

Please return this registration form to the Canadian Council of Conservative Synagogues (CCCS):
37 Southbourne Avenue, Toronto, ON M3H 1A4 • Fax: 416-635-1629

Registration deadline: Monday, January 30, 2012 • Limited Space
Questions? e-mail: office@canadianccs.ca or call: 416-635-7007

Canadian Alliance of Synagogue Youth (CAS Y) invites all High School Students (grades 9-12)

Snow Tubing at Horseshoe Resort!

Saturday, February 4, 2012 • 6:45 - 11:45 pm

Pick-up and drop-off: Adath Israel Congregation, 37 Southbourne Avenue, Toronto

Method of payment (\$18 per person): Cheque (*made payable to CCCS*) Cash Visa

Visa #: _____ Expiry date: _____

Name on card: _____ Signature: _____

PARTICIPANT INFORMATION

Name: _____ Grade: _____ Gender: Female Male

Address: _____ City: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____ OHIP #: _____

Synagogue: _____ School: _____

Please list any allergies or dietary needs: _____

Please indicate any medical conditions, medication/dosage, and treatment: _____

Note: Participation in the program is not based on health history and all information is confidential.

Mother's Name: _____ **Work Phone:** _____

Cell Phone: _____ Email: _____

Father's Name: _____ **Work Phone:** _____

Cell Phone: _____ Email: _____

Please provide The following people can be contacted in an emergency when neither parent can be reached:

Emergency Contact #1 (other than a parent): _____

Relationship: _____ Phone(s): _____

Emergency Contact #2 (other than a parent): _____

Relationship: _____ Phone(s): _____

PARENTAL CONSENT AND RELEASE: I give permission for my child to participate in this program with the Canadian Council of Conservative Synagogues ("CCCS") and the Canadian Alliance of Synagogue Youth ("CAS Y"). I hereby waive and release CCCS, CAS Y, its officers, directors, employees, volunteers, member synagogues and their representatives from any liability, claim or responsibility for any damages, loss, injury of any kind, howsoever sustained, or any other claim or loss suffered by my child as a result of his or her participation in or travelling to or from this program. In case of an emergency involving my child, I authorize the program staff to obtain medical care for my child.

Signature of Parent: _____ Date: _____