PENINSULA TEMPLE SHOLOM (PTS)
Chalutzim (7th and 8th Grade Youth Group)
PERMISSION FORM

Participant's Name _____ E-mail _____
Parents'/Guardians' Names _____ Email_____
Day Phone Number _____ Evening Phone Number _____
Parents' Cell Phone _____ Participant's Cell Phone _____

Medical Information
Medical conditions _____
Medications taken during event _____
Medical Allergies _____
Additional Allergies ____ Lactose Intolerant ___ Nut Allergy ___ Other _____

Medical Insurance Carrier _____ Policy Number _____
Doctor's Name _____ Doctor's Phone _____
Emergency Contact _____ Relationship _____
Home Phone _____ Office Phone _____
Cell Phone _____

My child _____ has permission to attend Chalutzim's event: _____
I agree not to hold PTS liable for accident, loss, or theft that may occur during the course of the event.

I hereby grant permission to the physician selected by the PTS Coordinator or her designee to hospitalize and/or secure necessary treatment and/or anesthesia for my child, as named above, in the event that I cannot be reached in an emergency.

I have indicated any pertinent medical information above, including all medications currently being taken by my child.

My signature below indicates that I agree to the terms and conditions of the registration.

Parent/Guardian Name _____Signature _____Date _____

Please return this form to:

Peninsula Temple Sholom
Attention: Lianna Lifson
1655 Sebastian Drive, Burlingame, CA 94010-5899

Chalutzim *B'rit Kehilla* –Code of Conduct

I will promote the creation of a religious youth community based on mutual respect and a sense of personal well-being. I will treat others with *Kavod* (honor and respect) because we are created *B'tzelem Elohim* (in the image of G-d). I have read the following rules, designed to promote the health and safety of all event participants and have indicated my complete acceptance by my signature and that of my parent/guardian.

I will not possess, consume or distribute alcoholic beverages, other than that served by adult leadership for Jewish sacramental purposes.

I will not possess, use or distribute any illegal drug or drug paraphernalia.

I will not smoke or consume or distribute tobacco products at any time during the event.

I will attend and participate fully in the entire event, unless otherwise agreed upon with the Peninsula Temple Sholom Youth Director. I will arrive on time, stay until the end, and remain on the event premises at all times.

I will separate from the group only with a buddy, and I will make sure the Youth Director /Chaperone knows where I am at all times. I will not separate without the permission of the Youth Director/Chaperone.

I will not bring or use any weapons, firearms, or anything that may be construed as a weapon.

I will not commit any illegal act. I understand that vandalism, disturbing the peace or other inappropriate behavior as determined by the adult leadership in accordance with the youth leadership will not be tolerated. I understand that I will have to pay for any damage that I cause. I understand that no gambling is allowed, except for fundraisers as approved by adult leadership.

I will not participate in any activities that could be deemed as hazing, sexually harassing, demeaning or hurtful.

I agree to refrain from inappropriate sexual behavior.

I agree to abide by any additional rules, pertinent to a specific event, which may be announced, and to accept the consequences of their violation.

I understand that these rules of behavior apply from the time I leave home for the event, during the event itself, and until I return home after the event.

My Signature _____ Printed Name _____ Date _____

Parent/Guardian Signature _____Date _____