



## **Raker Religious School Youth Retreat**

**December 6-8, 2019 • Camp Stein • Prescott, AZ**

**\$225 price per student includes:**

Bus, Meals, Camp Stein, Security, Staff and Programs

**DEPOSIT of \$125 DUE November 17**

**BALANCE of \$100 DUE December 2**

### **TERMS AND CONDITIONS:**

Deposit is required upon registration on **November 17**

Trip Agreement, Medical Form  
& Information Packet to follow

Questions? Contact Tobee at [twaxenberg@templesolel.org](mailto:twaxenberg@templesolel.org) or at 480-991-7414

# RRS Youth Retreat REGISTRATION

Camp Stein – December 6-8, 2019  
(one per attendee)

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

DOB: \_\_\_\_\_

Grade: \_\_\_\_\_

**Meal Options:** (check the box with the desired option)

- |                          |                   |
|--------------------------|-------------------|
| <input type="checkbox"/> | Regular meals     |
| <input type="checkbox"/> | Vegetarian meals  |
| <input type="checkbox"/> | Gluten-free meals |

\*There will always be a cereal breakfast bar & a salad bar during lunch and dinner available.

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## Raker Religious School Code of Conduct

(to be signed by student and parent/guardian)

**The following Code of Conduct is in effect for the RRS Youth Retreat. These rules of behavior apply to every student for the duration of the trip. A signed Code of Conduct is a requirements for event participation.**

1. I will attend and participate fully in each activity. I will be on time, follow all instructions, and remain with the group at all times.
2. I will abide by the curfew given to me. At curfew time I will go directly to my assigned room and remain there until the group meets in the following morning.
3. I will be respectful at all times to everyone I encounter.
4. I understand that disrespect of personal and public property, disturbing peace, or other inappropriate behaviors will not be tolerated. I understand that I will pay for any damage that I cause.
5. I understand that violations of health and safety, with as smoking materials, vaping, drugs or alcohol will not be tolerated.
6. I agree to abide with any additional rules pertinent to a specific activity, which may be announced, and accept the consequences if I violate these rules.
7. I understand that if I am unable to obey by these rules, parents will be called to pick me up.

**I have read the above rules and indicate my acceptance with my signature.**

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I have read the above rules, discussed them with my child, and have indicated my agreement with my signature as the parent/guardian of the above student.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Raker Religious School**

## **RETREAT AGREEMENT**

Parent/Guardian Consent Form and Liability Waiver

**Student Name:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

I grant permission for my child to participate in out-of-town trip that requires transportation. This activity will take place under the guidance and direction of Temple Solel staff.

A brief description of the trip follows:

Event: **SOLEL YOUTH RETREAT ("Retreat trip")**

Date: **December 6-8, 2019**

Location: Camp Daisy and Harry Stein, 3400 W Camp Pearlstein Rd, Prescott, AZ 86303

Individual in charge: Tobee Waxenberg, Raker Religious School Director      Contact: (602) 370-6667

Mode of transportation to and from event: Bus provided by All Aboard America.

I certify that I am the parent and/or legal guardian of the above named student. I acknowledge and agree Temple Solel has my full permission to allow my child to attend the above Retreat Trip by private bus on the streets and public highways. I hereby fully, finally, absolutely, and forever release and discharges Temple Solel and its respective present, former and future directors, shareholders, members, partners, officers, employees, agents, representatives, attorneys, consultants, fiduciaries, predecessors, successors, assigns, successors, assigns, and affiliates (collectively, "Released Parties"), of and from any and all claims, controversies, disputes, rights of set-off, liabilities, obligations, demands, damages, debts, expenses, liens, actions, and causes of action of any and every nature whatsoever, known or unknown, liquidated or unliquidated, contingent or non-contingent, existing or arising in the future, resulting from or relating in any way to the Retreat Trip and/or my child's participation in the Retreat Trip.

I acknowledge and understand further that in the event my child needs emergency or medical treatment, every attempt will be made to contact us, the parent/guardian, before such treatment is rendered, provided such contact can be accomplished without placing my child's health at risk. In the event I/we cannot be contacted, my authorized signature below gives my/our permission to Temple Solel to secure prompt treatment.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# EMERGENCY MEDICAL FORM

RRS Youth Retreat – December 6-8, 2019

**\*\*PLEASE RETURN THIS FORM TO THE EDUCATION OFFICE WITH A COPY (FRONT AND BACK) OF THE CHILD'S MEDICAL INSURANCE CARD\*\***

**WE, PARENTS (OR GUARDIANS) OF:** \_\_\_\_\_

Do hereby authorize the Temple Solel staff member, or any physician or surgeon so designated by them to obtain and/or provide any medical and/or surgical treatment or care of the person listed above that may be deemed necessary or required for the best interest of the person. We hereby agree to assume and pay all costs and expenses and/or fees incurred for any such care or treatment. I give permission to Temple Solel to arrange necessary related transportation for my child.

**In case of emergency, we/I can be reached at any of the following (2) phone numbers:**

1. **Parent/Guardian Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

2. **Parent/Guardian Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

We understand that if our child should need to be returned home due to illness or for other reasons, and the Temple is unable to reach us through the numbers listed on this consent form, we authorize Temple Solel to release the child to:

**Child's Emergency Contact (not a parent or a guardian):**

**Emergency Contact 1:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_ **Relation:** \_\_\_\_\_

**Emergency Contact 2:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_ **Relation:** \_\_\_\_\_

## **IMPORTANT HEALTH INFORMATION**

**Full Name of Medical Insurance Company:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Policy #:** \_\_\_\_\_ **Group Name:** \_\_\_\_\_

1) **Please list any allergies, dietary restrictions, health conditions or other restrictions of which we should be aware:**

2) **Our child requires and will come equipped with the following medications (in their original containers with attached instructions):**

3) **The camp nurse/doctor has permission to give my child over-the-counter medication if necessary.**  
(i.e., Tylenol/Motrin/Pepto Bismol, etc.) **Yes** \_\_\_ **No** \_\_\_ **Exceptions to this are listed below:**

**Parent/Guardian Authorization:** The information on this form is correct and complete as far as I know.

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

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