



# Shevet Tapuz Enrollment Form 2008-2009

## 3<sup>rd</sup> – 12<sup>th</sup> Grades

I, \_\_\_\_\_ (parent or guardian), hereby enroll my child / children in Shevet Tapuz, the Orange County troop of "Tzabar" (the Israeli Scouts of North America).

( ) I understand that the participants finance the movement's activities and that the annual fees are as follow:

**3<sup>rd</sup> - 8<sup>th</sup> Grade: \$370. (\$20 Early Registration Discount if first payment made by Nov 2, 2008).**

**9<sup>th</sup> - 12<sup>th</sup> Grade \$320. (\$20 Early Registration Discount if first payment made by Sep 21, 2008)**

**Sibling discount \$20.**

Please make checks payable to: "**BSA Troop 1948**". The fee includes, among other things, insurance, troop leader and additional expenses to sustain the weekly activities until June 2008.

( ) I understand that my child's photo or video image may appear in Shevet Tapuz website or other informational material.

Shevet Tapuz activities will be conducted on Sundays at the TVT / JCC campus (or other locations as otherwise notified).

All activities will be conducted in Hebrew. All participants will be expected to wear the scouts' uniform (Chaki).

( ) My child \_\_\_\_\_ is allowed to use carpool to and from activities / camps as needed, by a licensed driver who is at least 25 years old.

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade in Sep 2008 \_\_\_\_\_ M/F

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade in Sep 2008 \_\_\_\_\_ M/F

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade in Sep 2008 \_\_\_\_\_ M/F

Address: \_\_\_\_\_ Child's E-mail \_\_\_\_\_

Parents' Names: \_\_\_\_\_  
Mother Father

E-mail: \_\_\_\_\_

Occupation (optional) \_\_\_\_\_

Phone: \_\_\_\_\_  
Home Cell - Mother Work – Mother Cell – Father Work – Father

Child /children is/are living with:

Both parents / Father / Mother / Other (please specify) \_\_\_\_\_

As the legal guardian, I hereby give permission for the above named child / children, to be given emergency care as administrated, authorized or directed by any adult person acting on behalf of Shevet Tapuz. Such care may include X-ray examination, rendered to the above named child / children under general or special supervision and upon the advice of a physician or surgeon licensed under the provisions of the Medicine Practice Act; and X-ray examination, anesthetic, dental or surgical diagnosis, treatment or hospital care to be rendered to the above named child by dentist licensed under the provisions of the Dental Practice Act. All pursuant to Civil Code Section 25.8. It is understood that if time and circumstances reasonably permit, the Shevet Tapuz personnel will try, but are not required, to communicate with me prior to such treatment.

I understand that Shevet Tapuz, its staff and volunteers, cannot assume responsibility for the adequacy or quality of services rendered by the physician or other health care provider selected in the event of such an emergency. I understand that Shevet Tapuz is not liable for any medical expenses

incurred by the above named child while attending the shevet's activities and primary health insurance of the above named child will be responsible for such expenses.

**I hereby authorize Shevet Tapuz / Tzabar / Israel scouts / friends of Israel scouts Inc., to deal directly with my medical company, which is (PLEASE PRINT):**

\_\_\_\_\_  
Name of Insurance Company      Policy #      Insurance Company Phone

\_\_\_\_\_  
Address of Company      Group #

\_\_\_\_\_  
Primary Care Physician      Address      Phone

\_\_\_\_\_  
Dentist      Address      Phone

\_\_\_\_\_  
Emergency contact (Other than parents)      Relationship      Home phone      Cell phone

\_\_\_\_\_  
Signature of Parent or Guardian      Name of Parent / Guardian      Date

**Shevet Tapuz Directory**

A printed directory will be given to each paid scout.

The directory will include the Child's Name (First and Last), Grade, City, Telephone (Home), and the Parents' Names.

I want my child information to be included in the directory.

Yes \_\_\_ No \_\_\_ Name \_\_\_\_\_ Signature \_\_\_\_\_

**T-Shirt Size** (please circle one) YS YM YL AS AM AL AXL

**Contribution**

I would like to contribute (please provide details) :

My Time \_\_\_\_\_ Donation \_\_\_\_\_ Other \_\_\_\_\_

**Jewish Federation** I understand that by registering to the Israeli Scouts I agree that my home address and telephone number will be shared with the Jewish Federation of Orange County which provides funding support to Shevet Tapuz.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

**Check here if anything changed from last year**

=====  
**Payment:** Amount \$ \_\_\_\_\_ Date \_\_\_\_\_ Check Number \_\_\_\_\_ Receipt # \_\_\_\_\_



# **SHEVET TAPUZ**

The Israeli Scouts of Orange County, CA

## **BEHAVIORAL CONTRACT**

**2008-2009**

**Child's Name** \_\_\_\_\_

I understand that my attitude and behavior are critical to the success of Shevet Tapuz. Knowing that I share responsibility for the shevet activities and I agree to abide by the following:

1. I will be sensitive to the needs of each group (shevet, troop) member.
2. I will respect the people and places with whom I come in contact.
3. I will not physically, verbally or online harm others, and I will not use abusive or profane language. (Including hitting, spitting, and verbal and written names calling)
4. I understand that the use of tobacco, alcohol, or drugs will not be tolerated, and that usage of such substances during any activity will result in expulsion from the activity.
5. I will be responsible for my personal belongings and equipment and I will not hold my troop / group or the Israeli Scouts of Orange County responsible for loss or damage due to my negligence or neglect.
6. I will treat all resources provided for use with care. I understand that I will be assessed damages to any equipment in the event that my use of such equipment is negligent or abusive.
7. I will use all required safety equipment and follow safety rules and procedures.
8. I understand that if I am sent home early from a meeting or activity due to any serious misconduct, it will be at my parent or guardian's expense.
9. Therefore, the following actions will be implemented in all cases where any child behaves inappropriately and/or physically harms another:

First Misconduct:

The child will be given a warning regarding his / her disruptive behavior and he / she will be removed from the group and the activity for a short cooling period.

Second Misconduct:

The child will be removed from the group and the activity for a short cooling period and the parents will be informed of possible future disciplinary actions.

Third Misconduct:

The child will be permanently removed from the program for the remainder of the day. The parent, or other emergency contact, will be contacted and will be required to pick-up the child immediately.

Fourth Misconduct:

The parents will be contacted and the child will be suspended from the program unless his / her parents accompany him / her to the next activity.

The children should be aware that they will be held responsible for their actions and that inappropriate behavior is never acceptable in our program.

We would like the assistance of parents in emphasizing these rules. Each parent and child should read this policy and sign below to indicate their understanding and commitment to adhere to it.

Please help us in our efforts to make the Israeli Scouts a safe and fun place for all children.

If you have any questions, comments, or concerns do not hesitate to contact the Merakez Shevet or Rosh Vaad Ha-Horim.

Your signature below indicates you have read, understand and will adhere to the policy as outlined above.

\_\_\_\_\_  
Participant's Name

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian's Name

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date



**Shevet Tapuz**  
The Israeli Scouts of Orange County, CA  
3rd – 12<sup>th</sup> Grades

**Boy Scouts of America Membership**  
**2008-2009**

**Pack – Troop – Crew 1948**

I understand that by registering my child to the Israeli Scouts of Orange County CA, I agree that my child (boy age 9-18, girl age 15-18) be enrolled as a member of the Boys Scouts of America.

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade in Sep 2008 \_\_\_\_ M/F

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade in Sep 2008 \_\_\_\_ M/F

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade in Sep 2008 \_\_\_\_ M/F

Address \_\_\_\_\_

\_\_\_\_\_  
Parent / Guardian Name

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Signature

## Shevet Tapuz 2008-2009 Registration Fee Worksheet

### NOTES

- 1) May be paid in **3** consecutive monthly payments.
- 2) Early registration discount applies only when **first payment** is made:  
     3rd-8th Grade by November 2, 2008  
     9th--12th Grade by Sep 21, 2008
- 3) **Minimum first payment per child is \$150.**
- 4) **All the "postponed checks" must be submitted at the time of registration.**

NAME

<b>First Child</b>	<b>Membership Fee</b>		
	3-8 Grade	\$370	
	9-12 Grade	\$320	
	<b>Less Early Registration Discount</b>		
	3-8 Grade by Nov 2, 2008	\$20	
	9-12 Grade by Sep 21, 2008	\$20	
Total First Child			0
<b>Second Child</b>	<b>Membership Fee</b>		
	3-8 Grade	\$370	
	9-12 Grade	\$320	
	<b>Less Early Registration Discount</b>		
	3-8 Grade by Nov 2, 2008	\$20	
	9-12 Grade by Sep 21, 2008	\$20	
	<b>Less Sibling Discount</b>	\$20	
Total Second Child			0
<b>Third Child</b>	<b>Membership Fee</b>		
	3-8 Grade	\$370	
	9-12 Grade	\$320	
	<b>Less Early Registration Discount</b>		
	3-8 Grade by Nov 2, 2008	\$20	
	9-12 Grade by Sep 21, 2008	\$20	
	<b>Less Sibling Discount</b>	\$20	
Total Third Child			0
<b>TOTAL Due</b>			<b>0</b>

### Payments Schedule:

PMT	Date	Check #	Amount
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
Total			0