

Teen Camp Israel Trip 2012

Come to Israel, Make a Difference!

Apply online! www.njycamps.org/tac



Participant _____ Nickname _____
LAST, FIRST & MIDDLE NAME AS ON PASSPORT

Residence _____
NUMBER AND STREET CITY STATE/PROVINCE ZIP

Family EMail _____ Home Phone () _____

Participant Email _____ Participant Cell Phone () _____

Passport # _____ Exp Date ____/____/____ Citizenship _____
PASSPORT EXP DATE MUST BE VALID UNTIL SIX MONTHS AFTER RETURN TO NORTH AMERICA!

Current School _____ Grade Next Sept. (2012) _____

Level of Spoken Hebrew 1 2 3 4 5 Date of Birth ____/____/____ Gender _____
(5=MOST PROFICIENT) M/F

Parent's Relationship (Please Circle) Married Separated Divorced Widowed

Father/Guardian Name _____ Relationship to Camper _____
Father, Step-Father, Grandfather, Guardian, Other Relative

Occupation _____ Company Name _____ Email _____

Work Phone () _____ Cell () _____ Fax () _____

Mother/Guardian Name _____ Relationship to Camper _____
Mother, Step-Mother, Grandmother, Guardian, Other Relative

Occupation _____ Company Name _____ Email _____

Work Phone () _____ Cell () _____ Fax () _____

Emergency Contact in USA _____ Relationship _____
LAST NAME FIRST NAME

Home Phone () _____ Cell () _____

Emergency Contact in Israel _____ Relationship _____
LAST NAME FIRST NAME

Home Phone () _____ Cell () _____

Israel Trip — July 3 to August 3, 2012 — \$7,100

Optional Return to Teen Camp August 3 to August 16, 2012 — \$600

Please enclose \$750 Deposit. Balance must be paid in full no later than March 1, 2012

We accept Visa, Mastercard, Discover, American Express, personal checks and bank checks.

Please make checks payable to the NJY Camps.

Credit Card # _____ Exp Date ____/____/____ CVV2 _____

Full Name & Billing Address on Credit Card: _____

PARTICIPANTS WILL BE NOTIFIED OF ACCEPTANCE TO THE TEEN CAMP ISRAEL PROGRAM AFTER INTERVIEW AND RECEIPT OF REFERENCE LETTERS. By signing this contract, I certify that my child is eligible to attend the Teen Camp Israel Trip without reservation, and I agree to pay the fee listed and have read the terms on the reverse side. I agree to pay for any property damages that might be caused by my child. ***In the event of unanticipated airline surcharges, I understand that I will be responsible for all additional fees incurred.**

Parent/Guardian Signature _____

This application CANNOT BE PROCESSED unless signed by a parent or guardian!

(SEE REVERSE SIDE)

Teen Camp Israel Trip

Come to Israel, Make a Difference!

Cost of Israel Trip — \$7,100

Dates — July 3 to August 3, 2012

ADD ON: Return to Teen Camp in Milford, PA

Dates and Cost—August 3 to August 16, 2012 — \$600

HOW TO APPLY

1. Complete this application (or apply online) now and provide a \$750 deposit payable to the New Jersey 'Y' Camps. \$200 of this deposit is non-refundable. A full payment must be received by March 1, 2012, no refunds will be issued after this date.
2. After December 1st, the Teen Camp Israel Program will contact you to set up a telephone interview with the participant and parent/guardian.
3. By January 1, have two letters of recommendation sent to our office from teachers, guidance counselors, Rabbi, Cantor, Youth Group Director, not from relatives.
4. By March 1, send two passport sized photos (please write your name on the back of each picture).

Please forward all materials to:

Teen Camp Israel Program

21 Plymouth St.

Fairfield, NJ 07004

Terms of Enrollment (please read carefully)

1. No person shall be excluded from admission on grounds of race, color or national origin.
2. In accepting enrollment, Teen Camp Israel Program (TI) reserves a place for the Participant. If, for any reason, the enrollment must be cancelled, TI must be advised in writing. \$200 of deposit is non-refundable upon acceptance to the program. Full deposit is refundable if the applicant is not accepted to TI after the interview process. Balance is due no later than March 1, 2012. No refunds will be issued after this date.
3. In the event of unanticipated airline surcharges, the parent/guardian is responsible for all additional fees incurred.
4. TI is not responsible for the Participant's equipment or personal belongings if lost or damaged by fire, theft, laundry, or in any other manner.
5. It is clearly understood that the parent/guardian signing this application certifies that the Participant is healthy and able to participate in the full TI program. This application is accepted subject to a physical examination by a physician. TI is herein authorized to contact prior recreational and/or camp placements to gather information.
6. It is expressly understood and agreed that, if the Participant leaves the TI program without the express permission of the Program Supervisor, if the Participant damages or defaces property, or if the Participant's conduct or influence is contrary to the best interests of TI the Participant may be dismissed at the sole discretion of the Program Supervisor with no refund nor reduction of fee, and the parent/guardian must pay for all return transportation expenses. The Participant agrees not to smoke or possess cigarettes, drink or possess alcohol or possess or partake in the use of illegal substance of any kind while on TI program.
7. TI is herein authorized to use analog and/or digital photographic, audio and/or video reproductions of the child electronically and in literature for interpretive purposes, advertising and to participate in research studies conducted by the NJ Y Camps.
8. Parent/guardian hereby gives permission for the Participant to travel with TI wherever they see fit throughout Israel.
9. Parent/guardian hereby gives permission for the Participant to participate in any and all TI activities. I fully understand that some of their choice activities may include certain inherent risks.
10. It is agreed that any dispute or cause of action arising between the parties, whether out of this agreement or otherwise, can only be brought in the PA Court of Common Pleas located in Pike County, PA, and shall be construed in accordance with the laws of Pennsylvania.
11. When a check is provided as payment, NJY Camps is authorized either to use the information from the check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction.
12. IN CASE OF SURGICAL OR MEDICAL EMERGENCY the parent/guardian hereby gives permission to the physician selected by TI to hospitalize, secure proper treatment for, and order injection, anesthesia or surgery for the Participant named above. Every effort will be made by the TI Administration to immediately contact parents in the event of an emergency.