



**Project Extreme Sukkos
Girls Division
September 23-27, 2018
Bricelyn, MN**

The PROJECT EXTREME Girls Sukkos program will begin Sunday, September 23 and conclude on Thursday, September 27th. The program will take place in Bricelyn, MN at the Project Extreme Midwest Campus.

The cost for the program is \$1,000.00 and is inclusive of airfare, lodging, food, and activities. All scholarship requests must be submitted via email to ayalah@projectextreme.org, no later than 9/5/2018. Scholarship requests must indicate the financial need for scholarship, requested amount to be paid for the program, as well as a detailed explanation of the need for the applicant to attend.

Suggested Packing List:

- Sleeping bag and pillow
- Towel
- Toiletries
- Pajamas
- Sweatshirt and/or sweater
- Jacket- weather dependent
- Clothing for two day Yomtov (skirts/dresses required on Yomtov)
- 2 complete changes of weekday clothing appropriate for chol hamoed activities
- Leggings
- Comfortable walking shoes or sneakers

Please keep the following in mind when packing:

- It may be chilly in the sukkah during the night meals
- Project Extreme's self-respect dress code will be strictly enforced. All shirts must have sleeves that cover both shoulders simultaneously and cannot be low cut. All pants/skirts/dresses must reach close to the knee; all shirts must meet the waistband.

The Project Extreme program model and structure will be in effect throughout the program and will run similar to Camp Extreme. All guests must have a completed application and be paid in full prior to program start. New participants must have an interview with Rabbi A.Y. Weinberg prior to acceptance. If you have any questions, please contact Ayalah Lebowicz: ayalah@projectextreme.org, or (516) 612-3922 ex. 110.

Signature of Applicant:

Signature of Parent or Legal Guardian:



APPLICANT AGREEMENT

Please review carefully and sign at the bottom. If you have any questions, please contact us as soon as possible. This agreement must be part of the applicants file in order for it to be complete.

Legal Name of Applicant: _____ Birthday: __/__/____

Address: _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

Allergies: _____

- I hereby submit my application for participation in PROJECT EXTREME, and undertake to comply with all regulations. I also understand that the directors of the program have the right to terminate my participation if I do not comply with the regulations.
- I agree that PROJECT EXTREME, its agents and employees shall not be liable in any manner or degree for loss or damage to my personal property sustained by any reason.
- I agree not to bring, purchase, or use alcohol or drugs of any kind during the program.
- Prescription drugs must be accompanied with clear dosage instructions and handed in to staff at the beginning of the Program.
- I understand that I must conduct myself in accordance with PROJECT EXTREME'S standards. I will, to the best of my ability, adhere to the program and conduct myself in a manner reflecting credit upon PROJECT EXTREME and myself. Participants shall not wear anything suggestive of drugs or alcohol, sexually explicit, or anything with offensive four letter words.
- I agree to allow photographs or videos of myself to be used for marketing and/or fundraising purposes.
- I understand that all participants must travel and remain with their assigned groups at all times.
- *If I leave the program voluntarily or am asked to leave at the request of the program director, I fully understand that no refunds will be made and transportation home will be at my expense.*

I have read the above statements and hereby knowingly accept all of the above.

Signature of Applicant

Signature of Parent or Legal Guardian



FLIGHT REQUEST

Project Extreme will be booking all participant flights. We will do our best to fly campers in groups, but there is no guarantee. Flight itineraries and times are subject to availability. Applicants will need to depart on 9/23/18 early in the morning, and will not arrive into their home airport until late on 09/27/18. Please ensure that the applicant's legal name and date of birth is written correctly below or tickets will be affected. International flights may require additional participant fees due to increased travel expense. (Flights departing from NY or NJ may depart from JFK, LGA, or Newark.) All Campers will be greeted by Project Extreme staff at the Minneapolis St. Paul Airport.

Legal Name of Applicant: _____ Birthday: __/__/____

Requested City of Departure (09/23/18) and arrival (09/27/2018): _____

EMERGENCY CONTACT INFORMATION

In the event of an emergency, we will contact the person or persons listed below

Name: _____ Relationship to Applicant: _____

Cell Phone: _____ Alternate Phone: _____

Alternate Emergency Contact

Name: _____ Relationship to Applicant: _____

Cell Phone: _____ Alternate Phone: _____



MEDICAL AUTHORIZATION FORM

Legal Name of Applicant: _____ DOB: ___/___/___

Allergies: _____

I hereby authorize the program director or his designated agent to employ whatever physician he may choose for the treatment of my child, and to administer any treatment by such a physician, including surgery recommended, and do hereby release and discharge him and PROJECT EXTREME from any personal liability or responsibility for any judgments or decisions he may make in the obtaining and rendering of medical assistance and treatment for my child.

Signature of Parent or Legal Guardian

Date

Payment Authorization:

The cost for the Project Extreme Sukkos program is \$1,000.00 and is inclusive of airfare, lodging, food, activities and transportation. All scholarship requests must be submitted via email to ayalah@projectextreme.org, no later than 9/5/2018. Scholarship requests must indicate the financial need for scholarship, requested amount to be paid for the program, as well as a detailed explanation of the need for the applicant to attend.

Please charge my card in the amount of _____.

CREDIT CARD #

EXPIRATION DATE

CVC

CARDHOLDER'S NAME (PLEASE PRINT)

Billing Address



MEDICATION INFORMATION AND INSTRUCTIONS

Name: _____ DOB: _____

Allergies: _____

Healthcare Provider: _____ Phone: _____

Medication: (Brand and Generic Names)	Dosage and Frequency:	Reason for Use:

All medication will be held safely by program staff and dispensed according to the prescription listed. Please ensure that the prescription label is correct and matches the information described above. Any adjustments to original instructions must be noted on a signed letter from your Childs physician. Please ensure that enough medication is sent with your child to last the entire program. Non-prescription medication (Tylenol, Advil) will also be held safely by Project Extreme staff and dispensed as needed. Please do not send any open pill bottles. All (non-prescription) pill bottles that have been opened prior to arrival will be discarded. Additionally, a teen who has taken themselves off of prescription medication against physicians’ orders may be asked to leave the program.