

SHALOM INSTITUTE
 34342 Mulholland Hwy. , Malibu , CA 90265
BIG GREEN DAY/J-SERVE - APRIL 26, 2009
INFORMATION AND AUTHORIZATION FORM



PLEASE FAX TO (818) 889- 5132

STUDENT INFORMATION

Student's Name:	() Male () Female	Birth date (MM/DD/YY)	Age:	Current Grade:
Street Address:	City:	State:	Zip:	
Email Address:	BUS PICKUP/DROPOFF LOCATION:			

PARENT INFORMATION

Parent #1 Name:	Parent #1 Home Phone: ()	Parent #1 Cell Phone:
Parent #2 Name:	Parent #2 Home Phone: ()	Parent #2 Cell Phone: ()

IN CASE OF EMERGENCY, IF PARENTS ARE UNAVAILABLE, PLEASE CONTACT:

Name	Home:	Cell:
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SHALOM INSTITUTE TERMS OF REGISTRATION & PARENT AUTHORIZATION *

1. Shalom Institute may use any photograph, slide, video or likeness of my child for camp publicity or other publications associated with the camp.
2. Shalom Institute accepts no responsibility for loss or damage to any student's property during the program.
3. At the discretion of the Shalom Institute Executive Director, my child may be sent home because of behavioral problems, the bringing of alcohol, drugs, and/or cigarettes to the program.
4. I authorize transportation for my child to and from the Shalom Institute.
5. I give my child permission to participate in all the activities during the program.
6. Shalom Institute has my permission to provide routine non-surgical medical care. In the event of a medical emergency and I cannot be reached, I hereby give permission to the Physician selected by the Camp Director or his agent, to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery for my child as named herein.
7. I understand that I am responsible for costs incurred on behalf of my child relating to accident or illness when treated outside of camp. I authorize payment of medical benefits to physician or supplier for services rendered while my child is at Shalom Institute.
8. (I) / (We), the undersigned, parent(s) of _____, a minor, do hereby authorize the Director of the Shalom Institute, or his/her authorized representative, as agent(s) for the undersigned, to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is to be rendered under the general or special supervision of any physician or surgeon licensed under the provisions of the California Medicine Practice Act on the medical staff of a licensed hospital, whether such examination, diagnosis or treatment is rendered at the office of said physician or at such a hospital.
9. It is understood that this authorization is given in advance of any specific examination, diagnosis, treatment or hospital care being required, and is given to provide authority and power on the part of our above-named agent(s) to give specific consent to any and all such examinations, diagnoses, treatments or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. This authorization shall remain effective until the Shalom Institute receives written notification from you canceling this consent form.
10. I _____ (Parent's Name) will indemnify, save harmless and defend: Jewish Federation Council of Greater Los Angeles, its officers, directors, agents, and employees, the Shalom Institute, its officers, directors, agents, and employees from all liability from loss, damage, or injury to persons or property in any manner arising out of or incident to the performance of this agreement including without limitation all consequential damages and/or attorney's fees.

I certify that all of the information on this application is true and accurate. I have read and agreed to the above Shalom Institute Terms of Registration and Parent Authorization.

Parent/Guardian Signature

_____/_____/_____
Date