



RSY-NETZER

REFORM JUDAISM

SHEMESH 2016/5776



PARTICIPANT ENROLMENT PACK

In this pack, you will find your Code of Conduct and Enrolment, Medical & Welfare and Payment Form.

PLEASE ENSURE THAT YOU

- Use BLACK INK throughout
- Use CAPITAL LETTERS when completing the form
- Complete one pack per child
- Complete all sections in full**
- Please ensure the correct postage is paid for the envelope, as underpaid postage will be charged back to you (it should have postage for a large letter)

CHECKLIST:

Before you return the forms, please:

- Sign and date the form
- Payment can be made by cheque, cash, debit or credit card. If paying by cheque, please make it payable to 'Movement for Reform Judaism' or 'MRJ' and write your child's full name on the back of the cheque.
A 3% fee will be added to all credit card transactions and a 2% fee will be added to all Amex transactions (rounded down to the nearest pound) over £100. There are no fees for payments made by debit card.
- Keep this page and the Code of Conduct for your records
- We recommend you keep a copy of the pack for your records

Now return your completed Enrolment Pack in an envelope, along with your deposit of £275 to arrive no later than 25 February 2016 to the address below. To avoid disappointment, please don't wait until this deadline.

Alyson Joseph, RSY-Netzer, The Sternberg Centre, 80 East End Road, London, N3 2SY

Until 2 February 2016, we have a priority system in place for members of Reform synagogues. Any Enrolment Packs received from non-Reform synagogue members before this date will only be offered a place (subject to availability) after 2 February 2016.

FOR YOUR RECORDS:

Date sent back to RSY-Netzer _____

Chosen payment method _____

Cheque number (if paid by cheque) _____

Balance due 27 May 2016





RSY-NETZER'S 'BRIT KEHILLAH'

A CODE OF CONDUCT FOR YOUNG PEOPLE

This is a formal document, and the language used may be difficult for some young people to understand. We would appreciate it if you would take some time to discuss its contents with your child.

RSY-Netzer strives to run programmes which are fun, educational and fulfilling, and which encourage young people to take responsibility for themselves, their words and actions. As a general rule, we very rarely have problems on our events, but nevertheless operate the following strict code of conduct to ensure that no individual or group damages the experience of others. Please keep this in a safe place.

Participants are expected to:

1. Behave in a responsible manner as defined by camp staff.
2. Participate in all educational and social activities.
3. Treat other movement members and staff with care and respect.
4. Treat RSY-Netzer's and the camp site's property with care and respect.

Participants can expect to:

1. Be treated fairly and with respect.
2. Have an organised programme of activities.
3. Be within a safe environment.
4. Have any complaints taken seriously, and responded to appropriately by RSY-Netzer staff.

General Rules

1. We expect participants to attend and engage fully in all activities.
2. Participants are not to engage in any anti-social behaviour, including stealing, bullying, (including via social media, or online activity), vandalism, disruptive non-participation, or anything deemed to be irresponsible.
3. Participants are not to use alcohol, non-prescribed drugs or any substance open to misuse (e.g. glue, lighter fuel, artificial stimulants, etc.)
4. Smoking under the age of 18 is illegal and no participants are allowed to smoke on our events.
5. No participant may take unauthorised absence from the site.

Discipline Procedure - Three strikes and out

RSY-Netzer staff strive to discuss with an individual all behaviours observed that are outside of the accepted norms in an attempt to help young people understand the implications of the behaviour and therefore change

those behaviours. Sometimes there is a need to take more affirmative action, in which case all RSY-Netzer staff have been instructed to operate according to the following disciplinary procedure:

1. A first strike can be issued when unacceptable behavior is observed. Staff will discuss with the participant why the behaviour is unacceptable. At this point they will be asked to contact their parent/guardian to inform them of this discussion.
2. A second strike is issued when unacceptable behavior continues. A professional member of the team will contact the parent/guardian to inform them of this fact, discuss means of resolving the issue, and request that they make contingency plans should any further incidents occur.
3. If there is a need for a third and final strike the participant will be sent home at their parents'/guardians' cost, without refund, and with no further warning or discussion. Logistical arrangements will be made between the parent/guardian and the professional camp staff.

In the event that a programme participant is found engaged in illegal activity or anything deemed particularly serious or dangerous by RSY-Netzer staff; they will immediately activate Stage Three. The participant will be sent home without warning and at their family's own cost. Therefore, please make sure that you or a relative/friend is able to make arrangements for your child/ren in the unlikely event that s/he is sent home.

Being sent home from an RSY-Netzer event will affect the participant's chances of being accepted onto future programmes.

Complaints Procedure

If any participant feels that they have been the subject of unfair treatment by any member of staff or voluntary leader they have the right to submit a formal letter of complaint to the Informal Education Director, The Sternberg Centre, 80 East End Road, London, N3 2SY. Any complaints will be dealt with seriously and promptly. In the event that you are not satisfied with the response, you may pursue your complaint with the Senior Rabbi to the Movement for Reform Judaism. If you are unhappy you may contact the Chair of the Board of The Movement for Reform Judaism to achieve a satisfactory resolution. The Senior Rabbi to the Movement for Reform Judaism and Chair can be contacted at the Sternberg Centre, address above.



SHEMESH 2016/5776

ENROLMENT FORM

Shemesh camp applying for: (please tick which school year your child is presently in)

| | | | | |
|--|--|---|---|--|
| <input type="checkbox"/> Briyah (ages 10-11) (school yrs 5-6/P6-7) | <input type="checkbox"/> Shachar (age 12) (school yr 7/S1) | <input type="checkbox"/> Emunah (age 13) (school yr 8/S2) | <input type="checkbox"/> Reut (age 14) (school yr 9/S3) | <input type="checkbox"/> Atid (age 15) (school yr 10/S4) |
|--|--|---|---|--|

Participant Details

| | | | |
|--|------------------------------|-----------------------------|--------------------------------------|
| First Name | | | |
| Surname | | | |
| Date of Birth | | Age: | School Year: |
| Gender | | | |
| School Name | | | |
| Home Phone | | | |
| Mobile Phone | | | |
| Home Address | | | |
| Town | | | |
| County | | | |
| Post Code | | | |
| Country | | | |
| E-mail Address | | | |
| Is the participant a member of a synagogue? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Name of synagogue: |
| Has the participant previously attended an RSY-Netzer event? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If yes, write the most recent event: |

How did you hear about Shemesh? (Please tick box)

| | |
|--|--|
| Online/social media | <input type="checkbox"/> |
| Brochure from my synagogue | <input type="checkbox"/> |
| Rabbi's sermon | <input type="checkbox"/> |
| Synagogue youth club/cheder | <input type="checkbox"/> |
| Someone from RSY-Netzer | <input type="checkbox"/> Please give name of person: |
| I always go/my family have always been | <input type="checkbox"/> |
| From a friend | <input type="checkbox"/> Please give name of friend: |
| Other | Please tell us: |

Parent/Guardian 1 is the primary contact. This person will be responsible for settling payment and receiving event information:

Parent/Guardian 1 Primary Contact

Parent/Guardian 2

| | |
|---|---|
| Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="checkbox"/> | Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="checkbox"/> |
| First Name | First Name |
| Surname | Surname |
| Relationship | Relationship |
| Email Address | Email Address |
| Home Phone | Home Phone |
| Mobile Phone | Mobile Phone |
| Work Phone | Work Phone |



RSY-NETZER SHEMESH 2016/5776

MEDICAL & WELFARE FORM

The information you provide us with will be kept in the strictest of confidence. For your child's benefit, it is essential that even sensitive information is written. Please include all details that will allow us to support your child during this event. We are able to accommodate many special needs but withholding medical and/or welfare information could lead to your child being withdrawn from the event.

Emergency Contact

Please give contact details of someone **other than the parent/guardian** that we can contact if we were unable to reach you. It is important that you notify this person that they are an emergency contact and they need to be in the UK, and contactable during the entire event period.

| | |
|-----------------------------|--|
| Contact name | |
| Relationship to participant | |
| Home phone | |
| Mobile phone | |
| Work phone | |
| E-mail address | |
| Home address | |

Doctor's Details

| | |
|--------------------------|--|
| Doctor's name | |
| Address | |
| Surgery telephone number | |

Welfare Details – please include all details so that we can appropriately support your child during camp.

| | | |
|---|------------------------------|-----------------------------|
| 1. Is this the first time the participant has ever been away from home unaccompanied by a family member for more than a week? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Has the participant ever been excluded from school or a summer camp? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Has the participant experienced any difficulties at school or in any other social environments (e.g. bullying), or have there been concerns about their behaviour? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Are there any comments on family health/background or any other health/medical issues that you think would be useful for us to know about? (e.g. divorce, adoption, bereavement, emotional difficulties, dyslexia) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Is the participant known to any other professional e.g. social worker, therapist, psychologist or SENCO) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If you have answered **Yes** to any of the above, please give more information (continue on separate sheet, if necessary).

| |
|--|
| |
|--|

Dorm Sharing

| | |
|--|--|
| Is this the participant's first time on an RSY-Netzer event? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Do they know fewer than 5 people? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

In no particular order, please list up to 5 other participants, your child would *like to share a room with*. We endeavour to give each participant **ONE** person in their room that they have named. You can give us fewer than five names, however the more names you give the higher chance that the participant will be in a dorm with somebody that they have named.

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

Is there a serious ongoing issue with another participant where you have involved the school, the police or any another professional that will require them **not** to share a dorm, or be in a group with this person?

Yes No

Name/s of Participant/s

Details

Medical Details

| | |
|-------------------------------------|-------------------|
| Weight (kg) | Height (m) |
| Last anti-tetanus injection/booster | Date (dd/mm/yyyy) |

Does the participant take regular prescription medicine? If yes, please list below Yes No

| Medicine name | Reason for taking | Dosage/Frequency |
|---------------|-------------------|------------------|
| | | |
| | | |
| | | |
| | | |

Does the participant take non prescription medicine/remedies? If yes, please list below Yes No

| Medicine name | Reason for taking | Dosage/Frequency |
|---------------|-------------------|------------------|
| | | |
| | | |
| | | |
| | | |

Does the participant suffer from any of the following?

| | | | |
|---------------|--|---|--|
| Bed wetting | Yes <input type="checkbox"/> No <input type="checkbox"/> | Recurrent infections, ears, nose & throat | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Sleep walking | Yes <input type="checkbox"/> No <input type="checkbox"/> | Severe periods | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Sleeplessness | Yes <input type="checkbox"/> No <input type="checkbox"/> | Migraines | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Night terrors | Yes <input type="checkbox"/> No <input type="checkbox"/> | Diabetes | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Sleep talking | Yes <input type="checkbox"/> No <input type="checkbox"/> | Asthma | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | | Fits/Epilepsy | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | | Travel sickness | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | | Allergies (medicine, etc) | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | | Other | Yes <input type="checkbox"/> No <input type="checkbox"/> |

If you have answered **Yes** to any of the above, please give more information. (*continue on separate sheet, if necessary*)

Please give details of any surgical operations that the participant has undergone in the last 3 years.

Please give details of any other medical and/or welfare conditions of the participant, presently or in the past (e.g. eating disorders, compulsive behaviour) – please include all details so that we can appropriately support your child during camp. *We are able to accommodate many special needs but withholding medical and/or welfare information could lead to your child being withdrawn from the event* (continue on a separate sheet, if necessary).

If you would like to be in direct contact with our Welfare Officer, or to give her further information, please email sharon.daniels@rsy-netzer.org.uk.

Dietary Requirements

RSY-Netzer runs a vegetarian camp with no fish, in line with our ideological commitment to Jewish ethical eating.

Does the participant require any special medical diet? e.g. (vegan, coeliac, etc) Yes No

Please give more information.

Does the participant have any specific food allergies/intolerances? Yes No

Please give more information.

Completion & Consent

I hereby declare that to the best of my knowledge the Medical & Welfare Form is accurate and complete in all its details. I consent to the participant receiving basic first aid whilst on the event. In the event of a medical emergency I understand that every possible effort will be made to contact me but, should this not be possible or practical, I hereby authorise a senior member of staff to sign the “consent for operation” form for the participant should the need arise. I undertake to notify RSY-Netzer of any changes in the participant’s medical and/or welfare condition between the time of completing this form and the start of the event.

I have read the RSY-Netzer Code of Conduct with the participant and they agree to abide by the terms outlined in it. I understand that any participant caught in breach of the Code of Conduct may be sent home, at my cost, and I have made necessary contingency plans should this eventuality occur.

The information on this enrolment pack will be retained on the Movement for Reform Judaism database.

| | |
|------------|------|
| Print Name | |
| Signature | Date |

RSY-Netzer Merchandise

If you wish to purchase any merchandise for your child please tick the box, indicate the size and include a separate cheque made payable to "The Movement For Reform Judaism".

Green Sweatshirts (S/M/L/XL) £25 Trolley Coin Keyring £2 Burger Speakers £8 Selfie Sticks £5
 Flannel Dressing Gown (M/L) £20 Beach Bat & Ball Set £5 Beach Towel £10

PAYMENT Shemesh deposit is £275 and due by 25 February 2016

Are you able to support those in financial need?

RSY-Netzer needs to raise substantial amounts to provide a Financial Support Fund for our participants. If you are able to give a small donation you will help another young person to experience RSY-Netzer. **Thank you.**

Payment by Cheque / Cash

Please make cheques payable to:

"The Movement for Reform Judaism" and write your child's full name on the back of the cheque.

I enclose cheque/cash for:

£275 (deposit)

£ _____ (donation for Financial Assistance Fund) *giftaid it*

£ _____ **Total**

Payment by Credit / Debit Card (There will be a charge of 3% for all credit cards, except for Amex which has a 2% charge)

I wish to pay by: Credit Card (**3% charge) Debit Card Card Type: Visa Master Card Amex (**2% charge)

I authorise you to debit my account of: £275 (**The relevant charge will be added to this amount)

£ _____ (donation for Financial Assistance fund) *giftaid it*

£ _____ **Total**

Card Number:

| | | | | | | | | | | | | | | | | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

Must be Completed:

| | | |
|--------------|--------------|---------------|
| Security No: | Expiry Date: | Name on Card: |
| Date: | Signature: | |

* Gift Aid Declaration for Donation

Please make every pound you give worth an extra 25% by ticking this Gift Aid declaration.

By ticking the Gift Aid box, I confirm that I am a UK taxpayer and would like The Movement for Reform Judaism to reclaim tax on all donations I have made for four years prior to this year and any future donations, until I notify you otherwise (**please tick the box above, if appropriate**).

To qualify for Gift Aid, you must pay an amount of UK Income Tax and/or Capital Gains Tax. Gift Aid is linked to basic rate tax. Basic rate tax is currently 20%, which allows charities to reclaim 25 pence on the pound.

Name: _____ House Number: _____ Postcode: _____

Signature: _____ Date: _____

FINANCIAL SUPPORT: If required, please download your form at <http://rsy-netzer.org.uk/events/financial-assistance>

The Movement for Reform Judaism (MRJ) strongly believes that our young people should have the opportunity to take part in RSY-Netzer events and we strive to support this by providing financial support.

If you are in a financial situation where you are unable to afford the full cost of our summer programmes, please download and complete your Financial Assistance Application Form, with as much detail as possible, from the link above. The MRJ Bursary Fund will assist individuals to the best of its ability based on a means tested process. The MRJ Bursary Fund Committee guarantees complete confidentiality throughout the process and that the identities of the recipients of bursaries remain anonymous.

Financial Assistance forms must be sent in no later than 4 March 2016.

For more information, contact Alyson Joseph on 020 8349 5666

Discounts:

RSY-Netzer offers a £40 discount for every additional sibling attending our summer events. This does not include leaders. The deduction will be made from the final invoice. Please write below the details of siblings attending RSY-Netzer events.

Name: _____ Camp/Event: _____

Name: _____ Camp/Event: _____

