

## **Confirmation Retreat - November 11-13, 2011**

Please mark your calendars now. We feel the retreat is such an essential part of the confirmation experience that you make this the highest priority that weekend. This is a significant bonding experience for us all; students deepen their relationship with each other, their rabbis, and our tradition. And we have a lot of fun.

This fun wilderness experience will take place at Camp Mountain Chai, located in the beautiful San Bernardino Mountains.

Please arrange to have your child to the Temple no later than 1:00 pm on Friday, November 11<sup>th</sup>. Your child will need to be picked up from the Temple at approximately 2:00 pm on Sunday, November 13<sup>th</sup>.

We are looking forward to this trip as an opportunity for us all to get to know each other better, do some fun and educational activities together and celebrate a wonderful Shabbat. Please contact us if you have any questions or concerns.

### **What to Wear / Items to Bring**

**Sleeping bag, pillow**

**2 days worth of clothes (warm items appropriate for the mountains): layered clothing / warm jacket, pants, socks, etc.; closed toed shoes; gloves and warm hat; sunglasses...**

**Towels & toiletries, sunscreen**

**Individual water bottle**

**Tallit & kippah**

**Camera**

**NO IPODs or other MP3s please**

**We request phones to be turned off during the weekend.**

**You can reach us through Camp Mountain Chai/Alpine Meadows [909-794-3800]**

**or on the rabbi's cell phone [if service is available]: Rabbi Rachel Kort [949-306-9855].**



**CONFIRMATION CLASS  
TRIP  
PARENT RELEASE FORM**

2011 ★ 5772

I hereby authorize K'vod Wieder, Rabbi Rachel Kort or his/her designate to obtain emergency medical care for my child \_\_\_\_\_ (child's name) if a situation should arise in which such action is necessary. I authorize the above to administer  acetaminophen [Tylenol] or  ibuprofen [Motrin] if requested by child for headache or other minor discomfort. [if no box is checked, nothing will be administered.]

\_\_\_\_\_  
Signature of Parent/Guardian Date

Your Phone Numbers: home: \_\_\_\_\_  
cell : \_\_\_\_\_ work: \_\_\_\_\_

Name of Family Physician: \_\_\_\_\_

Phone Number of Family Physician: \_\_\_\_\_

Person (other than yourself) to be notified in case of emergency:

\_\_\_\_\_  
(name) (phone)

Any medical problems we should know about?

\_\_\_\_\_

***I GIVE PERMISSION FOR MY CHILD TO PARTICIPATE IN THE TRIP.***

\_\_\_\_\_  
***Signature of Parent or Guardian***

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



# CONFIRMATION CLASS TRIP BEHAVIORAL CONTRACT

2011 ★ 5772

I agree that I will not use tobacco, non-prescription drugs (including marijuana) or alcohol at any time on the Confirmation Weekend. I also agree to conduct myself in accordance with all the rules of the weekend as established by the rabbi and/or any other adult chaperone.

Name of Student: \_\_\_\_\_

Signature of Student

Date

I agree that my child can be sent home at my expense and inconvenience if he/she breaks any of the rules regarding the use of tobacco, drugs or alcohol or regarding disruptive behavior while on the trip.

Name of Child: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_