _____ Student Cell: () _____

Student Email: _____ Birthday: _____

Parent Email: _____ Parent Work Phone: () _____

Synagogue Affiliation: **YES** (Congregation Name) _____ **NO** _____

School: _____ Grade in September 2009: _____

What 3 words would a friend use to describe you? _____

What 3 words would your parents use to describe you? _____

Each participant must contribute \$120 to the project (**to be paid on January 31**). From where will your contribution come? _____

This project will require six monthly Sunday meetings (tentatively) early evening: October 25, November 1, November 22, January 10 (site visit destinations and times to be determined – likely morning and afternoon), January 31, and March 7. Meetings will be held in the Greater Princeton area. Are you certain that you can make the commitment to attend all the meetings? What other time commitments will you have next year? _____

How will you benefit from participation in the Community Youth Foundation Project?

If the Jewish Community Youth Foundation has more than one group and you have a preference for your placement, please list below 2 friends that you would like to be placed with. Note that when listing friends, please make sure the corresponding friend lists you. The Jewish Community Youth Foundation cannot guarantee placement in a particular group.

1) _____ 2) _____

While we understand that eighth graders have many demands on their time, we want you to make your best effort to commit to attending all six meetings of the program as well as your site visit. It will be well worth it!"

By completing this application, I understand that I will be considered for acceptance into the JCYF. I understand my application will go through a review process before any decision about my candidacy is determined. If I am accepted into the project, I understand that I will be making a serious time commitment to the project and I will participate in all required aspects of the project.

X _____
Student Signature

By signing this application, I understand that my child is applying to participate in the Jewish Community Youth Foundation. If my child is accepted into the project, I understand that my child is making a serious commitment to the project and will need to participate in all required aspects of the project.

X _____
Parent Signature

<Turn Over>

Print Parents' Full Names

Health Insurance Information

Insurance carrier: _____

Name of subscriber: _____

Policy: _____ Group: _____

In case of emergency, if parent cannot be reached, contact:
Name: _____ Phone: _____

Relationship to student: _____

In case of emergency, to which hospital would you like your child to be taken?

Doctor's Name: _____ Phone: _____

Dentist's Name: _____ Phone: _____

List your child's known allergies:

List your child's prescription medications, dosages, and schedules:

Is there any additional information that the staff should know?

I hereby authorize the Community Youth Foundation staff to authorize emergency medical treatment for my child if I cannot be reached at the time of a medical emergency.

Signature of Parent _____ **Date** _____

Photo Release

I give Jewish Family & Children's Service of Greater Mercer County permission to print, reproduce, distribute and use the photo of me in its publications or other marketing materials in furtherance of its charitable and public awareness purposes. I give Jewish Family & Children's Service full ownership of the photo and its negative, and its uses.

I waive any claim for compensation for such use.

I release Jewish Family & Children's Service, its employees and agents, successors and assigns, from any and all claims arising out of such use, including any claims arising out of any blurring, distortion, or alteration in any processing of the finished work.

I waive the right to inspect and/or approve the finished work, or the copy used in conjunction therewith, and the use to which the finished work may be applied.

I declare that I am a competent adult and have the right to sign this document. I have read this release prior to its execution and I understand its contents.

Signature of Parent _____ **Date** _____

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Travel Release: I hereby release JFCS of any liability

Signature of Parent _____ Date _____

Technology Release

I give Jewish Family & Children's Service of Greater Mercer County permission to text message my son/daughter Jewish Community Youth Foundation meeting/event reminders.

_____yes, please provide cell phone number _____

_____no

Signature of Parent _____ Date _____

Indemnity Form

In consideration for the JFCS' sponsorship of these events, we hereby agree to release the JFCS, its faculty, staff and volunteers from any and all claims for damages that we might otherwise be able to assert as the result of any injury or loss of any kind sustained by us arising from our son's/daughter's participation in such event(s).

We further agree to defend, indemnify and hold the JFCS and its faculty, staff and volunteers harmless from any and all claims, costs, or liabilities of any kind arising from our son's/daughter's participation in said events, no matter by whom asserted, including but not limited to any such claims, costs or liabilities arising from the provision of transportation to or by our son/daughter to or from said events, and even where the party asserting such claim or liability alleges negligence or other misconduct on the part of the JFCS or its faculty, staff or volunteers.

Signature of Parent _____ Date _____

Signature of Student _____ Date _____