



**Project Extreme Pesach  
Girls Division  
April 23-27, 2019**

The PROJECT EXTREME Girls Pesach program will begin Tuesday, April 23, and conclude Motzei Yom Tov, Saturday Night April 27, 2019 in Woodridge, NY.

Program cost is \$750 and is inclusive of lodging, food, and activities.

All scholarship requests must be submitted via email to [ayalah@projectextreme.org](mailto:ayalah@projectextreme.org). Scholarship requests must indicate the financial need, requested amount to be paid for the program, and the reasons why the applicant would like to attend the Extreme Pesach program. Scholarship requests will be reviewed in the order that they are received.

**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 & Shabbos)
- 2 changes of weekday clothing appropriate for chol hamoed activities
- Leggings
- Comfortable walking shoes or sneakers

Please keep the following in mind when packing:

- As is normal for the season, weather may fluctuate between chilly and warm.
- 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. All participants must have a completed application and be paid in full prior to program start. New applicants must have an interview with Rabbi A.Y. Weinberg prior to acceptance. If you have any questions, please contact Ayalah Lebowicz: [ayalah@projectextreme.org](mailto:ayalah@projectextreme.org), or (516) 612-3922 ex. 110.

Signature of Applicant \_\_\_\_\_ Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_



## 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: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ 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 me or 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.**
- **During the Extreme Pesach program, cell phones and devices with internet or video connection will be kept safely with program staff.**
- 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.

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

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



**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: \_\_/\_\_/\_\_

Please list any known allergies: \_\_\_\_\_

Are you currently taking prescription medication? Yes No

Please detail current prescribed medications:

\_\_\_\_\_  
\_\_\_\_\_

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 child’s 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. (continued on page 4)



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 Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

### Transportation Arrangements and Waiver

The Project Extreme Pesach Program officially begins on Tuesday, April 23, 2018 and concludes Motzei Yom Tov, Saturday Night, April 27, 2019 in Woodridge, NY. Staff may assist in arranging transportation for participants to and from the program, but rides are not guaranteed. Please discuss transportation requests with Ayalah Lebowicz in advance.

Permission is given below to Project Extreme and their staff to transport the applicant to and from Project Extreme programs, and during the duration of the program.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

### Payment Authorization:

The cost for the Project Extreme Pesach program is \$750 and is inclusive of lodging, food, activities and transportation. All scholarship requests must be submitted via email to [ayalah@projectextreme.org](mailto:ayalah@projectextreme.org). Scholarship requests must indicate the need for scholarship and requested amount to be paid for the program.

Please charge my card in the amount of \_\_\_\_\_.

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CREDIT CARD #	EXPIRATION DATE	CVC	CARDHOLDER'S NAME (PLEASE PRINT)
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Billing Address

Project Extreme • 335 Central Avenue • Lawrence, NY 11559  
Phone: 516.612.3922 • Fax: 516.612.3924  
info@projectextreme.org • www.projectextreme.org