

**CIVIL RIGHTS JOURNEY 2019  
PARTICIPANT REGISTRATION FORM**

Welcome to the Civil Rights Journey 2019 to Mississippi! We are so excited that you have chosen to be a part of this amazing trip at Congregation Beth Israel. Please read and complete each section carefully and return to the Education office for processing by **September 1st**. To submit registration or ask questions contact Chelsea Ferguson in the CBI Office: 503-222-1069 or [chelsea@bethisrael-pdx.org](mailto:chelsea@bethisrael-pdx.org).

**Section I**

GRADE IN 2019-20	FULL NAME OF CHILD	BIRTHDATE

**Section II**

1. Parent/Guardian \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone (home) \_\_\_\_\_ Telephone (work) \_\_\_\_\_  
 Telephone (cell) \_\_\_\_\_ E-mail \_\_\_\_\_
  
2. Parent/Guardian \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone (home) \_\_\_\_\_ Telephone (work) \_\_\_\_\_  
 Telephone (cell) \_\_\_\_\_ E-mail \_\_\_\_\_

We know that many of our students have their own cell phones and email addresses. Please provide this information so we may communicate with the participants more efficiently.

Please list the names of anyone your child would like to room with or attend this trip with (whether they have registered already or not). Please note we cannot guarantee these requests.

Name \_\_\_\_\_  
 Cell # \_\_\_\_\_  
 Email \_\_\_\_\_

Name \_\_\_\_\_  
 Name \_\_\_\_\_  
 Name \_\_\_\_\_

Please detail any allergies, dietary restrictions or special accommodations for your child.

Please list two emergency contacts in the event that neither parent can be reached during the trip.

1. \_\_\_\_\_ Phone \_\_\_\_\_
  
2. \_\_\_\_\_ Phone \_\_\_\_\_

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**Section III**

Participant's name \_\_\_\_\_  
Prefers to be called \_\_\_\_\_ Preferred Pronouns \_\_\_\_\_  
Does the participant have any of the following medical conditions?  
Physical Challenges: No Yes (explain) \_\_\_\_\_  
Learning Differences: No Yes (explain) \_\_\_\_\_  
Wears Glasses: No Yes (explain) \_\_\_\_\_  
Does participant take medication every day? No Yes (explain) \_\_\_\_\_  
Medical Insurance Carrier: \_\_\_\_\_  
Policy Holder Name: \_\_\_\_\_ Group/Policy #: \_\_\_\_\_  
Parent's comments on participant (personality, adjustments, experiences, likes, social development, physical development):  
\_\_\_\_\_  
\_\_\_\_\_

**Section IV**

Congregation Beth Israel is dedicated to creating a safe and welcoming community. Please read carefully the following statements and provide a parent/guardian signature at the bottom.

*Health and Safety* **Please Initial:**

I give permission to Congregation Beth Israel to provide routine health care and seek emergency medical treatment. In the event that I cannot be reached in an emergency, I give my permission to the physician selected by the adult staff to hospitalize, secure proper treatment for and order injections, anesthesia or surgery for my child. I recognize that I will be responsible for any costs incurred for this treatment.

*Transportation* **Please Initial:**

I give permission for child to be driven to and from the field trips or outings by approved vehicles (e.g. van, or automobile) providing transportation. I agree to indemnify and hold harmless Congregation Beth Israel, its employees, volunteers and the like from any harm which may come to participant while they are driving to or from, or being driven to or from, the field trips or outings.

*Indemnification* **Please Initial:**

I hereby release, discharge, and hold harmless Congregation Beth Israel, its employees, and the like, from any and all claims, lawsuits, or other legal causes of action, which relate to the participant's participation in programming, field trips, or the travel to and from the field trips.

***By signing below, participant's parent or guardian confirms that they read and understood the statements above and agree with all provisions contained here.***

Please print full name: \_\_\_\_\_ Signature: \_\_\_\_\_

I do \_\_\_\_ / do not \_\_\_\_ give permission for Congregation Beth Israel to use my child(ren)'s photograph in publicity material, which may include internet postings, the Bulletin, press releases and marketing materials.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CIVIL RIGHTS JOURNEY 2019  
PAYMENT FORM**

The cost for this trip is \$1200 per student. This cost covers travel, most meals, activities and accommodation throughout the trip. We are able to keep costs low and offer scholarships thanks to the generous support of Roscoe and Debra Nelson Youth Fund. A deposit of \$600 is due at the time of registration and the full amount is due by **October 1, 2019**. Both will be charged in the way you indicate below. For questions about payment please contact Chelsea Ferguson at 503-222-1069 or [chelsea@bethisrael-pdx.org](mailto:chelsea@bethisrael-pdx.org).

Cost should not prohibit any of our kids from experiencing a Jewish education at CBI. Please check the box below if your family is interested in receiving scholarship for the Civil Rights trip. If you check this box, continue to fill out page as normal. We will not charge your account if this box is checked.

Yes, contact me about scholarship opportunities

Registration for this trip will be complete when we receive your \$600 deposit or a payment arrangement is made with the CBI office.

**Payment Options**

Payment is due in full by October 1, 2019

1. Please check your payment option below

Deposit amount (\$600 to be paid at the time of registration)

Full Payment (\$1200)

Equal monthly payments completed before October 1, 2019

Scholarship Request

2. Please check all that apply

Please charge the card I have on file with CBI

Please process through ACH with the bank account I have on file

I will be sending in a check

Please contact me to get my payment information

Please contact me about Scholarship opportunity

3. If paying by check, please check these boxes to confirm that you understand the following:

Send your check to 1972 NW Flanders St, Portland, OR 97209

Make check payable to Congregation Beth Israel with memo: Civil Rights Trip 2019

I understand that my registration is not complete until my first check is received by CBI

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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