

Jnr NCSY Shabbaton 5769/'08 Registration Form

Date: Friday 12 December to Sunday 14 December '08

Personal Info	Details	Rooming, etc.
Legal Name: _____ Address: _____ City, Province, Postal Code: _____ _____ Home Phone: _____ Grade: _____ School: _____ Birthdate: _____ Email: _____ Teen Cell Phone: _____ Have you ever attended an NCSY Shabbaton? Yes___ / No___ Any allergies or health issues? _____ _____ Emergency Contact: Name: _____ Phone: _____ Relationship: _____ Father's Name: _____ Father's Cell Phone: _____ Mother's Name: _____ Mother's Cell Phone: _____ Parents' Email: _____ _____	COST : \$89 Registration deadline: 28 November 2008 For further info contact: Rabbi Nachi 604-773-5139 rabbinachi@vnscy.com Rabbi Berger 604-323-6308 rabbiberger@vnscy.com	Please list who you'd like to room with? 1. _____ 2. _____ 3. _____ 4. _____ Do you require vegetarian meals? ____
	Payment Mail in signed registration and cheque to: NCSY 3476 Oak Street Vancouver, BC Canada V6H 2L8 Or, pay by credit card (VISA or Mastercard only) and fax completed form to 604-730-1621: Credit Card # _____ Name: _____ Exp. ____/____ Total: _____	

Permission, Waiver, & Conditions

I hereby grant my child permission to attend the above NCSY sponsored event. I am familiar with the NCSY code of conduct to which my child must adhere throughout the program. In the event that my child violates the rules or does not exercise good sense in his/her behavior, it may be determined that my child should be dismissed from the program. If my child is dismissed from the program, I understand that he/she will not be provided transportation home and it will be my responsibility and expense. In the event of any costs or expenses accruing to NCSY or their repres _____ ng from my child's participation, in the Shabbaton, or event, I indemnify NCSY and hold them harmless, and undertake to effect payment and be responsible for all and any costs, damages, breakages, medical costs, or any other expenses incurred, or to be incurred which amount/s I undertake to pay on demand. Additionally, I understand that the NCSY administration may discuss any disciplinary problems with the administration of the school my child attends. NCSY may provide over the counter medication (Tylenol, Advil, etc.) as deemed necessary. I understand that in case of emergency, every effort will be made to contact me or the person I have named. If I cannot be reached, I hereby give permission to the physician selected by NCSY to hospitalize, and anesthetize, and secure proper treatment for my child as named above. NCSY will not be responsible for "Lost and Found" items that remain unclaimed for 30 days.

Parent or Guardian Signature _____
In registering for this NCSY event, I hereby agree to adhere to the program, observe the religious code set for the event, and conduct myself in a manner reflecting credit upon my congregation and community.

NCSYer's Signature _____