

the 15th Annual
**TU B'SHVAT
NATURE FEST**



Youth Group for
6th & 7th Grades

Join your Jr. HRTY friends at the Shalom
Institute's 15th Annual Tu B'Shvat Nature Fest

Sunday, January 29

11:45 AM-4:30 PM

\$10.00 per person

(includes lunch at TBH, admission to the festival
and special activities and snacks)

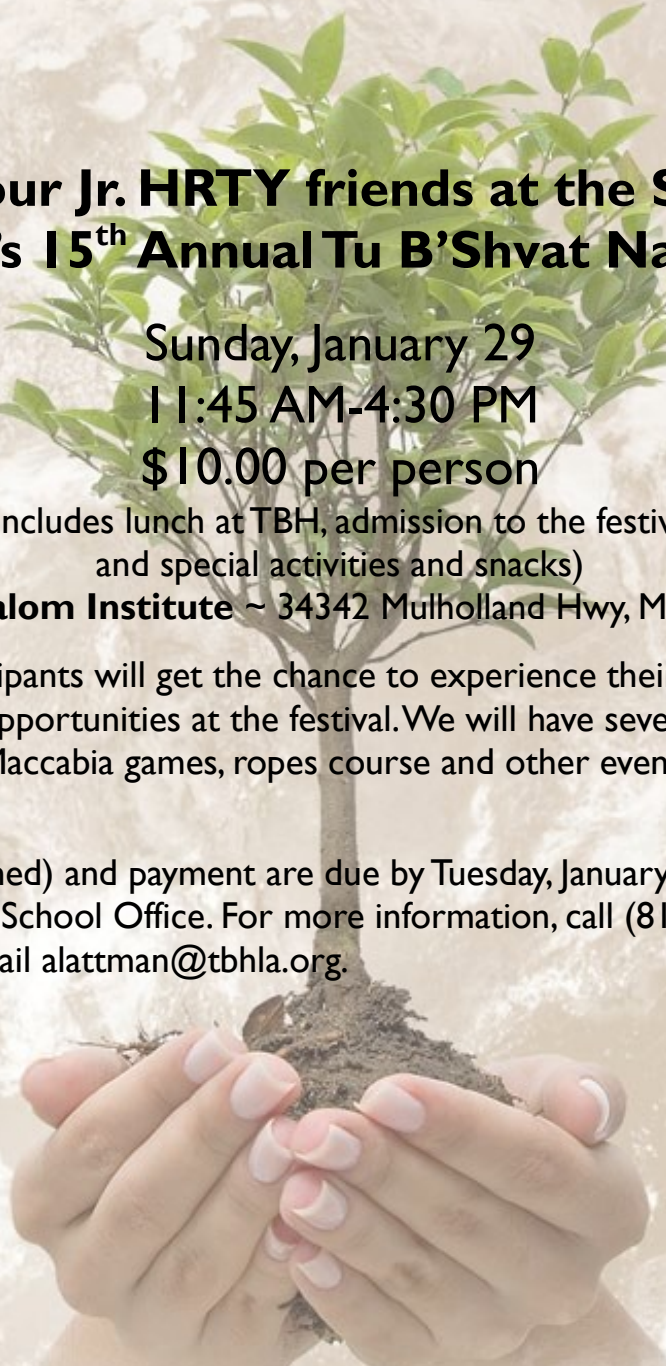
Shalom Institute ~ 34342 Mulholland Hwy, Malibu

Jr. HRTY participants will get the chance to experience their own unique activities and opportunities at the festival. We will have several activities to choose from: Maccabia games, ropes course and other events at the festival.

Trip slip (attached) and payment are due by Tuesday, January 17 to Allison Lattman in the School Office. For more information, call (818) 763-9148, ext. 141, or email alattman@tbhla.org.



12326 Riverside Dr.
Valley Village, CA 91607
Phone: (818) 763-9148
Fax: (818) 763-3865
www.tbhla.org





**TRIP PERMISSION FORM FOR
JR. HRTY TRIP TO THE TU B'SHVAT FESTIVAL AT THE SHALOM INSTITUTE**
Please complete and return by Tuesday, January 17 with \$10.00 fee.

Student's Name: _____ **Grade:** _____ **Teacher:** _____

Has permission to participate in the following trip: *Check box below.*

Shalom Institute

34342 Mulholland Hwy.
Malibu, CA 90265

Date: Sunday, January 29, 2012

Time: 11:45 AM-4:30 PM

Cost: \$10.00 (payable to Temple Beth Hillel)

Forms and Payment Due by: Tuesday, January 17

Instructions: We will meet for lunch at Temple Beth Hillel and carpool over to the Shalom Institute in Malibu. We will return to Temple Beth Hillel by 4:30 PM for pick-up on Laurel Grove.

Health or Special Needs: *Check one.*

My student has no special health needs the staff should be aware of, and no medication is required.

My student has a special need, and instructions are attached.

Number of attached pages: _____

Other: _____

In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care and emergency transportation considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital or facility forcing medical or dental services.

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip.

I agree to waive all claims against Temple Beth Hillel and hold its officers, employees, and agents harmless from any and all liability or claims which may arise out of or in connection with my child's participation in this activity. This waiver, however, shall not apply to any occurrences which may arise solely out of the negligence of Temple Beth Hillel its employee or agents.

Parent/Guardian Signature: _____ /_____/_____
Print Name Signature Date

Home Phone: (____) _____ - _____ **Cell Phone:** (____) _____ - _____

PLEASE COMPLETE AND SIGN THE REVERSE SIDE OF THIS FORM!!!

Student's Name: _____ Student's Date of Birth: ____/____/____

Medical Insurance Carrier: _____ Policy #: _____

If parent is unavailable in the event of illness or accident, please notify:

Name Relationship to Child

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Please READ and SIGN the following:

I hereby agree to indemnify, defend and hold harmless Temple Beth Hillel and its officers, employee, agents and volunteers, from and against any and all damages, loss, liability, charges, and expenses in any way arising out of my (or my children's) participation in the program for which I am registering. I give permission to Temple Beth Hillel to photograph me or my children participating in this program for which I am registering for use in future city publicity and I acknowledge that I will not receive any compensation for such use.

Parent/Guardian Signature: _____
Print Name Signature Date

Please check one:

- My child will need a ride to and from the Shalom Institute.
- I would like to be a driver on the trip to the Shalom Institute.
Please include an additional \$5.00 for your admission to the festival.

Please READ and COMPLETE the following information if you would like to be a driver for the above trip:

Our insurance company requires us to obtain A COPY OF THE AUTOMOBILE DECLARATION SHEET SHOWING THE LIMIT AMOUNTS OF YOUR COVERAGE. As the registered owner of any vehicle, you have the ultimate financial and legal responsibility for any accidents which might occur. Please note: Your proof of insurance card is not acceptable. If you have a Homeowners or Umbrella Policy, please include a copy along with your Automobile Insurance Declaration Sheet.

Name of Driver: _____ Cell Phone: (____) _____ - _____

I can take _____ students with seatbelts.
number

Auto Insurance Company: _____

Policy Number: _____ Expiration Date: ____/____/____

Driver's License Number: _____ Expiration Date: ____/____/____

Make: _____ Model: _____ Vehicle License Plate: _____

Driver's Signature: _____
Print Name Signature Date

Please return this form with a photocopy of your Automobile Insurance Declaration Sheet.