

# **BCHSJS Presents:**



**FOOD**

**FUN**

**FRIENDS**

**Friday, December 16 thru**

**Saturday Night - December 17, 2016**

**Congregation Keter Torah**

**600 Roemer Avenue, Teaneck**

**Cost: \$75**

# **Directions:**

**Keter Torah**

**600 Roemer Avenue (Newbridge Road)**

**Teaneck, New Jersey**

**Route 4 to River Road exit, at the end of the ramp, make a left (toward New Milford) onto River Road. Continue for approximately 1 mile to the intersection of River Road and Roemer Avenue (Newbridge Road). There will be a right turn lane. Make the right (toward Bergenfield) and go approximately 0.2 of a mile. The synagogue is on your right.**

**BCHSJS SHABBATON AT CONGREGATION KETER TORAH, TEANECK  
December 16-17, 2016**


**PERMISSION SLIP TO BE RETURNED TO BCHSJS BY:  
Sunday, December 11, 2016**

**Drop-off and Pick-Up is at Congregation Keter Torah, 600 Roemer Ave, Teaneck, NJ  
Friday, December 16, 2016: Arrive by 3:30pm  
Saturday, December 17, 2016: Pick-up is at 10:30 pm**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Student Cell: \_\_\_\_\_  
Parent Cell Phone: \_\_\_\_\_ Parent Email: \_\_\_\_\_

List friends (first and last name) with whom you would like to be housed:

<b>I would like to:</b> <input type="checkbox"/> Receive Vegetarian Meals <input type="checkbox"/> Give a D'var Torah
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 Unless indicated below, there are no medical restrictions on my child's activities. In the event of a medical emergency, if I cannot be reached, I authorize the staff of Bergen County High School of Jewish Studies to obtain emergency medical treatment for my child.


 Does applicant have any medical problems and/or take medications? Yes / No

If YES, specific limitations and written instructions as to administering of medication must be attached. List all medications brought to the Shabbaton.

\_\_\_\_\_

Emergency Contact (other than Parents): Name & Phone:  
\_\_\_\_\_

Family Health Insurance Policy: Carrier and Account Number:  
\_\_\_\_\_

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

*(over - please complete reverse)*

# ***Rules and Regulations***

*(read and sign):*

POSSESSION or USE of any illegal drugs, alcohol, or tobacco products before, during, or after the weekend will result in IMMEDIATE EXPULSION FROM THE SCHOOL and may also result in referral of the matter to the appropriate authorities. All participants MUST be in the appropriate places at the appropriate times and must attend all activities.

All participants must adhere to the entire schedule and program. BCHSJS reserves the right to search the belongings of any attendee if it has reasonable grounds to believe that such a search is necessary to secure the health, safety, and/or welfare of the program and/or its participants. The BCHSJS Principal or his designee reserves the right to enforce other rules relating to the integrity of the Shabbaton and/or the health, safety, or welfare of its participants.

The synagogue is to be treated with respect; participants are not to destroy or harm any property whatsoever. You will be responsible for any damage you cause. Misconduct (fighting, cursing, etc.) will not be tolerated.

**I have read and understood the above rules and regulations and agree to abide by them.**

**I realize that there will be consequences for breaking these rules.**

**Student Signature:** \_\_\_\_\_

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

**Questions?**

**Call Galeet Lipke, Student Activities Coordinator at 201-488-0834 or  
email [studentactivities@bchsjs.org](mailto:studentactivities@bchsjs.org)**