



Shevet Tapuz Enrollment Form 2009-2010

3rd – 12th 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:

3rd - 8th Grade: \$370. (\$20 Early Registration Discount if first payment is made by Nov 1, 2009).

9th - 12th Grade \$320. (\$20 Early Registration Discount if first payment is made by Sep 20, 2009)

Sibling discount \$20.

Please make checks payable to "Shevet Tapuz". May be paid in three consecutive payments.

All the checks must be submitted at the time of registration. A **refund will not be available.**

The fee includes, among other things, insurance, troop leader and additional expenses to sustain the weekly activities until June 2010.

() 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 / children named below is /are 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 2009 ____ M F

Child's Name _____ Date of Birth _____ Grade in Sep 2009 ____ M F

Child's Name _____ Date of Birth _____ Grade in Sep 2009 ____ M F

Address: _____

Child's E-mail _____

Parents' Names: Mother _____ Father _____

E-mail: Mother _____ Father _____

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 company 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 Legibly**):

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

X

Signature of Parent or Guardian Name of Parent / Guardian Date

Volunteering Requirement

I understand that I and/or my spouse are required to **volunteer** for at least **two special activities** (camps, seminars, field trips, and holidays) throughout the year.

Name **X**
Signature

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 X** _____

Jewish Federation I understand that by registering my child 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 **X**
Signature

Check here if anything changed from last year

=====
Payment: Amount \$ _____ Date _____ Check Number _____



SHEVET TAPUZ

The Israeli Scouts of Orange County, CA

BEHAVIORAL CONTRACT

2009-2010

Childs's Name _____

Childs's Name _____

Childs'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.

_____	X	_____
Participant's Name	Participant's Signature	Date
_____	X	_____
Participant's Name	Participant's Signature	Date
_____	X	_____
Participant's Name	Participant's Signature	Date
_____	X	_____
Parent or Guardian's Name	Parent or Guardian's Signature	Date



Shevet Tapuz
The Israeli Scouts of Orange County, CA
3rd – 12th Grades

Boy Scouts of America Membership
2009-2010

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 2009 ____ M F

Child's Name _____ Date of Birth _____ Grade in Sep 2009 ____ M F

Child's Name _____ Date of Birth _____ Grade in Sep 2009 ____ M F

Address _____

Parent / Guardian Name Relationship to Child **X**
Signature

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Shevet Tapuz 2009-2010 Registration Fee Worksheet

<http://www.shevettapuz.org/Forms/RegistrationFeeWorksheet2009-2010.xls>

NOTES:

- 1) *May be paid in 3 consecutive monthly payments.*
- 2) **Early registration discount** applies only when **first payment** is made:
3rd-8th Grades by **November 1, 2009**
9th--12th Grades by **September 20, 2009**
- 3) **Minimum first payment per child is \$150.**
- 4) **All the "postponed checks" must be submitted at the time of registration.**

NAME

First Child	Membership Fee		
	3-8 Grade	\$370	
	9-12 Grade	\$320	
	Less Early Registration Discount		
	3-8 Grade by Nov 1, 2009	\$20	
	9-12 Grade by Sep 20, 2009	\$20	
Total First Child			0
Second Child	Membership Fee		
	3-8 Grade	\$370	
	9-12 Grade	\$320	
	Less Early Registration Discount		
	3-8 Grade by Nov 1, 2009	\$20	
	9-12 Grade by Sep 20, 2009	\$20	
	Less Sibling Discount	\$20	
Total Second Child			0
Third Child	Membership Fee		
	3-8 Grade	\$370	
	9-12 Grade	\$320	
	Less Early Registration Discount		
	3-8 Grade by Nov 1, 2009	\$20	
	9-12 Grade by Sep 20, 2009	\$20	
	Less Sibling Discount	\$20	
Total Third Child			0
TOTAL Due			0

Payments Schedule:

<u>PMT</u>	<u>Date</u>	<u>Check #</u>	<u>Amount</u>
1			
2			
3			
Total			0