

**Thank you to the members of the Temple community  
who checked off the Youth Travel Fund, which subsidizes this trip, on their  
membership renewal form.**

**Registration Deadline: Friday, March 13**

**Student Name and Contact Information**

Name of Participant: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Permission for Shinshinim to Room with Students**

Our Shinshim, Lihi and Elad, will be travelling with us on the Southern Ontario trip from May 22 to May 24, 2020. It is possible that Lihi and Elad may be rooming with the students.

Please fill out the form below, giving them permission to share a room with your child.

I give permission for my child \_\_\_\_\_ to share a room overnight  
with an adult chaperone from May 22 to May 24, 2020.

Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

*Forms may be emailed to BobbieLynn at [education@templesinai.net](mailto:education@templesinai.net), faxed to 416.487.5499 or dropped  
off to the Education Office by Friday, March 13, 2020.*

**Please download the PDF form to your computer and then open it with Adobe Reader.  
DO NOT use your browser PDF viewer to fill in the form.**

## **Brit K'hillah — Code of Conduct**

I will promote the creation of a religious youth community based on the mutual respect and a sense of personal well being. I will treat others with *kavod* (honour and respect) because we are created *b'tzelem Elohim* (in the image of God). I have read the following rules, designed to promote health and safety of all participants, and have indicated my complete acceptance by my signature and that of my parent/gaurdian.

1. While travelling with Temple Sinai, I must attend all programs, and not use public transportation or leave the area which has been outlined as the group's specified touring zone.
2. Curfew will be set at a time following the final program each evening that allows for all participants to return to their houses. Once this time has passed, all participants must be in their assigned houses and may not leave.
3. Respect for environment and all civil laws will be followed.
4. I will not participate in any activity that could be deemed as bullying, demeaning or hurtful.

**Failure to follow the code of conduct may necessitate my being dismissed from the activity and sent home at my family's expense.**

**Name of Participant:** \_\_\_\_\_

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

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

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

## Medical Release Form

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_  
Last First Middle MM/DD/YYYY

Address: \_\_\_\_\_  
Street City Province Postal Code

Male  Female

Name of Custodial Parent/Guardian: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Address (if different): \_\_\_\_\_  
Street City Province Postal Code

Name of Second Parent/Guardian: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Address (if different): \_\_\_\_\_  
Street City Province Postal Code

**If parents/guardians are unavailable, in the case of an emergency please notify:**

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_



### Health Card Information

Health Card Number: \_\_\_\_\_ Version Code: \_\_\_\_\_ Exp.: \_\_\_\_\_

### Health History

#### Allergies

List all known allergies. Describe reaction and management:

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

### Medications

Please list all medications (including over-the-counter or nonprescription drugs) taken routinely and bring enough medication to last the entire time. Please refer to the enclosed instructions regarding pre-packaging and labeling regular medications in disposable, unit-dose bubble packs which identify clearly the patient’s name, the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

This person takes NO medication on a routine basis.

This person takes medications as follows:

**Med #1:** \_\_\_\_\_ Dosage: \_\_\_\_\_

Specific Time Taken Each Day: \_\_\_\_\_ Reason for Taking: \_\_\_\_\_

**Med #2:** \_\_\_\_\_ Dosage: \_\_\_\_\_

Specific Time Taken Each Day: \_\_\_\_\_ Reason for Taking: \_\_\_\_\_

**Med #3:** \_\_\_\_\_ Dosage: \_\_\_\_\_

Specific Time Taken Each Day: \_\_\_\_\_ Reason for Taking: \_\_\_\_\_

**Med #4:** \_\_\_\_\_ Dosage: \_\_\_\_\_

Specific Time Taken Each Day: \_\_\_\_\_ Reason for Taking: \_\_\_\_\_



**Grades 7 and 8 Water Adventure in Southern Ontario  
Friday, May 22 to Sunday, May 24, 2020**

Name of Participant:

\_\_\_\_\_

Additional information about medications or possible side effects:

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

**Restrictions**

**Dietary**

- No Red Meat     No Fish     No Poultry     No Eggs     No Dairy     Other (Describe)

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

**Activity**

Explain any restrictions to activity (e.g., what cannot be done, any adaptations or limitations):

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

*Please attach an additional piece of paper if necessary.*

Please share any information about significant, chronic or recurring illness/conditions/challenges that might help us care for your child.

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

I would like to be contacted to discuss the needs of my child in further detail.

**Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_



**Grades 7 and 8 Water Adventure in Southern Ontario**  
**Friday, May 22 to Sunday, May 24, 2020**

Name of Participant: \_\_\_\_\_

**Important**  
**These authorizations must be complete for attendance**

Parent/guardian Authorizations: This health history is correct and complete as far as I know. The person herein described, \_\_\_\_\_, has permission to engage in all activities except as noted.

I hereby give permission to Temple Sinai staff to administer medications and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for insurance purposes, and I give permission to Temple Sinai staff to arrange necessary related transportation for me/my child.

In the event that I cannot be reached in an emergency, I hereby give permission to the Temple Sinai staff to secure and administer treatment, including hospitalization, for the person named above.

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

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

## **Temple Sinai Waiver**

Parents/Guardians must accept this waiver in order for your child/ward to participate in the event.

### **RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY**

IN CONSIDERATION of being permitted to participate in The Temple Sinai Grades 7 and 8 Water Adventure in Southern Ontario from May 22 to May 24, 2020. I for myself, and for my personal representatives, assigns, heirs, estate, executors and/or administrators, and for my child/ward, (the "Releasers"):

1. Represent and warrant that my child/ward is in good health and physical condition, and acknowledge and understand that participation in and attendance at the Event involves certain risks and dangers of accidents, serious personal and bodily injury, including death, and property loss or damage either specifically as a result of participation in the Event or generally in connection with my child's/ward's attendance thereat and transportation therefrom. I understand, have considered and evaluated the nature, scope, and extent of the risks involved, and I voluntarily and freely give permission for my child/ward to assume these risks;
2. Fully and forever release and discharge Temple Sinai Congregation of Toronto, including its , directors, agents, officers, shareholders, employees, affiliates and subsidiaries and other related parties and any of its volunteers, other participants, sponsors, advertisers of the Event, the owner and lessors of the premises on which the Event takes place, and all of their respective successors and assigns (collectively, the "Released Parties") from any and all losses, damages, injuries including deaths, howsoever occurring, whether by negligence or otherwise, and including all, claims, demands, lawsuits, expenses (including legal fees and disbursements), and any other liability of any kind, of or to me or any other person, directly or indirectly arising out of or in connection with my participation in and attendance at the Event, including, without limitation, transportation related to the Event;
3. Agree not to initiate any lawsuit, court action or other legal proceeding against the Released Parties, nor join or assist in the prosecution of any claim which anyone may have, on account of loss, damage, or injury sustained by me or others, howsoever occurring, whether by negligence or otherwise, in connection with my child/ward's participation in and attendance at the Event, and I waive any right I may have to do so. I understand that I cannot sue to hold the Released Parties responsible for any loss, damage, or injury that I or my child/ward may experience related to the Event including, without limitation, transportation related to the Event;
4. Waive my insurers' right to make a claim against the Released Parties based on insurance payments made to me or to my child/ward for any reason. I understand that this means my insurers have no right of subrogation;
5. Agree to hold harmless, indemnify and reimburse the Released Parties from and for any sums, costs, or expenses (including legal fees and disbursements) incurred or paid by any of the Released Parties in connection with any lawsuit that is brought for or on my behalf, notwithstanding the above

210 Wilson Avenue, Toronto, Ontario M5M 3B1 • Tel: 416.487.3281 • Fax: 416.487.5499

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provisions arising out of anything in connection with my child/ward's participation in the Event, including, without limitation, transportation related to the Event. This means that I will reimburse the Released Parties if anyone makes a claim against them based on damages or injuries claimed for or on behalf of me;

6. Understand that the Released Parties do not provide any insurance, either life, medical or liability, for any illness, accident, injury, loss, or damage that may arise in connection with my child/ward's participation in and attendance at the Event. If I want insurance of any kind for my child/ward, I must obtain my own. I will pay my child/ward's own medical emergency expenses and all subsequent medical expenses in the event of any illness, accident, or injury in connection with the Event;
7. Acknowledge that if any portion of this Acknowledgement, Release and Waiver is held to be invalid or unenforceable, all other provisions shall nevertheless continue to be valid and enforceable. This Acknowledgement, Release and Waiver supersedes any oral or written statements made by or to me or my child/ward in connection with the Event. I understand that I cannot terminate, cancel or revoke this Acknowledgement, Release and Waiver for any reason if my child/ward participates in the Event;
8. Further agree that this document is governed by the laws of the Province of Ontario and operates to the benefit of the Released Parties as well as their administrators, successors and assigns, and is binding on me, my child/ward and my heirs, administrators, successors, assigns, insurers and estate.
9. Understand that by agreeing to my child/ward's participation in this event I authorize Temple Sinai and the event coordinators, to contact me by e-mail and/or in writing or by phone when deemed necessary by the event organizers.
10. Acknowledge that I have been given time to read this document in its entirety, and to seek legal advice with respect to signing it as I deem advisable.

I HAVE READ THIS AGREEMENT CAREFULLY, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT ON BEHALF OF MY CHILD/WARD, I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW OR IN EQUITY AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

**Name of Child/Ward Participating:** \_\_\_\_\_

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

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

**Witness:** \_\_\_\_\_ **Place:** \_\_\_\_\_