



# 2009-2010 Participant Registration Form

★ This form must be returned to PANIM 6 WEEKS before the seminar. Please Do Not Alter This Form ★  
Please PRINT all information clearly

*This box to be filled out by the trip organizer. Direct any questions and/or return this application to:*

Contact Person's Name: \_\_\_\_\_ Agency: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Application Must be Returned by: \_\_\_\_\_ Seminar Dates: \_\_\_\_\_

First & Last Name: \_\_\_\_\_  Male or  Female Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Country of Origin: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

*Information on the line above is needed for a possible visit to the White House Executive Office Building while on seminar. If this information is not provided to us by three weeks before the seminar, we cannot guarantee that the student will be able to attend this part of the program as the White House requires them to be pre-screened. After the program, all forms with SSNs are shredded.*

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Participant Cell Phone: \_\_\_\_\_

Participant Email: \_\_\_\_\_ Grade in school: 10<sup>th</sup> 11<sup>th</sup> 12<sup>th</sup> Year Graduating: \_\_\_\_\_

PANIM program alum?  No  Yes, when? \_\_\_\_\_ T-Shirt: Please circle one S M L XL XXL XXXL

Your synagogue's name & city (if applicable): \_\_\_\_\_

Your affiliation: (check one)  Conservative  Orthodox  Reconstructionist  Reform  \_\_\_\_\_

U.S. House of Representatives District #: \_\_\_\_\_ Member Name: \_\_\_\_\_

Bag lunch: (check one)  corned beef  turkey  pita & hummus  peanut butter & jelly

All meals are strictly kosher. Please list any dietary restrictions (ie. vegetarian) or any food allergies: \_\_\_\_\_

Main Parent/Family Email (for subsequent mailings from PANIM): \_\_\_\_\_

**Parent(s) and/or other adults to be contacted in case of emergency: One person per section please.**

Parent / Guardian 1 Title (ie. Mr, Mrs.): \_\_\_\_\_ First & Last Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Home Phone (if diff.): \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent / Guardian 2 Title (ie. Mr, Mrs.): \_\_\_\_\_ First & Last Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Address (if different): \_\_\_\_\_

Home Phone (if different): \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

The parent or guardian must sign the 2<sup>nd</sup> page or this form will be returned without being processed.  
THIS APPLICATION HAS 2 PAGES: PLEASE COMPLETE THE NEXT PAGE →

**For Office Use Only** Date Received: \_\_\_\_\_ Seminar Type: \_\_\_\_\_ PeP/ODS/PDS \_\_\_\_\_

Participant Name \_\_\_\_\_ Sponsoring Agency/Community \_\_\_\_\_

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**Agreements and Regulations**

(Do not alter the section below. If it is submitted to PANIM in an altered form, this form will be returned without being processed and will have to be resubmitted.)

**We agree to permit the applicant student to participate in the *Panim el Panim* seminar conducted by PANIM: The Institute for Jewish Leadership and Values, pursuant to the conditions stated in the agreement below:**

1. The tuition for the seminar is \$595, of which **\$100 is a non-refundable deposit**. Payment is to be made through the sponsoring group or school. We understand that we are responsible to the sponsoring group or school for payment of tuition and any additional costs incurred on our behalf.
2. No refund of tuition can be made for cancellations less than 15 days prior to a seminar. All cancellations must be made in writing and may be faxed to PANIM at 202-857-6568 or emailed to PANIM@bbyo.org. In the event of participant or family medical emergency or a death in the family, a \$200 credit will be applied to the sponsoring agency's account for use at a future seminar. This is a credit only – **no funds can be returned**. Documentation from your doctor or rabbi may be required. **The \$100 deposit is non-refundable.**
3. Rules presented to participants at the seminar are to ensure the safety and quality of the seminar for all participants. Use or possession of drugs, alcohol, or weapons; abuse, defacement or theft of property; breaking curfew; unauthorized absence from programs or program site; or failure to cooperate with PANIM staff in all facets of the scheduled program, will result in disciplinary action. Should severe infractions occur, PANIM reserves the right to dismiss the participant from the seminar and immediately transfer the participant home at the expense of his or her family, with no refund of any tuition payments.
4. PANIM may use slides, photographs, or videotapes of the participant in connection with the seminar.
5. PANIM will not be held responsible for theft, loss, or damage to participant's personal property.
6. In the event that the PANIM staff believes that the participant is in need of medical treatment or hospital consultation, treatment or admission, every effort will be made to contact a parent/guardian for authorization. Should the staff be unable to establish contact with a parent/guardian, such care is hereby authorized.
7. **MEDICAL INFORMATION:** If the participant has any condition that might require medication, accommodation, and/or special attention, please detail the condition and explain any measures that are needed to provide proper care. List any medications and dosages currently being prescribed for use by a physician. **Please attach additional/more detailed information if needed:**

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

8. PANIM will not be responsible for medical bills. Please provide your own medical insurance information:  
Name of Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Name of Policy Holder: \_\_\_\_\_ Group Number: \_\_\_\_\_
9. PANIM makes every effort to accommodate participants with special needs of all types. In order to do so, it is the family's responsibility to provide such information which will be kept in the strictest confidence, to be shared with staff on a need-to-know basis. For the safety and well being of all participants it is critical that you disclose any conditions/situations that may affect your teen's experience. Please attach any additional information:

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

**We certify that we have read the above agreements and regulations, that the information provided is true, and that we will inform PANIM of any relevant changes. We understand that \_\_\_\_\_ (the participant) will abide by the behavioral expectations and rules set by PANIM staff as outlined above.**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Parent or Guardian's Signature**

\_\_\_\_\_  
**Date**

The Parent or Guardian *must* sign this page or this form will be returned without being processed  
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**For Office Use Only** Date Received: \_\_\_\_\_ Seminar Type: \_\_\_\_\_ PeP/ODS/PDS \_\_\_\_\_