



Send completed application to: JFCS, 707 Alexander Rd, Suite 102, Princeton, NJ 08540 Attn: Celeste
JEWISH COMMUNITY YOUTH FOUNDATION 2018-2019 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 2018: _____

How did you hear about JCYF? (check all that apply):

Mailing Email Synagogue Website Word of Mouth Other: _____

Referred By (if applicable): _____

If the JCYF 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: when listing friends, please make sure the corresponding friend lists you.

JCYF cannot guarantee placement in a particular group.

1) _____ 2) _____

While we understand that teens have many demands on their time, we want you to make your best effort to commit to attending all JCYF meetings of the program including 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 Program. 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 JCYF Program. 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

Print Parents' Full Names



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Health Insurance Information

Name of JCYF participant: _____

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, including staff of Jewish Family and Children's Services, to authorize emergency medical treatment for my child if I cannot be reached at the time of a medical emergency.

Signature of Parent _____ Date _____



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Photo Release

I hereby grant Jewish Family & Children’s Service (JFCS), the Jewish Community Youth Foundation (JCYF), the JCYF partner agencies and the JCYF recipient agencies permission to use my likeness in a photograph or other digital reproduction, recordings, or written statements in any and all of its publications, websites, and social media, without payment or any other consideration. I understand this authorization is for the purpose of public relations and marketing activities.

I understand and agree that these materials will become the property of JFCS and will not be returned. I hereby irrevocably authorize JFCS and JCYF and their partner and recipient agencies to edit, alter, copy, exhibit, publish or distribute photos for the purpose of publicizing its agency and programs or for any other lawful purpose.

In addition, I waive the right to inspect or approve the finished product, including written or Digital copy, where my likeness appears. Additionally, I waive any right to royalties or other compensation for such use. I release JFCS and JCYF and their partner and recipient agencies and their respective employees, faculty, staff, volunteers, partners, affiliates, officers, directors, trustees, agents, successors, and assigns, from all claims arising out of such use, including claims of blurring, distortion, or alteration in any processing of final work. I hereby hold harmless and release and forever discharge JFCS and JCYF and their partner and recipient agencies and their respective employees, faculty, staff, volunteers, partners, affiliates, officers, directors, trustees, agents, successors and assigns from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I hereby certify that I am the parent or guardian of _____, named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.

Signature of Parent _____ **Date** _____

Technology Release

I give the Jewish Community Youth Foundation and 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** _____



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Travel and General Release and Indemnity:

In consideration for the JCYF's sponsorship of these events, we hereby agree to release JCYF, JFCS and their partner agencies and each of their respective employees, faculty, staff, volunteers, partners, affiliates, officers, directors, trustees, agents, successors and assigns ("Indemnified Parties") 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 participating in such event(s), except that such release shall not include a release for any intentional or reckless acts or omissions of any one or more of the Indemnified Parties.

To the fullest extent of the law, we further agree to defend, indemnify and hold harmless the Indemnified Parties from any and all claims, costs, or liabilities of any kind (including, but not limited to, reasonable attorneys' fees and costs) arising from our son's/daughter's participation in said events, including but not limited to those claims, arising from the provision of transportation to or by us or our son/daughter to or from said events, including any such claims which may be made by us or by, through or on behalf of our son/daughter, and even where the party asserting such claim or liability alleges negligence or other misconduct, in whole or in part, by any one or more of the Indemnified Parties. This indemnification obligation, however, shall not require us to indemnify an Indemnified Party for any claims, costs or liabilities adjudicated to be due solely to the intentional or reckless acts or omissions of that Indemnified Party.

Signature of Parent _____ Date _____

Signature of Student _____ Date _____

Youth Advisory Board

The Youth Advisory Board is an additional JCYF enrichment program. It is comprised of class representatives who participate in additional leadership training, provide feedback about the Jewish Community Youth Foundation program, and plan a day of community service.

Please check below if you are interested in participating in the JCYF Youth Advisory Board. Please visit our webpage to complete an application for this additional program. There is no added cost.

I am interested in the Youth Advisory Board

_____ Check here, I have enclosed the participation fee (below), which includes a \$25 non-refundable registration fee

Registration Fees (includes a non-refundable \$25 registration fee)

	Early Bird Rate (until July 16, 2018)	After July 16, 2018
Grade 8	\$300 (includes participation fee + teen contribution)	\$325 (includes participation fee + teen contribution)
Grades 9, 10, 11 & 12	\$325 (includes participation fee + teen contribution)	\$350 (includes participation fee + teen contribution)

_____ Check here, I have enclosed the amount indicated above.
Please make check 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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Princeton, NJ 08540-6331

For 9-10th Grades-JCYF Trip Release

I, _____, hereby give Jewish Family & Children's Service of Greater Mercer County permission to transport my teen, _____, to New York City for the JCYF trip.

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

I have reviewed the following expectations with my teen.

- I agree to be responsible for my participation at the New York City JCYF trip.
- I agree to attend all activities on time.
- I agree not to use drugs, cigarettes or alcohol.
- I agree not to engage in any inappropriate behaviors.
- I agree not to leave the site visit area without permission from a staff member.

Signature of Parent _____ **Date** _____

Signature of Student _____ **Date** _____