

Participant Name: \_\_\_\_\_ JCC/Camp/Community \_\_\_\_\_



Please read and answer each section carefully and completely. Do not leave blank spaces on any of these forms. Type NA (not applicable) where relevant. We will use this information only to provide the best service possible. Many places on this form require the signature of a parent/legal guardian and the signature of the applicant.

**All forms must be completed and returned to our office by: April 1, 2010**

Registration for the program will not be considered complete without the following materials:

- Participant Agreement and Unconditional Release of Liability
- Participant Contract
- Friends and Family Hospitality Release
- Part 1 - Physician Form **Your physician (not a family member) must complete this form.**
- Part 2 - Parent/Guardian Form
- Part 3 - Certification Statement Form
- Part 4 - Video and Photo Release Form
- Participant passport photocopy (must be valid through January 31, 2011)

#### **DISCLAIMER OF RESPONSIBILITY**

Should any participant be found, upon arrival in Israel, to be suffering from any condition, mental or physical, not fully disclosed in any of these forms (including the medical form), JCC Maccabi Israel reserves the right to return the participant to her place of origin at the expense of the participant. Under such circumstances, there shall be no refund of monies paid to the program, and the participant and/or his parents or legal guardians will be liable for any and all incidental expenses incurred by JCC Maccabi Israel resulting from the lack of full disclosure, including but not limited to the travel expenses to and from the participant's place of origin for an accompanying staff member.

**\* Please speak with your community contact for the payment schedule.\***

**\*PLEASE KEEP A COPY OF THIS PACKET FOR YOUR RECORDS.\***

Participant Name: \_\_\_\_\_ JCC/Camp/Community \_\_\_\_\_

## JCC Maccabi Israel®

### A NOTE TO PARENTS REGARDING PERSONAL INFORMATION ABOUT YOUR CHILD

Some parents hesitate to provide programs with information about personal aspects of their child's behavior or past experiences. Some fear information will be misused, while others are concerned about their child being labeled, singled out, or treated differently. All parents want to see their children have a strong, fresh start on a trip, unencumbered by past problems.

As trip organizers who are ourselves parents, we appreciate these concerns. We also know how invaluable such information can be in assisting us to help your child have as smooth and happy adjustment to trip-life as possible; something we know all parents want as well!

Having prior knowledge about a learning difficulty, mental condition, anxiety, or a recent loss or a major change in the family or participant's life, for example, makes a tremendous difference in helping us be sensitive to your child's need for patience, understanding, and reassurance, especially in the first few days of the trip!

This is especially true for participants who are nervous in new situations. Many parents fear that a program will not accept their child if they are completely forthcoming about these situations, yet teens need us to be partners with you in planning for a safe and successful summer.

Furthermore, teens often use behavior rather than words to tell us that something is bothering them. Having advance knowledge of areas that might be difficult for your teen helps us understand the message in her actions. The better we understand your child, the more we can assure you of a better summer for her. Given the fact that past conditions or patterns of behavior can resurface in new and strange situations, disclosing your child's full history is critical in enabling us to ensure his health and safety throughout the trip.

Our commitment is to use such information only to help your teen adjust to Israel. It will never be used on the trip unless necessary and only then with the greatest discretion.

Remember, when faced with challenges, we can help your teen have great success only if you help us.

Participant Name: \_\_\_\_\_ JCC/Camp/Community \_\_\_\_\_

# JCC Maccabi Israel®

## PARTICIPANT AGREEMENT AND UNCONDITIONAL RELEASE OF LIABILITY

The Undersigned participant in JCC Maccabi Israel Programs and his or her parent(s)/legal guardian(s) hereby agree as follows:

My parent(s)/legal guardian(s) and I hereby agree that we will adhere to all of the rules and regulations of JCC Maccabi Israel Programs including without limitations, the medical procedures established by the JCC Maccabi Israel.

My parent(s)/legal guardian(s) and I hereby understand that we must have family medical coverage for me; and that JCC Maccabi Israel will provide full medical coverage in Israel for any injuries or illness that may arise during the weeks of the program and are not a result of any preexisting condition. My parent(s)/legal guardian(s) and I further agree that we will bear the cost of my transportation from Israel in the event of illness or if the JCC Maccabi Israel determines, in their sole discretion, that my behavior has violated JCC Maccabi Israel Conditions and Regulations to which my parent(s)/legal guardian(s) and I agree, or that I have acted in a manner detrimental to the safety of, or the successful completion of, the Program. My parent(s)/legal guardian(s) and I also agree that we will accept responsibility for me upon my arrival from Israel, and will pay for any property or other damages that the JCC Maccabi Israel have determined were caused by me. In addition, my parent(s)/legal guardian(s) and I agree that if I must return to my place of departure before the completion of the trip, for any of the above reasons, or for any other reason as determined by JCC Maccabi Israel, we will be responsible for the travel expenses to and from my place of origin for an accompanying staff member or medical staff, as deemed necessary by JCC Maccabi Israel.

My parent(s)/legal guardian(s) and I hereby unconditionally release the sponsoring Jewish Community Center, the Jewish Community Centers Association of North America, their partners in North America and in Israel, and any of their officers, directors, executives, employees, agents, volunteers and anyone working under, through or in connection with any of them with respect to any incident, claim, occurrence, loss, injury, or damage that could or may arise out of such participation, including, by way of illustration and not limitation, travel to, from, and within Israel; home hospitality; use of any and all facilities used for JCC Maccabi Israel Programs or any part thereof; social; cultural and other events (including, by way of illustration and not limitation, trips and educational programs); and any other events or activities in which I may participate or engage, whether or not the same may be deemed to be a part of JCC Maccabi Israel Programs or not, from the time when I shall leave my permanent residence until the time when I shall have returned thereto.

My parent(s)/legal guardian(s) and I hereby acknowledge that we are executing this instrument with full knowledge of the purpose and effect of the contents hereof, that we have had the benefit of legal advice and counsel of our own choosing, and that we execute the same freely and voluntarily, and on the basis that this instrument cannot be altered or revoked except in a writing approved and signed by me, my parent(s)/legal guardian(s), and an authorized staff member of the Jewish Community Centers Association.

• I agree to the above terms and conditions.

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

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

Participant Name: \_\_\_\_\_ JCC/Camp/Community \_\_\_\_\_

# JCC Maccabi Israel®

## PARTICIPANT CONTRACT

My parent(s)/legal guardian(s) and I have read and understand all of the information and aspects of the program as described in the application packet. We fully accept the complete program, including its methods and goals, and I agree to participate in all facets of the program. We agree that if I fail to fully participate in the program or if I engage in any of the harmful activities mentioned below, I will be expelled from the program, in which event I will be immediately returned to my home in the U.S. (or my place of origin). We agree with the rules, regulations, and conditions of the program and agree to fully comply with them.

In the above event, we understand that no refund of any portion of the fee heretofore paid shall be made, and in addition, we shall be fully responsible and liable for the cost of damages, legal fees incurred, and the expense of returning me to my home in the U.S. (or my place of origin); such expenses to include the cost of one-way return fare home, shipping of baggage and other miscellaneous expenses in connection therewith, and expenses incurred by any medical or other staff necessary to accompany me.

We further hereby grant permission for and waive any rights to, the use of any photographs, motion pictures, recordings or any other record of my participation in JCC Maccabi Israel Programs or any events or occasions ancillary thereto for any legitimate purpose, without consideration of any kind.

We further understand that in order to ensure my welfare during the program, the director of the program may find it necessary to place restrictions on my movements within Israel, and we shall comply with such restrictions. Further, we understand that I, the participant, must keep the staff fully informed at all times of my whereabouts. I shall not leave the borders of Israel during my trip. I shall not go to the areas of Judah and Samaria or to east Jerusalem without **specific permission** from the JMI operations director. Failure to inform staff of my whereabouts or to comply with such restrictions will result in my immediate removal from the program at my own expense.

1. General Code of Behavior: As a participant in JCC Maccabi Israel programs, I am expected to behave in an appropriate manner at all times. Participants may not fight, steal, or engage in any kind of antisocial or disruptive behavior. Participants will be held responsible for the cost of any property damage they cause. Any case of physical violence will result in my immediate removal from the program.
2. Illegal Drugs: The purchase, use, or sale of drugs is illegal in Israel and may carry personal and legal consequences far more stringent than the laws of your home community, **and will result in the participant's immediate removal from the program.** Furthermore, JCC Maccabi Israel is obligated to report any and all cases of illegal activity, including illegal drug activity, to the law enforcement of Israel. A staff eyewitness will be sufficient ground for a participant's removal from the program due to any illegal drug activity.
3. Alcoholic Beverages: Possession, consumption, or distribution of alcohol is strictly prohibited and illegal for participants under the age of 18. Violation will result in expulsion from the program without refund.

Participant Name: \_\_\_\_\_ JCC/Camp/Community \_\_\_\_\_

# JCC Maccabi Israel®

## PARTICIPANT CONTRACT (continued)

4. Smoking will not be permitted by JCC Maccabi Israel at any time during the program. The purchase and or use of any and all smoking paraphernalia, including but not limited to hookahs and/or nargilas, is also prohibited.
5. Piercing and Tattoos: Participants in JCC Maccabi Israel programs are not permitted to engage in either ear or body piercing, nor are they permitted to get a tattoo throughout the duration of the program. Insurance does not cover medical issues related to body piercing or tattoos.
6. Social behavior: Participants in JCC Maccabi Israel Programs shall not behave in inappropriate or offensive ways, as defined by JCC Association staff and the sexual harassment laws of Israel. Participants shall not be permitted in the rooms or living areas of members of the opposite sex except at times stipulated by the program staff.
7. Participants must be fully responsible for the care and transport of their personal belongings and luggage at all times during the trip, including during their travel to and from Israel from their home countries, and will incur the full costs of any loss, theft, or damage to such items.
8. The program is a group experience. Participants must adhere to the itinerary and activities of the group and be on time. In deference to the group dynamic, the usage of electronic devices such as iPODs, personal DVD players, laptops, and cell phones is allowed only during free time (breaks, on the bus, and evenings) and with the leaders' approval.

• I agree to the above terms and conditions.

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian Name  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian

Participant Name: \_\_\_\_\_ JCC/Camp/Community \_\_\_\_\_

## JCC Maccabi Israel®

### FRIENDS AND FAMILY HOSPITALITY RELEASE

During your child's stay in Israel, he may have one free home hospitality weekend. During this weekend, she will be permitted to leave the group to visit friends and/or relatives. We require your consent and approval by indicating on this form the name(s), addresses, and phone numbers of those whom your child is planning to visit. If your child does not plan to leave for the weekend, then he and the rest of the group will stay together with staff at the hotel/hostel that is booked for that weekend and/or with an Israeli host family (pre-approved by the program).

Please indicate on this form if your child will remain with the group, or if no definitive plans have been made to date for your child, but you would allow her to accompany a fellow participant on such visits. In the event that someone on the program invites your child to accompany him to friends and relatives, we cannot give your child permission to go if you have not indicated your approval by completing and signing this form.

Any family or friends hosting participants need prior permission and coordination with program leaders. JCC Maccabi Israel reserves the right to forbid a participant from leaving the group. When permission is granted, both to the participant and to the hosts, the host family must pick the participant up in person. At that time someone from the host family must identify himself to the group leader. The host family must bring the participant back to an agreed upon meeting point at the agreed upon time. Our Jerusalem office staff coordinates and monitors these visits in consultation with group staff.

#### Please complete all relevant information below:

- 1) I hereby grant permission for my child to leave the group in Israel during her home hospitality weekend **to visit friends or relatives on his own**. I release JCC Maccabi Israel from any and all responsibility for my child from the moment she is picked up by the host family to the moment he is returned to the group.

Please complete the following information regarding the relatives or friends your child will visit during her free weekend, thereby indicating your consent that your child may be hosted by the below-named individuals:

**Name of Relative:**  
**Relationship to Participant:**  
**Address:**  
**City:**  
**Zip Code:**  
**Home Phone:**  
**Cell Phone:**  
**E-mail Address:**

- 2) I hereby grant my child permission **to accompany a friend** who has permission to visit friends or relatives during the home hospitality weekend. I release JCC Maccabi Israel from any and all responsibility for my child from the moment she is picked up to the moment he is returned to the group. Below are the friends who my child has permission to accompany:

**Friend 1:**

**Friend 2:**

**Friend 3:**

• I agree to the above terms and conditions.

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

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

Participant Name: \_\_\_\_\_ JCC/Camp/Community \_\_\_\_\_

# JCC Maccabi Israel®

## MEDICAL FORM

Please read these instructions carefully before completing and signing this form.

1. The new and strenuous environment participants will face tax their physical and mental capabilities to the fullest. It is, therefore, imperative that this report be as complete and precise as possible.
2. Participants will be touring in a sub-tropical climate with temperatures reaching over 100° Fahrenheit in the shade. The climate is mostly dry, with semi-arid conditions over a large part of the country.
3. Most participants will be living in a communal environment--sleeping in a dormitory or sharing living quarters with many other people and eating in communal dining facilities.
4. Activities may include physical labor in the sun. Participants will also be expected to participate in a number of tours of the country, which include walking long distances, climbing, and other strenuous activities.
5. The examining physician should bear in mind that medical facilities available for participants will only cover acute illness and accidents. There are no facilities available within the framework for the treatment of chronic disturbances. Medical care will very often be entrusted to fully trained paramedical personnel, although a doctor will always be available on call, as will the local hospital. In some cases, a patient could be admitted to a hospital within Israel for specialized medical treatment when necessary, and where indicated, and later be returned to the country of origin for further treatment. Dental and vision treatment (including but not limited to eyeglass and contact lens care) are not included within the medical coverage and will be arranged at the participant's expense.
6. **A.** This form should be completed by a physician who has known the applicant for at least 18 months prior. In addition, any applicant who has been under the care of a specialist (for example, cardiologist, neurologist, psychiatrist, psychologist, social worker) must submit a written detailed report from said specialist(s) that includes a complete diagnosis, prognosis, and evaluation. An applicant must have undergone a physical examination conducted by a licensed physician within a year of the planned departure on trip.  
**B.** If an applicant is required to continue therapy or treatment, or to continue receiving medications while under the auspices of the program, she must provide JCC Maccabi Israel with a medical letter signed by the attending physician, giving full details. Since medicine is often not available under the same trade name in different countries, the full pharmacological name of all medications used by the patient should be given, with dosage instructions.  
**C.** If any changes take place in the applicant's condition within the 10 days before departure, the applicant must submit, before departure, a full, explanatory medical letter

Participant Name: \_\_\_\_\_ JCC/Camp/Community \_\_\_\_\_

# JCC Maccabi Israel®

## MEDICAL FORM (continued)

signed by the attending physician, detailing diagnosis, prognosis, and treatment. A failure to submit such letter when relevant shall result in expulsion of the applicant from his program without any refund.

7. JCC Maccabi Israel intends to rely on this completed form and supplementary letters in making determinations of acceptance for or continuation of the applicant in the program. Omissions or misstatements are at the risk of the applicant and her physician, surgeon, psychiatrist, psychologist, social worker, and/or other caregivers.

8. The information on this form and all supplementary letters and reports on the physical, mental, or psychological condition of the applicant shall be held by JCC Maccabi Israel as **strictly confidential**. Such information may be used in connection with any situation bearing on or relating to such physical, mental, or psychological conditions.

9. Should any participant upon arrival in Israel, or during her stay, be found to be suffering from any condition, mental or physical, that is not fully disclosed in this medical form or in an accompanying letter from a qualified medical or psychological professional, then, (1) he may, at the sole and absolute discretion of JCC Maccabi Israel, be returned to her place of origin at the participant's own expense or may be treated in Israel at the participant's own expense, and there shall be no refund of monies paid for the program. (2) JCC Maccabi Israel and its representatives in Israel are hereby released of all responsibility or liability of any kind whatsoever arising out of any aspect of such participant's medical history and mental or physical condition or the treatment thereof.

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# JCC Maccabi Israel®

## PART 1 - PHYSICIAN

To be completed and signed by a licensed physician

	NORMAL	ABNORMAL	DESCRIBE ABNORMALITY
Head	•	•	_____
General Build	•	•	_____
Neck	•	•	_____
Ears	•	•	_____
Eyes	•	•	_____
Teeth	•	•	_____
Mouth, Throat	•	•	_____
Chest, Lungs	•	•	_____
Heart	•	•	_____
Vascular System - B.P.	•	•	_____
Abdomen and Viscera	•	•	_____
Hernia	•	•	_____
G.I. System	•	•	_____
G.U. System	•	•	_____
Upper Extremities	•	•	_____
Lower Extremities	•	•	_____
Spine	•	•	_____
Skin, Lymphatics	•	•	_____
Nervous System	•	•	_____

### IMMUNIZATION HISTORY

Salk Vaccine Dates: \_\_\_\_\_  
 Oral Polio (Sabin) TOPV Dates: \_\_\_\_\_  
 DPT (Diphtheria, Pertussis, Tetanus) Dates: \_\_\_\_\_  
 MMR Dates: \_\_\_\_\_  
 MMR Booster (after age 5) Dates: \_\_\_\_\_  
 HIB Dates: \_\_\_\_\_  
 Varicella Vaccine Dates: \_\_\_\_\_  
 Hepatitis B Dates: \_\_\_\_\_  
 Whooping Cough Dates: \_\_\_\_\_  
 Poison Ivy Dates: \_\_\_\_\_  
 Date of Most Recent PPD or TB Screening Dates: \_\_\_\_\_  
 Other Inoculations Dates: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Urinalysis: \_\_\_\_\_ Albumen: \_\_\_\_\_ Sugar: \_\_\_\_\_ VDRL: \_\_\_\_\_

**SEROLOGICAL TESTS:** Blood Type: \_\_\_\_\_ Rh: \_\_\_\_\_ Hemoglobin: \_\_\_\_\_

**VISION:** Right - Without Correction: \_\_\_\_\_ Left - Without Correction: \_\_\_\_\_

Corrected To: \_\_\_\_\_ Corrected To: \_\_\_\_\_

**HEARING:** Right: \_\_\_\_\_ Left: \_\_\_\_\_

**Menstrual History:** Regular or Irregular \_\_\_\_\_ Date of Last Menstrual Period \_\_\_\_\_

Participant Name: \_\_\_\_\_ JCC/Camp/Community \_\_\_\_\_

# JCC Maccabi Israel®

## PART 1 - PHYSICIAN (continued)

**Any Gynecological Disturbances:** \_\_\_\_\_

**Recommendations:** \_\_\_\_\_

Does the participant have any allergies?      • **Yes**      • **No**  
*If yes, please list below:*

- |          |          |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |

Please give all details concerning these allergies. \_\_\_\_\_

Is the participant being evaluated or treated for (or has been evaluated or treated for in the past) any mental, physiological, psychiatric, and/or neurological condition, including but not limited to anxiety disorders, phobias, depression, and bipolar conditions?

• **Yes**      • **No**

Please give all details. \_\_\_\_\_

Is the participant being evaluated or treated for (or has been evaluated or treated for in the past) any learning differences or disabilities, including but not limited to ADHD, ADD, dyslexia, and processing disorders?

• **Yes**      • **No**

Please give all details. \_\_\_\_\_

Is the participant currently taking any medication? If so, state the name, condition it is treating, and dosage instructions below. Please type/print name of full pharmacological medication and dosage. Use additional paper if necessary.

Participant Name: \_\_\_\_\_ JCC/Camp/Community \_\_\_\_\_

# JCC Maccabi Israel®

## PART 1 - PHYSICIAN (continued)

Name of Medication	Condition Treating	Dosage	Frequency/Amount	Taking Medication in Israel?

### PHYSICIAN'S STATEMENT

I have read the "Notes to the Family and Examining Physician" on and thereafter have examined \_\_\_\_\_ (Participant) and have recorded the results above which represent to the best of my knowledge, all of the participant's medical history and my findings on examination. In my opinion the participant is capable of participating in the program as outlined in this form. To the best of my knowledge, all information in Part 1 is correct. I understand that JCC Maccabi Israel and its representatives in Israel will rely on my report and findings.

Physician Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Number and Street) (City, State) (Zip Code)

Phone: (    ) \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Physician) (License Number)

**\*If you become aware of a change in the applicant's medical condition, please notify JCC Maccabi Israel\***

Participant Name: \_\_\_\_\_ JCC/Camp/Community \_\_\_\_\_

# JCC Maccabi Israel®

## PART 2 - PARENT/GUARDIAN

**To be completed and signed by the participant's parent(s)/guardian(s)**

How would you generally describe the participant's physical condition?    • Fair    • Excellent    • Good

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Does the participant require special medical services, dental services, or diet?    • Yes    • No  
*If yes, please specify:*

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---

Does the participant have asthma?    • Yes    • No  
*If yes, please specify:*

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---

Does the participant have any physical defects, disabilities, or restrictions?    • Yes    • No  
*If yes, please specify:*

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---

Does the participant suffer from any condition that would prevent or inhibit his/her ability to do strenuous physical work or activity?

• Yes    • No

*If yes, please specify:*

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---

Does the participant now, or in the past, suffer from anorexia or bulimia, or any other similar disorder?    • Yes    • No

*If yes, please specify:*

---

---

Participant Name: \_\_\_\_\_ JCC/Camp/Community \_\_\_\_\_

# JCC Maccabi Israel®

## PART 2 - PARENT/GUARDIAN (continued)

Is the participant being evaluated or treated for (or has been evaluated or treated for in the past) any mental, physiological, psychiatric, and/or neurological condition, including but not limited to anxiety disorders, phobias, depression, and bipolar conditions? **• Yes • No**

*If yes, please specify:*

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Is the participant being evaluated or treated for (or has been evaluated or treated for in the past) any learning differences or disabilities, including but not limited to ADHD, ADD, dyslexia, and processing disorders? **• Yes • No**

*If yes, please specify:*

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### FAMILY HISTORY

Father's/Guardian's Name: **• Living • Deceased** Cause of Death \_\_\_\_\_

Mother's/Guardian's Name: **• Living • Deceased** Cause of Death \_\_\_\_\_

Sibling(s) Name(s): **• Living • Deceased** Cause of Death \_\_\_\_\_

### HEALTH HISTORY *answers.*

*Answer Yes or No and give dates and details for all Yes*

	YES	NO	COMMENTS
Accidents	•	•	_____
Asthma	•	•	_____
Bronchitis	•	•	_____
Cancer	•	•	_____
Chicken Pox	•	•	_____
Convulsions	•	•	_____
Diabetes	•	•	_____
Dizziness	•	•	_____
Ear Infections	•	•	_____
Epilepsy	•	•	_____
Eye Trouble	•	•	_____
Fainting	•	•	_____
Frequent Colds	•	•	_____
German Measles	•	•	_____
Headaches	•	•	_____

Participant Name: \_\_\_\_\_ JCC/Camp/Community \_\_\_\_\_

# JCC Maccabi Israel®

## PART 2 - PARENT/GUARDIAN (continued)

**HEALTH HISTORY**  
***answers.***

*Answer Yes or No and give dates and details for all Yes*

Heart Trouble	•	•	_____
Kidney Trouble	•	•	_____
Measles	•	•	_____
Mononucleosis	•	•	_____
Mumps	•	•	_____
Operations	•	•	_____
Pneumonia	•	•	_____
Poliomyelitis	•	•	_____
Rheumatic Fever	•	•	_____
Scarlet Fever	•	•	_____
Sleep Walking	•	•	_____
Thyroid Disorder	•	•	_____
Tuberculosis	•	•	_____

Participant Name: \_\_\_\_\_ JCC/Camp/Community \_\_\_\_\_

# JCC Maccabi Israel®

## PART 3 – CERTIFICATION STATEMENT

To be completed and signed by the participant and the participant's parent(s)/guardian(s)

**We have read all information in this form, and:**

We hereby certify that, to the best of our knowledge, the above medical form is complete in all its details, and we fully understand and agree that any pre-existing condition, mental or physical, i.e. allergies, asthma, ulcers, previous operations, etc. that my child is found to have originating prior to the participant's arrival in Israel, and which is not described in full in this form or in any accompanying letter, will be due cause for the participant's return to the country of origin or treatment in Israel solely at our expense, and that JCC Maccabi Israel and its representatives in the United States and Israel have neither responsibility nor liability arising out of such condition. I also understand and agree that the medical coverage included with the program does not include dental or vision treatment (including but not limited to eyeglass and contact lens care) of any form whatsoever. All medication that my child takes regularly is at my own expense, and has been detailed in this form or in attached letters. I also give my full permission for all treatment of any nature, deemed necessary by medical professionals in Israel, to be extended to my child within the framework of the medical services of JCC Maccabi Israel representatives in Israel. I also acknowledge the fact that usage or involvement with alcoholic beverages, drugs or narcotics, or any antisocial behavior may be cause for immediate dismissal from the program, and that the participant will be returned to his/her country of origin at our own expense.

We affirm that my child's doctor has been informed of any and all health problems and that his/her health statement is true and accurate to the best of our knowledge. If our child is presently taking medication and will be taking medication while in Israel, we have included the following information in their application:

**Prescription Medication:**

1. Name of medication
2. Prescription- full name
3. Explanation of use
4. Dosage instructions

**Non-Prescription Medication:**

1. Name of medication
2. Explanation of use
3. Dosage instructions

\_\_\_\_\_  
**Participant Name**

\_\_\_\_\_  
**Participant's Signature** **Date**

\_\_\_\_\_  
**Parent/Legal Guardian Signature** **Date**

Participant Name: \_\_\_\_\_ JCC/Camp/Community \_\_\_\_\_

# JCC Maccabi Israel®

## PART 4 - VIDEO AND PHOTO RELEASE FORM

To be completed and signed by the participant and the participant's parent(s)/guardian(s)

JCC Maccabi Israel reserves the right to utilize photos and videos taken of participants during the program for use on the Internet, or in print, for the purpose of promotion of the program or of the JCC Association.

Furthermore, program participants who publicly post or share in any way (including but not limited to e-mails, social networking sites, blogs, and articles) their own photos, videos, or other content, are asked to do so with discretion, good taste, and only with the consent of the participant(s) featured in such photos, videos, or content. Any content deemed inappropriate by the JCC Maccabi Israel must be removed.

By signing below, my parent(s)/legal guardian(s), and I agree to the terms outlined above.

\_\_\_\_\_  
**Participant Name**

\_\_\_\_\_  
**Participant's Signature** **Date**

\_\_\_\_\_  
**Parent/Legal Guardian Signature** **Date**