

Office Use Only
Date Rec'd _____
Deposit Amount Rec'd _____
Date Accepted _____

DOR L'DOR APPLICATION/SEASON 2009

I wish to enroll my Daughter Son in the Dor L'Dor Leadership Program

Camp Attended: Pembroke Tel Noar Tevya Years Attended _____

TUITION: \$7800.00 for Dor L'Dor Leadership Program
(\$2000.00 NON-REFUNDABLE DEPOSIT)**

****In the event of unanticipated airline surcharges, the parent/guardian is responsible for all additional fees incurred.**

PLEASE PRINT CLEARLY

Name of Participant _____
(First Name) (Middle Initial) (Last Name)

Residence _____
(Street and Number)

(City) (State) (Zip Code) Home Phone (____) - _____

Date of Birth _____ Age _____ Grade _____
(Month/Day/Year) (as of 6/1/09) (as of 9/2009)

Names and Ages of Siblings at Cohen Foundation Camps _____

Previous Camp(s) Attended _____

CIT Email Address _____

Parent Marital Status: Single Married Divorced Separated Widow/Widower

With whom does the camper reside*? _____

*If the camper does not reside with both parents at the time of registration, and in order to release information if requested from the nonresident/non-custodial parent, we will need authorization from the signing/custodial parent, or we may accept a copy of the court entered order, prior to releasing information.

Parent 1 Information

Name _____
(Title, if any)

Home Address _____

Home Phone _____

Business Phone _____

Cell Phone _____

Email** _____

Parent 2 Information

Name _____
(Title, if any)

Home Address _____

Home Phone _____

Business Phone _____

Cell Phone _____

Email _____

*****Required for enrollment in the program; please print clearly.** Please note that all email correspondence from the Dor L'Dor Program will be directed to the Parent 1 email address.

Is either parent an alumnus/a of a Cohen Foundation Camp? Yes No

If yes, who? _____

Which Camp? Pembroke Tevya Tel Noar Which years? 19__ through 19__

TO PROCESS THIS APPLICATION, THE ENTIRE APPLICATION AND THE RELEASE OF LIABILITY MUST BE SIGNED AND RETURNED, ALONG WITH THE ESSAYS AND NON-REFUNDABLE DEPOSIT, BY NOVEMBER 21, 2008 OR FIRST 90 PARTICIPANTS.

DOR L'DOR POLICIES

TUITION POLICIES: The fees for Dor L'Dor include airfare**, transportation, mature and professional supervision, three meals per day, lodging, laundry, and the complete program including guided tours, admissions, special programs, basic medical coverage and all departure taxes. This fee also includes the Dor L'Dor program at camp including laundry, medical coverage, and all gratuities for staff. All fees must be paid in full by April 1st. ****In the event of unanticipated airline surcharges, the parent/guardian is responsible for all additional fees incurred.**

Dor L'Dor Fee Schedule	DLD Israel	Date Due
Non-Refundable Deposit	\$2000.00	11/21/08 or first 90 participants
First Payment Due	\$2900.00	2/1/09
Final Payment Due	\$2900.00	4/1/09

REFUNDS: The deposit submitted with the application is non-refundable. There will be no reduction or return of fees for participants sent home for disciplinary problems. Should this occur, we also reserve the right to seek reimbursement for the costs associated with return travel. It is the responsibility of the participants' family to pay for all costs incurred due to late arrival and/or early departure regardless of the reason, unless otherwise agreed to in writing. No refund is available for discontinuation of Dor L'Dor due to acts of God, natural disaster, acts of war, terrorism, or epidemics.

SCHOLARSHIP: The Dor L'Dor Leadership Program is an approved Passport to Israel program. In addition, there are many other organizations that will sponsor participants on the Dor L'Dor Leadership Program. Should the participant receive scholarship funds to support his or her participation on the program, and does not complete the program for any reason, the participant is responsible for returning all scholarship funds to the sponsoring organization.

RELEASE OF LIABILITY: Acceptance to the Dor L'Dor program is contingent upon receipt of the signed Release of Liability **with** this application.

THE DOR L'DOR PARTICIPANT CONTRACT: Please be familiar with the guidelines described in the "DOR L'DOR PARTICIPANT CONTRACT," which your child must agree to follow during their participation in the entire Dor L'Dor program, including the travel portion and their time back at camp.

***The Executive Director reserves the right to send home any participant whose influence or actions are deemed harmful or who will not live within the rules and policies of the program. Being in the presence of, the use, or possession of alcohol, tobacco, or controlled substances (drugs) is specifically prohibited on Dor L'Dor.**

Please make sure that you clearly describe and discuss these policies with your child before they commit to participation in our program. It is not our wish to send any participant home for disciplinary reasons. We also reserve the right to withdraw any participant who arrives for Dor L'Dor with preexisting injuries or medical or mental health issues, which have not been documented prior to arrival or if those conditions adversely interfere with normal camp and travel operations.

MEDICAL CARE/INSURANCE: We carry medical insurance for injuries and/or illnesses that occur while participating on Dor L'Dor at no extra cost to the participant's family; however your family medical insurance coverage may be needed if the incident goes beyond the ordinary limits of our coverage, and/or for coverage of prescription medication. Please be aware that we do not cover pre-existing conditions. For these reasons, we require a copy of your medical insurance card. Non-Dor L'Dor related medical expenses will either be billed directly to you from the medical care provider or will be added to the participant's account. Any dental or optical work will be billed to the parent or guardian.

A **camper health form** must be on file in our offices before any participant may depart on their trip. **NOTE: Parent(s) or Guardian(s) must sign the waiver at the bottom of the camper health form, which allows the doctor/hospital to provide emergency treatment in the event of an accident.**

DOR L'DOR PREREQUISITE INFORMATION

The Dor L'Dor Program is physically, educationally and emotionally challenging on a daily basis. We will use the following information to cater the program appropriately to the majority of the participants. However, if you have few or no answers for the majority of the questions below, we suggest you have a discussion with the Director of the program prior to your enrollment.

1. Has the participant traveled internationally before? Yes No
If so, where? _____

2. Has the participant traveled long distance without you before? Yes No
If so, where? _____

3. What level of physical activity does the participant maintain during the year? This program requires that all participants be conditioned to perform a moderate level of physical activity during the summer.
 Minimal (Exercises once a week or less) Moderate (Exercises on average 3 times a week) High (Exercises more than 3 times a week)

4. Please list the physical activities (i.e. high school sports, competitive sports, individual sports, dance, etc.) the participant does during the year on a regular basis (i.e. a *minimum* of three times per week) or expects to do during this year. Please provide activities and number of days per week your child participates.

5. Please list any leadership training opportunities in which the participant has participated in the past.

6. Please list any leadership positions the participant has held in the past. Please list any positions he/she will hold in the future. Please note if these were elected positions or positions selected by other authorities.

7. Please list any part-time work your child does (include how many hours per week).

8. Please describe your child's Jewish educational background (include locations and time commitment).

9. Please describe your child's current participation in Jewish rituals and activities (i.e. in the home, at synagogue, at day school, in youth group, etc.)

THE DOR L'DOR PARTICIPANT CONTRACT

The Dor L'Dor Participant Contract is designed to insure that Dor L'Dor is an enriching, happy and safe program for every participant. Here are the conditions under which we accept your participation. Read them carefully before you sign the contract below.

I will do my best to be a productive member of Dor L'Dor and will make an effort to improve our community every day. Whether in Israel or in camp, my actions will reflect positively on The Cohen Foundation, my family and me. I will respect our Jewish culture and values by treating every member of the Dor L'Dor community with respect and compassion, and in the same manner that I wish to be treated. I will participate in prayers and services, and respect the rules of Kashrut. I will advocate for myself in order to get the most out of my experience, and I will not engage in any activity that puts my own or other people's health or safety at risk. I will remain with the organized group at all times, and recognize that my health and safety depend on it. I will respect other people's belongings and space and will not touch other people's things without their permission. I understand that theft will not be tolerated. I will take responsibility for my personal belongings and understand that The Cohen Foundation will not be responsible for lost or damaged property. I will contribute to keeping our bus, housing facilities and campgrounds clean and will participate in Dor L'Dor chores.

As a member of the Dor L'Dor community, I will abide by the following rules and regulations:

- No hazing, bullying or any other form of violent behavior whether consensual or not.
- No intimidation, threats of violence, sexual harassment or other forms of inappropriate controlling behaviors, either verbal or physical.
- No repeated profanity or disrespectful comments, including but not limited to those regarding sexual orientation or bigotry.
- No physical sexual behavior or contact, with or without consent.
- No possession of pornographic materials.
- No writing on the walls or furniture or defacing any property while traveling or in camp. Graffiti and other forms of vandalism will not be tolerated and any infractions may be assessed a substantial monetary fee.
- No piercing or tattooing.
- No use, possession, or being in the presence of alcohol, tobacco, marijuana or any other controlled substances or drugs on the Dor L'Dor Program whatsoever.
- No weapons including any object that may be used to bring harm to another person. Weapons include but are not limited to fireworks, lighters, matches and any other incendiaries.
- Appropriate clothing and footwear must be worn at all times—no tank tops, tube tops or other sleeveless clothing may be worn during daylight hours; hats must be worn at all times while outdoors during daylight hours; appropriate footwear will be designated by the Dor L'Dor staff for each of the day's activities.
- Communication devices may be used on the Dor L'Dor Program *only* at times designated by a Dor L'Dor staff member. Abuse of communication devices at inappropriate times may result in confiscation.
- Israel has a very arid climate, therefore drinking plenty of water every day is required.
- Males must wear appropriate head covering to all meals and services (females optional).
- ALL PRESCRIPTION MEDICATIONS must be kept with the assigned staff member at all times. Exceptions include asthma inhalers, epi-pens, acne skin creams and Lactaid pills.
- Dor L'Dor participants may be required to help "wait" tables for meals at camp.

I HAVE READ THE DOR L'DOR POLICIES AND CONTRACT IN FULL, AND I PROMISE TO ABIDE BY THE RULES AND REGULATIONS FOR DOR L'DOR PARTICIPATION. I UNDERSTAND THAT SHOULD I BREAK THIS AGREEMENT, I MAY BE SENT HOME WITHOUT REFUND AT MY PARENTS' EXPENSE.

DOR L'DOR PARTICIPANT SIGNATURE _____ DATE _____

I HAVE READ THE DOR L'DOR POLICIES AND CONTRACT IN FULL, AND I AGREE TO BE BOUND BY THEIR TERMS AND CONDITIONS.

PARENT SIGNATURE _____ DATE _____

PARENT'S AUTHORIZATION

I understand that part of the Dor L'Dor experience involves activities and group living arrangements and interactions that may be new to my child, and that they come with certain risks and uncertainties beyond what my child may be used to dealing with at home. I am aware of these risks, and I am assuming them on behalf of my child. I realize that no environment is risk-free, and so I have instructed my child on the importance of abiding by the rules of Dor L'Dor, and my child and I both agree that he or she is familiar with these rules and will obey them.

My child has permission to engage in all prescribed Dor L'Dor activities except as noted by my physician or me in writing. I hereby give permission to the physician selected by the executive director to order x-rays, routine tests and emergency treatment for the health of my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the executive director to hospitalize, secure proper treatment for and order injections and/or anesthesia and/or surgery for my child as named above.

It is agreed that any dispute or cause of action arising between the parties, whether out of this agreement or other wise, can only be brought in a court of competent jurisdiction located in the county where my child's camp resides, and shall be construed in accordance with the laws of that county.

I hereby release the use of photographic and video images and work product of the above registered Dor L'Dor participant for the purpose of camp promotion and display to the general public.

I HAVE READ THE POLICIES WRITTEN ON EACH PAGE OF THIS REGISTRATION FORM INCLUDING THE "DOR L'DOR CONTRACT" AND AGREE TO ABIDE BY AND SUPPORT THEM.

PARENT'S/GUARDIAN'S SIGNATURE

PRINT PARENT'S/GUARDIAN'S NAME

DATE

* * * * *

As part of the application process, each Dor L' Dor applicant is **required** to answer the following essay question in 300 words or less.

1. In what ways did you demonstrate leadership during the summer of 2008? Please give specific examples.

In addition, please answer **one** of the following essay questions in 300 words or less.

1. Who is the Jewish leader you admire most? Why do you admire this individual? What qualities make this person a leader? What has this individual accomplished for the Jewish community or people? (Your subject must be someone other than a relative.)
2. What do you hope to learn on your leadership journey? What skills do you hope to develop? What qualities do you intend to improve? How will you maximize the opportunities that the Dor L' Dor Leadership Program provides?

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RELEASE OF LIABILITY

THE ELI AND BESSIE COHEN FOUNDATIONS' CAMPS DOR L' DOR ISRAEL/C.I.T. LEADERSHIP PROGRAM

Child's Name: _____ Birth date: _____

Child's Address: _____

The Dor L' Dor Israel/C.I.T. Program of the Camps of the Eli and Bessie Cohen Foundations (Pembroke, Tel Noar & Tevya) (hereinafter referred to as the "Israel/C.I.T. Program") is designed to show Israel to the participants and to expose them to Israeli life.

I represent that I am the parent and/or guardian of the child named above (hereinafter referred to as the "child").

In consideration for my child being accepted to participate in the Israel/C.I.T. Program, I agree as follows:

ACKNOWLEDGMENT OF RISKS

There is the risk of death, disability, severe injury or illness associated with camping, hiking, rappelling, participating in an archeological dig, camel riding, swimming, snorkeling, boating, jeep riding and other activities of the Israel/C.I.T. Program. The activities of the Israel/C.I.T. Program will often take place in rugged and or remote mountainous terrain, deserts, and rural environments. Israel is subject to political unrest that sometimes becomes violent. The risks of accidents or terrorism associated with life and travel to and from and within Israel cannot always be eliminated, altered or controlled. Risks associated with the Israel/C.I.T. Program include but are not limited to, the following:

Activities take place in a natural environment, where unexpected, unseen and unmarked objects and conditions create risk of injury or death.

The equipment used in any activity may break or malfunction. Equipment used in activities may inflict injuries, even when used as intended. Persons using equipment may lose control of such equipment and cause injury to themselves or others.

Weather conditions which may change rapidly and unpredictably may cause injury or death directly or by acting upon other factors (for example, performance of equipment may be impaired by weather conditions).

There is a possibility of being injured or killed as a result of terrorism, hostage taking, suicide bombing and other acts of politically motivated violence.

Israeli food differs from that served in the United States. A child may have an adverse reaction to Israeli foods as a result of known or unknown food allergies or dietary limitations.

Counselors and guides will attempt to use their best judgment in determining how to react to circumstances. However, the counselors and guides may misreact or misjudge such circumstances, an individual's capabilities and the like, especially in emergency situations.

These are some, but not all of the risks inherent in participation in the Israel/C.I.T. Program; a complete listing of such risks is not possible. Many risks cannot be anticipated.

I give my permission for my child to participate in all Israel/C.I.T. Program activities including those described above, recognizing that there are risks as a result of such participation.

RELEASE OF LIABILITY

I, on behalf of myself and my child, acknowledge and assume all risks in connection with my child's participation in the Israel/C.I.T. Program and hereby release and waive any and all claims of liability against the Cohen Foundations, their Camps, and their representatives, agents, officers, directors, trustees and employees with respect to any harm, injury, illness, disability, damage or death that may in any way arise out of or as a result of my child's participation in the Israel/C.I.T. Program.

WITH RESPECT TO THE CONDUCT OF THE ISRAEL/C.I.T. PROGRAM I UNDERSTAND THAT THE COHEN FOUNDATIONS AND THEIR CAMPS ARE NOT RESPONSIBLE FOR THE CONSEQUENCES OF THEIR NEGLIGENCE, THAT IS, THEIR FAILURE TO USE REASONABLE CARE.

I agree to indemnify and hold harmless the Cohen Foundations and their Camps, their representatives, agents, officers, directors, trustees and employees with respect of any claims, asserted by or on behalf of me or my child as a result of any harm, injury, damage, illness, death or disability of or to my child.

OTHER MATTERS

My child has no physical, emotional or mental problems or limitations, which may effect my child's participation in the Israel/C.I.T. Program activities, except as disclosed by me in writing to the Cohen Foundations Camps.

Further, I authorize anyone working with the Israel/C.I.T. Program to call for medical care for my child or to transport my child to a clinic or hospital if they believe it necessary. I authorize any licensed physician or other recognized first aid personnel to carry out emergency medical care deemed necessary by such physician or person for my child when normal permission is unavailable. I agree that upon transporting my child to any medical facility that the responsibility of the Cohen Foundations and their Camps shall be totally fulfilled. A counselor will remain with the child until the child is released or the parent or guardian arrives. I agree to pay all costs associated with such medical care above that which is included as part of the Israel/C.I.T. Program, and related transportation for my child.

I agree that this document, and all other aspects of my and my child's relationship with the Cohen Foundations and their Camps and their agents and employees, shall be governed by the laws of the State of New Hampshire. Further, I agree that any legal proceeding concerning such relationship must be filed exclusively in the State of New Hampshire. If any part of this agreement is determined to be unenforceable, all other parts shall be given full force and effect.

I, THE UNDERSIGNED, ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS RELEASE OF LIABILITY, THAT I UNDERSTAND ITS CONTENTS AND THAT I AM WAIVING RIGHTS THAT I MAY OTHERWISE HAVE TO BRING A CLAIM AGAINST OR SUE THE COHEN FOUNDATIONS OR THEIR CAMPS.

Signature of Parent/Guardian

Date

Signature of Other Parent

Date

Child's Signature

Date