



Houston Community Teen Sexuality Retreat

2010

Please answer all questions below completely. This information is for office use only.

Name _____

Address _____

City _____ Zip Code _____

Home Telephone _____

Parent Cell-phone _____ Teen Cell _____

Parent E-mail _____

Student Email _____

Date of Birth _____ Age _____

School _____

Special Needs _____



Permission For Participation in the Houston Community Teen Sexuality Retreat

I, _____ give my permission for my child,

to attend the Houston Community Teen Sexuality Retreat on

March 5-6, 2010 (9-10 grades)

April 16-17, 2010 (11-12 grade)

I hereby represent that my child is in good physical health and does not have any disabilities that might be aggravated by participation in the retreat, except as otherwise noted on the Medical Form attached.

I hereby authorize the program supervisors to obtain emergency medical care for my child if deemed necessary. I understand that effort will be made to contact me. I understand that any emergency health care my child may receive will be my responsibility should my insurance company not pay for any part thereof.

If at any time during the weekend my child should fail to comply with the program rules, which both myself and my child have reviewed and signed, or to cooperate with the program supervisors, it is my understanding that I will be notified of such, and it will be my responsibility to **immediately** retrieve my child from the retreat, even if it is on Shabbat.

Signature of Parent / Guardian: _____

Teen Signature: _____

Please Print Name & Address of Parent / Guardian

Name _____

Address _____

Home phone _____ Cell phone _____



Code of Conduct

Houston Community Teen Sexuality Retreat

I have read the following rules, designed to promote the health and safety of all retreat participants, and have indicated my unqualified acceptance by my signature and that of my parent / guardian. ***If any of these rules are broken at any time during the retreat, my parent/guardian is responsible to immediately retrieve me from the retreat.***

- I will not possess, consume, or distribute alcoholic beverages. Nor will I possess, use or distribute any drug or drug paraphernalia, with the sole exception of using medication as prescribed for me by a physician.
- If any drugs, alcohol or paraphernalia are found in my possession, they will be confiscated and not returned, and I will be immediately sent home.
- I agree to refrain from engaging in inappropriate sexual behavior with other persons.
- I will not commit any illegal act. I understand that vandalism, disturbing the peace, or other inappropriate behavior as determined by the adult leadership will not be tolerated. I understand that I will have to pay for any damage that I cause. I understand that no gambling is allowed.
- I will refrain from any physical or psychological violence (hitting, spitting, slapping, kicking, shoving, name-calling, teasing, or threatening).
- I will refrain from any self-destructive behavior (behavior that threatens one's own physical or psychological health).
- I will treat fellow retreat participants, retreat staff and myself in a respectful manner.
- I understand that if I see or learn of a fellow retreat participant engaging in behavior that is a threat to his or her safety, or the safety of others, I must immediately notify a retreat advisor.
- I will attend and participate fully in the entire retreat, unless I have been given permission by a retreat advisor to skip certain program(s).
- I will remain on the retreat premises at all times.
- I will abide by the retreat curfew decided on by the advisors.

- I understand that I cannot use my headphones during workshops, or meals.
- I understand that there is no smoking at the retreat.
- I agree to abide by any additional rules, pertinent to the specific event, which may be announced and to accept the consequences of their violation.
- I understand I that will not bring or use any weapons, firearms, or anything that may be construed as a weapon.
- I agree to abide by any additional rules, pertinent to a specific event, which may be announced, and to accept the consequences of their violation.

I UNDERSTAND THAT THESE RULES OF BEHAVIOR APPLY FROM THE TIME I LEAVE HOME FOR THE EVENT, DURING THE EVENT ITSELF, AND UNTIL I RETURN HOME AFTER THE EVENT.

Teen signature _____

Date _____

Parental Permission: I have read the preceding rules and fully understand them. I understand that sanctions imposed by the retreat advisors for violations could include immediate expulsion from the retreat, at the expense and arrangements of the parent or guardian. I understand that once my child has been expelled from the retreat, there will be no refunds of any fees paid, regardless of the circumstances.

Parent / Guardian's Signature _____

Date _____



MEDICAL INFORMATION AND RELEASE FORM

I hereby give permission to The Initiative for Jewish Women to obtain emergency medical care for my child, _____ while my child is participating in the Houston Community Teen Sexuality Retreat. Accordingly, I am providing IJW with the necessary and appropriate information to facilitate such emergency care.

Signature of parent/ guardian _____

Date _____

Please print name & address of parent / guardian

Name _____

Address _____

City, State _____ Zip Code _____

Phone numbers of parent / guardian

Home (____) _____

Work (____) _____

Cell (____) _____

Emergency Contacts (other than parent or guardian):

1. Name _____ Relationship _____

Phone number (____) _____

2. Name _____ Relationship _____

Phone number (____) _____

Medical coverage provider _____

Policy number _____

(Please attach a copy of the Insurance Card)

Primary insured's name if different from parent / guardian listed above

Please list all allergies (food and medication) _____

Please list all Medications and dosages currently being taken: (Please ensure that your child brings only that amount of medication necessary for the weekend)

Please list any other pertinent information about medical or psychological conditions:

Name & phone numbers of treating professional(s) for any of the above mentioned conditions. *(Mandatory if applicable)*

This retreat is subsidized by the Joan and Stanford Alexander Foundation and the Toomim Family Foundation. This allows us to offer this program for \$100.00 per person. Please make checks payable to:

IJW 5925 Kirby #474 Houston, TX 77005