

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



JEWISH COMMUNITY YOUTH FOUNDATION
9TH GRADE 2011-2012 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 2011:

T-Shirt Size:

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. From where will your contribution come?

This project will require six meetings, tentatively scheduled early evening: Sunday October 30, Sunday November 6, Sunday December 4, Monday January 9 (trip to NYC early afternoon to evening), Sunday February 5, and Sunday February 26. Meetings will be held in the 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 prioritize your commitments?

How will you benefit from participating in the Community Youth Foundation Program?

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 ninth 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 Jewish 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 my son/daughter permission to access the Jewish Community Youth Foundation Facebook group page in order to continue learning between JCYF meetings. (This group will be tightly monitored by the JCYF Coordinator. Only JCYF participants will have access to the group.)

\_\_\_\_\_yes \_\_\_\_\_no

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 \_\_\_\_\_

\_\_\_\_\_ Check here, I have enclosed the \$150 (\$100 program fee + \$50 trip fee) participation/trip fee, which includes a \$25 non-refundable registration fee.

\_\_\_\_\_ Check here, I have enclosed the \$120 teen contribution fee  
**Please make \$270 check (\$100 participation fee + \$50 trip fee + \$120 teen contribution) payable to Jewish Family & Children's Service**

\_\_\_\_\_ Check here, I have enclosed a picture or copy of a photo ID of the JCYF participant

Applications will not be accepted without required funds

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<Turn Over>



707 Alexander Road, Suite 102  
Princeton, NJ 08540-6331

Permission Slip for JCYF 9<sup>th</sup> Grade  
Site Visit trip to NYC  
on Monday, January 9, 2012

I, \_\_\_\_\_, hereby give Jewish Family & Children's Service of Greater Mercer County permission to transport my child, \_\_\_\_\_, to New York City on Monday, January 9<sup>th</sup>, 2012 (snow date January 23<sup>rd</sup>, 2012).

I understand that each group of 4-5 students will be chaperoned by an adult, either staff or parent.

I understand that my child will be transported in a van by A-1 Limousine service, Stouts or another professional transportation company.

Signature:

\_\_\_\_\_ Date \_\_\_\_\_

Print Teen's Name

\_\_\_\_\_