

SPRING RETREAT – 3rd through 7th Grades

May 13-15, 2016 • Camp JRF (South Sterling, PA)

Name _____ Gender _____ Grade _____
Address _____ City _____ State/Province _____ Zip _____
Phone () _____ Parents' Phone () _____
E-mail _____ Parents' E-mail _____
Congregation/Havurah _____ Birthday _____ Shirt Size _____
Bunk Request (maximum two people; must be of the same gender) _____
Food Requirements/Allergies _____

TRANSPORTATION

- Auto
- Bus from (circle one):
Bethesda, MD Baltimore, MD Wilmington, DE Plymouth Meeting, PA
Boston, MA White Plains, NY Plandome, NY Montclair, NJ*

Please note: Bus service is \$50 round-trip and locations are subject to sufficient registration.

* First-time participants from Greater MetroWest New Jersey can receive free bus transportation thanks to a generous grant from the Greater MetroWest Jewish Camp Enterprise of the Jewish Community Foundation of Greater MetroWest NJ.

TUITION: \$250 (auto transportation) / \$300 (bus transportation)

- Enclosed please find my check made payable to "Camp JRF – Spring Retreat."
- Please charge my MasterCard, Visa, or American Express (circle one) for the following amount: \$ _____
- Name on Card: _____ Number: _____ Expiration Date: _____

PARENTAL AUTHORIZATION

*** Insurance Company _____ Policy # _____ ***

Special Medical Information (allergies, medications, etc.): _____

Please list any physical or mental conditions of which the staff should be aware: _____

In the event of any emergency please notify: Name: _____ Phone: () _____

- I have read and approve of this application in its entirety. I grant permission for my child to attend and participate in all aspects of the Spring Retreat and hereby release the Jewish Reconstructionist Camping Corporation (JRCC), the Reconstructionist Rabbinical College (RRC), and their respective officers, directors, employees, volunteers, agents, and other representatives from any and all responsibility of any nature for such actions and for any loss or damage to property or personal injury to my child while attending the Spring Retreat, regardless of how such injury or harms arise, and regardless of who is at fault.
- I understand that part of the retreat experience involves activities and group interactions that may be new to my child, and that they come with uncertainties beyond what my child may be used to dealing with at home. I am aware of these risks and I am assuming them on behalf of my child. I realize that no environment is risk-free and so I have instructed my child on the importance of abiding by Camp's rules. My child and I both agree that he or she is familiar with these rules and will obey them.
- I acknowledge and agree that Camp JRF may use photographs, videotape, audio recordings, and/or written accounts of activities in which my child may appear in the presentation of its program to the community.
- It is agreed that any dispute or cause of action arising between the parties, whether out of this agreement or otherwise, shall be resolved exclusively by binding arbitration in a court of competent jurisdiction located in Pike County, Pennsylvania according to the existing commercial rules of the American Arbitration Association and the substantive laws of Pennsylvania.
- I give permission to the physician and/or registered nurse selected by the Camp to order x-rays, routine tests, administer medication and provide treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician and/or registered nurse to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child.
- I authorize any physician, nurse or other physical or mental health care provider who treats this child, to communicate with and provide documentation to the medical staff and director of Camp JRF, or his/her designee, about the child's medical condition, treatment and/or prognosis. I further authorize the camp medical staff to discuss any medical conditions with the director, his/her designee, or the child's counselors when the medical staff or director, in their sole discretion, believe such communication is in the best interest of the child.

Parent / Guardian's Signature: _____ Date: _____

COVENANT OF BEHAVIOR

As a participant in the Spring Retreat, I understand that I am taking part in the formation of a sacred community. From the time I leave my home until the time I return at the conclusion of the event, I will contribute to this sacred community by:

- Participating fully in the entire event.
- Respecting all people I encounter. This includes accepting everyone despite challenges they may face, recognizing and appreciating differences, and being inclusive to all.
- Welcoming old friends and new acquaintances with open arms.
- Looking out for those around me.
- Thinking before I speak. I am aware of the power words hold and will be mindful of those who are listening. In discussions, I will challenge my peers lovingly and with respect. I will be willing to forgive those who wrong me.
- Representing my family and community to the best of my ability.
- Understanding that as a community-centered environment, the Spring Retreat does not allow public or inappropriate sexual behavior.
- Respecting the privacy and dignity of my peers and the community. I will not use a camera (still or video), send, share, or post images in such a way that would invade privacy, embarrass or be hurtful to either individuals or the Spring Retreat community. I will not at any time send, share or post email, blogs or images that are cruel, demeaning, disrespectful or intentionally hurtful to another person. I understand that the harm caused by such actions in a community such as this can be immense.
- Obeying all laws. This means that I will not possess, consume, or distribute tobacco products, alcoholic beverages, or any illegal drug or drug paraphernalia at any time during the event – even if I am of legal age to do so. I will not act violently, bring or use any weapons or firearms, or commit any illegal act (including vandalism, disturbing the peace, or other inappropriate behavior).

I understand that these rules are designed to ensure the health and well-being of myself and all participants in the program, and I agree to abide by them, as well as any additional ones presented by adult leadership, throughout the event. I understand that if I break any of these rules there will be consequences which could include payment for damages, probation from future events, or immediate dismissal from the current event at my expense. By my signature and that of my parent/guardian, I affirm my understanding of the above rules and my promise to follow them, as well as my commitment to building a strong Jewish youth community.

Participant's Signature: _____ Date: _____

Parent / Guardian's Signature: _____ Date: _____

For more information, please e-mail Brianna at bspatz@rrc.edu.

Return both pages of this form,
signed and with payment, to:

Camp JRF – Spring Retreat

1299 Church Road

Wyncote, PA 19095

FAX: (215) 576-0465