

Canadian Council of Conservative Synagogues (CCCS)

842 Eglinton Ave. W.

Canadian Alliance of Synagogue Youth (CASY)

PO BOX 85532

Annie Shinehoft, National Youth Director Toronto Ontario, M5N 0A2

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647-367-9351 ext. 220

FREE TO BE YOU AND ME?  
CCCS-CASY FALL MIFGASH  
FRIDAY OCTOBER 8, 2010 – SUNDAY OCTOBER 10, 2010  
REGISTRATION FEE \$118.00

(includes transportation, food and accommodations)

**REGISTRATION DEADLINE: SEPTEMBER 30, 2010**

\*Please ensure the entire form is completed to the best of your ability and that all required fields are signed.

**YOUTH INFORMATION**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Gender \_\_\_\_\_ Birthday \_\_\_\_\_

Age \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_ Tel \_\_\_\_\_

Synagogue \_\_\_\_\_ School \_\_\_\_\_

OHIP # \_\_\_\_\_

Dietary Needs:  Vegetarian  Lactose intolerant  Other \_\_\_\_\_

Do you have any medical needs, special conditions including allergies? If yes, what are they and what medication do you require and dosage?

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**Please Note:** Do not omit any information – acceptance to the program is NOT based on health history and all medical records are kept private and confidential.

Are you interested in contributing to Religious/Shabbat services? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, I can

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Are you interested in leading a program? YES \_\_\_\_\_ NO \_\_\_\_\_

Sign here if you would like to have your photo in promotional materials (ie CJN, pamphlets, facebook etc)  
(youth) \_\_\_\_\_ (parent) \_\_\_\_\_

How did you hear about the Mifgash?

- CCCS member Shul (Aday Israel, B'nai Shalom, Beth Emeth, Beth Shalom, Beth Shalom, Beth Torah, Beth Tzedec, Congregation Shaar Shalom) \_\_\_\_\_
- Canadian Jewish News (CJN)
- Friend
- Other \_\_\_\_\_

**PARENT INFORMATION**

Parent (mother) name \_\_\_\_\_ Number \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Work Phone \_\_\_\_\_

Parent (father) name \_\_\_\_\_ Number \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email \_\_\_\_\_  
Work Phone \_\_\_\_\_  
**Emergency Contact #1** (other than parent) \_\_\_\_\_  
Relationship \_\_\_\_\_ Number \_\_\_\_\_  
**Emergency Contact #2** (other than parent) \_\_\_\_\_  
Relationship \_\_\_\_\_ Number \_\_\_\_\_

**YOUTH RELEASE**

As a participant in the CASY FALL MIFGASH 2010 at Camp George, I understand that I must abide by all the rules of the CASY Code of Conduct. I agree to attend all scheduled sessions, workshops, programs, and meals. I will attend and participate in all religious services. I will observe all curfews and rules regarding when and if I may leave the program site. I understand that any damage done to the property of others or of property of Camp George or the buses travelled on, for which I am responsible, will be billed to me and to my parents. I agree not to bring or use (consume) any alcoholic beverages, any drugs (other than those prescribed by my doctor) or narcotics at any time during the program. I understand that violation of these rules will result in my immediate removal from the event and returned home at the expense of my parents. I will do all that I can to make this program a successful one of which all participants can be proud.

\*Youth Signature \_\_\_\_\_ Date \_\_\_\_\_

**PARENT RELEASE**

I (parent) \_\_\_\_\_ give permission for my teen \_\_\_\_\_ to travel with the Canadian Council of Conservative Synagogues (CCCS) by bus to Camp George in Parry Sound, Ontario from Friday October 8, 2010 to Sunday October 10, 2010. I understand that safety precautions, chaperons and insurance have been arranged by CASY as it considers to be reasonable. While there, my teen will be responsible to CCCS by upholding all policies and procedures set out below and in the welcome packet and reiterated at Opening Program. I understand that should my teen break the zero tolerance policy for any substance usage he or she will be immediately dismissed from the program and that I will be responsible for return transport or payment for same for him or her.

I understand that I am liable for all damage caused by my child to the person or property of others.

I understand that although CASY (Canadian Alliance of Synagogue Youth of the Canadian Council of Conservative Synagogues) and its employees, officers, directors, volunteers and agents will make their best efforts to exercise reasonable care in the supervision of my child, accidents and mishaps may occur. I hereby release CASY (Canadian Alliance of Synagogue Youth of the Canadian Council of Conservative Synagogues) and its member synagogues, its and their employees, officers, directors, volunteers and agents from any and all claims, demands, damages, actions or causes of action which I or my child or any other family member has or may have in the future against it or any of them, for any death, injury, loss or damage suffered by my child or any loss of damage to any property, in conjunction with any excursion or activity in which he or she participates. I understand that in the case of engaging in any sport or physical activity death or injury may occur, whether accidental or resulting from deliberate application of any force, and the foregoing release includes loss or damage arising as a result of any such injury or death.

I also understand and agree that none of CASY (Canadian Alliance of Synagogue Youth of the Canadian Council of Conservative Synagogues) or member synagogues or its or their employees, officers, directors, volunteers and

agents are liable for anything that may occur due to my providing inaccurate or incorrect information or my failure to give full information regarding the physical or psychological condition of my child.

I further acknowledge and understand that no food or beverage which is not Kosher may be brought to above described program. While CASY and CCCS will make reasonable efforts to accommodate persons who have food or other allergies or sensitivities, it does not have the ability to and cannot provide any assurance that food or beverages served at the above described program is "nut free" or otherwise free of any substance which may trigger an allergic or other reaction.

I do not have any information or knowledge regarding my child's physical or mental condition, including allergies or physical or psychological problems, which would make my child's travel and/or participation in the programme hazardous, unwise, and unwarranted or a potential source of danger to my child or any other child participating in the programme.

IN THE EVENT that I cannot be reached in an emergency, I hereby grant permission to the physician selected by CASY to hospitalize, secure proper treatment for, and to order injections, anaesthesia, or surgery for my child as named above. In the event of an emergency, every effort will be made to reach the parents or their proxy.

.. No participant shall violate any civil or criminal law, including but not limited to those related to: smoking, possession, consumption or use of any tobacco products, narcotics, marijuana, other illegal drugs or prescription drugs not prescribed for the user, shoplifting or theft of any kind, tampering of or destruction to property, and destruction of one's own or another person's physical and/or mental integrity. Inappropriate or unwelcome physical contact or language, indecent attire or public nudity is not permitted. **If a CASY participant violates any of the foregoing or is found with, or with others who possess tobacco, alcohol or illegal drugs, he or he will immediately be sent home at his/her parents' expense. The participants and their parents are responsible for the cost of any damage incurred.** Mifgash supervisors reserve the right to search the room and belongings of any attendee if they have reasonable grounds to believe that such a search is necessary to secure the health, safety and/or welfare of the program and or its participants.

.. There is to be no possession of matches or lighters, cell phones, walkie-talkies, stereos or laser pointers.

.. **All males are expected to bring and wear Tallit, T'fillin and Kippot. Males are required to wear an appropriate head covering at all times. Females are invited to do the same.**

*We the undersigned Youth and Parent have read these rules and understand them fully. I, the Youth signing below will adhere to the code above, and will conduct myself in a manner reflecting the standards of my congregation. Any violation of this code may result in my being sent home at my parents' expense and that a letter may be sent to my parents and congregation. The parent signing below certifies that he or she has authority to sign this consent and release on behalf of the Youth named herein.*

\*Youth Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**No one shall be denied attendance due to financial restraints, please call to discuss this confidential matter.**