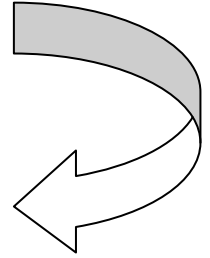
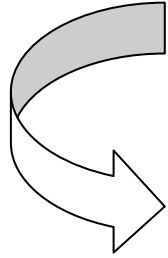


# Ramat Shalom רמת שלום

11301 West Broward Boulevard, Plantation, Florida 33325 • (954) 472-3600

Early Childhood & Torah School • (954) 424-3164 • Fax: (954) 472-3622



**Join us For  
Ramat Shalom's  
Teen Education Program (TED)  
9<sup>th</sup> to 12<sup>th</sup> Grades  
2009-2010**

**Membership Dues \$136**

*Includes Social Youth Group Activities-18 meetings yearly*

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## Registration Form

Date: \_\_\_\_\_

Grade as of August 2009: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Student's E-mail: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent's E-mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

**PLEASE COMPLETE BOTH FORMS:**

- **YOUTH INFORMATION FORM**
- **TED PROGRAM PARTICIPATION RELEASE FORM**

## TED PROGRAM PARTICIPATION RELEASE

The undersigned, a member in the TED Youth Organization, Inc. (the "Member") and the Member's parent (the "Parent") or guardian (the "Guardian), hereby agree as follows in consideration for and as a condition to the Member being allowed to participate in its programming and continue his/her membership in the organization.

**The Programming:** The Parent or Guardian hereby grants permission for \_\_\_\_\_ to participate in all **ON** and **OFF** campus, (Ramat Shalom) programming for the 2009-2010 calendar year.

**Release:** The Member and Parent or Guardian agree to assume all the risks surrounding the Member's participation in the programs of TED and in advance release TED and Ramat Shalom and its governing board, officers, volunteers, employees and agents from any liability to the fullest extent by law and waive any claims which the Member, Parent or Guardian may have arising out of, or relating to, any injury or loss that may be sustained by the Member or Parent.

The Member and Parent or Guardian agree to indemnify and hold harmless TED *and Ramat Shalom*, its governing board, officers, volunteers, employees and agents against any and all claims arising out of, or relating to, any negligence or intentional misconduct of such Member, Parent or Guardian.

Member and Parent or Guardian grants permission to TED *and Ramat Shalom* to use, in its discretion, photographs, video or other electronic representations of Member for promotional or programmatic purposes. The Member and Parent or Guardian specifically waives any right to compensation arising from such use.

**Ability to Participate:** Member and Parent or Guardian hereby represent that, to the best of their knowledge and belief, the Member is physically and mentally able to participate in TED's programs and has had, or will have, any necessary physical examinations before participating. They further acknowledge that TED *and Ramat Shalom are* relying on these assurances in determining whether the Member may participate in the program. If a medical emergency should arise in the Parent's or Guardian's absence during the Member's participation in TED programming, Parent or Guardian authorizes a representative of TED *or Ramat Shalom* to consent to emergency medical treatment of the Member on Parent's or Guardian's behalf, if the Parent or Guardian cannot be reached.

**Code of Conduct:** The member agrees to abide by TED Code of Conduct, to follow the directions of TED *or Ramat Shalom* volunteers and staff, and to show respect for all participants, volunteers and TED staff during all TED sponsored activity. The Member and Parent or Guardian understand and acknowledge TED *or Ramat Shalom's* right, in its sole discretion, to remove the Member from any programming (and from the organization as a whole) should TED *or Ramat Shalom* determine that the Member has engaged in conduct in violation of the foregoing. The Member and Parent or Guardian acknowledge that TED *and Ramat Shalom's* expectation that the Member will conduct himself/herself in a manner exemplifying the ideals of the organization while participating in TED sponsored activities.

**Dispute Resolution:** Any and all disputes between the Member/Parent and TED *or Ramat Shalom* (including its volunteers, officers and staff) involving a claim for money damages shall be resolved exclusively by binding arbitration under the rules of Ramat Shalom. The prevailing party in such arbitration shall be entitled to its/his/her reasonable attorneys' fees and costs.

\_\_\_\_\_  
MEMBER SIGNATURE

\_\_\_\_\_  
PARENT/GUARDIAN

\_\_\_\_\_  
PLEASE PRINT

\_\_\_\_\_  
PLEASE PRINT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NOTARY STAMP

\_\_\_\_\_  
NOTARY SIGNATURE

**Youth Information**

Name (Last, First) \_\_\_\_\_

DOB \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ as of 8/2009

**Youth's Contact Information:**

Phone Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_

E-mail Address \_\_\_\_\_

Home Address \_\_\_\_\_

**Parent/Guardian and Emergency Contact Information:**

1) Name (Last, First) \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_

Work \_\_\_\_\_ E-mail Address \_\_\_\_\_

Home Address \_\_\_\_\_

2) Name (Last, First) \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_

Work \_\_\_\_\_ E-mail \_\_\_\_\_

Home Address \_\_\_\_\_

**Medical Information:**

My child, \_\_\_\_\_, has the following medical conditions, allergies and  
(print child's name)  
takes the following prescription medications Ramat Shalom needs to be aware of – Example: asthma,  
reaction to insect bites, benedryl needed , etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Policyholder is employed by: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_