



Martin Buber Summer Youth Kibbutz

Am Kolel Sanctuary and Renewal Center
19520 Darnestown Road Beallsville, MD 20839

(301) 349-2799

buber@am-kolel.org

www.bubersummer.org

Prospective Buberniks and Parent/Guardians

Welcome!

Enclosed in this packet are a number of forms to be filled out and returned to the Am Kolel office. We advise that you not make commercial transportation arrangements until you receive confirmation that your registration has been received, and space is available for your selected week.

Registration: Must be completed and returned with deposit. Make checks payable to Am Kolel.

Medical History: No child will be admitted to the kibbutz if this form is not on-file. It must be completed and returned no later than: **June 30**

Survey: Please complete and return with your registration form.

Return Forms to:

Buber Youth Kibbutz
Am Kolel Sanctuary and Renewal Center
19520 Darnestown Rd
Beallsville, MD 20839

The total cost for the kibbutz is: **\$600** for one week; **\$1080** for both weeks

A deposit of \$100 is required with the registration, and balances are due 30 days prior to the start of the session.

Early Bird Discount: Registrations **received before** March 28, 2012 will receive a \$75 discount on the balance due.

If you have questions about the kibbutz or financial support, please contact the Am Kolel office at 301-349-2799.

Looking forward to seeing you this summer!

B'shalom,

Rabbi David Shneyer
Executive Director



Martin Buber Youth Kibbutz

Offers a unique one week program for teens who want a hands-on way of exploring their Jewish identity by deepening their relationship with nature, spiritual practice, community and the world around them.

- Location:** Am Kolel Sanctuary Retreat Center. 19520 Darnestown Road Beallsville, MD 20839
Within the Agricultural Reserve in the northwest portion of Montgomery County, Maryland.
40 minutes from Washington, DC; 60 minutes from Baltimore, MD; 30 minutes from Frederick, MD
- Housing:** Buberniks are assigned rooms, by gender, in either the Manor House or Guest House, 2-4 per room.
A single bed & pillow are supplied; Bring your own bedding (sheets, blanket), towels, personal toiletries
- Food/Meals:** Buberniks will help prepare all or most of the meals.
The kitchen is kosher under liberal Jewish practice. Meals will follow a vegetarian diet. (cheese-yes, eggs-yes, meat-no, fish-no, poultry-no). If you have specific questions or concerns, please contact our office at 301-349-2799.
- Activities:** Learn new spiritual practices
Learn about Martin Buber
Work in the acre garden; harvesting foods for donation to a soup kitchen
Celebrate Shabbat
Make lots of Music
Create Art
Cook own food
Bake Challah
Hike in the woods, on-site
Field trips: to local community pool, nearby mountain hike, hike part of C&O canal
- Arrival/Departure:** Please arrive at Am Kolel Sanctuary Retreat Center at 10:00am on the day your session begins.
Pick-up at the end of the week will be at 11:00am on the last day of your session.
If commercial transportation scheduling prevents you from arriving or leaving the kibbutz at these times, you must contact the director to make special arrangements can be made.
- Directions:** **From Washington, DC:** Take Rt. 495 (Beltway) to I-270 North. Take exit 6B (Route 28 West) towards Darnestown. Travel approximately 16 miles. When you pass Peachtree Veterinary Clinic on the left and Lewis Orchards on the right, we are 1.5 further down on the left. Go slowly as you crest the hill, or you will miss the turn. If you reach the traffic light at Route 109, you will have gone too far.
- From Baltimore or Frederick:** Take I-70 West to Frederick. Exit onto Route 355/Route 85. Take Route 85 West toward Buckeystown. Stay on Route 85 through Buckeystown and the road will eventually merge with Route 28. Do NOT turn right onto Route 28 West at merge. Stay straight and you will be on Route 28 South. Continue through the town of Beallsville (at Route 109 traffic light). We are 3/10 of a mile past Route 109 on the right. Look for our mailbox with the street address, 19520.



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2012 Bubernik Registration Form

SECTION 1 - Bubernik Information

First Name		Middle Initial	Last Name		Home Phone ()
Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth	Age	Nickname		Bubernik's Email
Bubernik Resides with: <input type="checkbox"/> Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (specify) _____					1st year at Buber Youth Kibbutz? <input type="checkbox"/> Yes <input type="checkbox"/> No
Legal Custodian: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (specify) _____					Referred by: _____
Street			City	State	Zip code
School		Grade (June 2010)	Jewish Community/Congregation/Affiliation (if any)		

SECTION 2 - Parent and Guardian Information

Mother / Guardian Name		Day Phone ()	Evening Phone ()
Address (if different from bubernik)		Email (to be used for kibbutz information)	
Father / Guardian Name		Day Phone ()	Evening Phone ()
Address (if different from Bubernik)		Email (to be used for kibbutz information)	

SECTION 3 - Emergency Contact Information

IN THE EVENT OF AN EMERGENCY, if the legal custodial parent(s) or guardian(s) listed above are not available, the person designated as Emergency Contact will be notified.

Name	Relationship to Bubernik
Phone Numbers: Day: _____ Evening: _____ Alternate: _____	

SECTION 4 - Session Selection & Preferences

<input type="checkbox"/> Week 1: July 30 - Aug 5, 2012 <input type="checkbox"/> Week 2: Aug 6-12, 2012	<p>Special Requests to room with a friend or sibling will be granted only if advisable and practical. In order for a request to be honored, BOTH buberniks must make the same request, and BOTH parents must authorize the request.</p> <p>If possible, I'd like to share a room with: _____</p> <p>Parent Signature: _____</p>
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SECTION 5 - Payment & Refund Policies

<p>A minimum, non-refundable deposit of \$100 is required for each Bubernik and <u>must</u> accompany this registration packet.</p> <p>NOTE: If registering less than 30 days before Kibbutz start date, Full payment is due at time of registration.</p>	<p>Balance Payment Due - June 30, 2012</p> <p>One Week \$500</p> <p>Two Weeks..... \$980</p>	<p>Early Bird</p> <p>Deduct \$75 from balance due if you registered before March 28, 2011</p>
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1. The kibbutz reserves the right to cancel a registration if the above payment schedule is not adhered to. A one hundred dollar (\$100) withdrawal fee will be applied. Scholarships will be applied to final payment ONLY.
2. If a registration is withdrawn, in writing, after final payment and before the 1st day of the kibbutz session, the sum of two hundred dollars (\$200) may be forfeited.
3. No refunds will be made if the bubernik has attended any portion of the session. This covers all circumstances, including: homesickness, refusal to participate in the normal activities of the kibbutz, emotional or physical problem that results in lack of adjustment to kibbutz buber or adversely affects the health and well-being of other buberniks, or being asked to leave by the kibbutz administration due to inappropriate behavior or other violation of kibbutz rules.

SECTION 6 - Agreement & Releases

TO BE COMPLETED BY PARENT/GUARDIAN

Photo Release: I hereby give consent and permission to the nonexclusive, noncommercial reproduction, publication or use by Am Kolel, Inc., or anyone authorized by them, of any pictures or photographs (still, video or motion, individual or group) that includes a likeness of my child, together with any caption or descriptive material, without compensation to the undersigned. Said picture(s) may be used without limitation on the Am Kolel or Martin Buber Youth Kibbutz websites, in Am Kolel publications or Am-Kolel sponsored advertising.

Parent Signature: _____ Printed Name: _____ Date: _____

BEHAVIOR POLICY

1. Treat all participants of Buber with respect, dignity, and a positive attitude whether they be your counselors, or fellow buberniks.
2. Follow the instructions of the counselors and staff at all times.
3. Follow the "no-knock" policy. Do not criticize, make fun of, ridicule, exclude or put down others.
4. No males are allowed in the female's rooms, and no females are allowed in the males' rooms.
5. Keep your living area clean and neat and pick up after yourself in all other areas.
6. Observe "lights out" and quiet time.
7. Observe all safety regulations while at kibbutz
8. Adhere to the "zero tolerance" policy for tobacco, alcohol & illegal drug substances. Possession or use of alcohol, tobacco, marijuana, or other narcotics is prohibited at all times. Violations will result in immediate dismissal from the program.
9. Do not leave the Sanctuary grounds at any time, except under the direction, and in the company of kibbutz staff.
10. Wear appropriate apparel at all times.
11. Adhere to the cell phone policy. **Cell phone policy:** The Martin Buber Youth Kibbutz operates in a retreat type atmosphere. Use of cell phones during the kibbutz sessions is prohibited. We ask that cell phones be left at home. If you do bring a cell phone with you, it must be turned in to the staff at registration. It will be secured for safekeeping and returned to the bubernik during off-site field trips, and at checkout. This applies to all cell phones, including those which are also mp3 players.

TO BE COMPLETED BY BUBERNIK

Brit Kehila

I, _____, have read the Behavior Policy listed above and agree to abide it at all times while attending the Martin Buber Youth Kibbutz. I understand that possession or usage of alcohol, marijuana, or narcotics is strictly prohibited by Am Kolel and The Martin Buber Youth Kibbutz. I am aware, that under certain circumstances, a search of my belongings or living quarters may be made in my presence by kibbutz staff. I am also aware that, should I violate any of the rules and regulations, I may be asked to leave immediately and at my parent's expense. Further, I understand that if I am in possession of or use illegal drugs or alcohol, I will be sent home immediately at my parent's expense.

Signature of Bubernik: _____ Date: _____

TO BE COMPLETED BY PARENT/GUARDIAN

I, _____, give permission for my child, _____, to attend the Martin Buber Youth Kibbutz during the session noted on page 1 of this application, to be transported in kibbutz-designated vehicles for any off-site activities and to participate in all the activities (unless otherwise noted on the Health History Record of this application).

I certify that I have reviewed the Behavior Policy with my child. Permission is hereby given to search the bubernik's belongings or living quarters with him/her present when health, well-being or safety of the bubernik or others requires it, or where there has been an accusation or some evidence of him/her possession or use of forbidden materials or substances. I understand that if she/he violates rules or standards, or endangers the safety or well-being of the property or others, that he/she can be sent home at the kibbutz director's request. I further agree that, should my child be sent home as a result of inappropriate behavior or a violation of this policy, I will be responsible for any associated expense. I understand that, in this event, no refund will be available.

Signature of Parent: _____ Date: _____

Please make all checks payable to Am Kolel. Mail registration form and deposit to: Enclosed herewith a deposit of \$ _____ (minimum \$100) Please charge my credit card in the amount of: \$ _____

Martin Buber Youth Kibbutz
Am Kolel
19520 Darnestown Road
Beallsville, MD 20839

Type of Card: Visa MasterCard
Card Number: _____ Expiration Date: _____ CVV#: _____
Billing Address: _____
Card Member Signature: _____



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2012 Health History Record

PART A - Personal Information

First Name		Middle Initial	Last Name		Home Phone ()	
Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth	Street		City	State	Zip code
Mother's Name				Day Phone ()	Evening Phone ()	
Father's Name				Day Phone ()	Evening Phone ()	
Emergency Contact:				Day Phone ()	Evening Phone ()	

PART B - Insurance/Physician Information

Insurance Company		Policy Number	Group Number
Family Physician		Phone ()	After Hours Phone ()
Family Dentist/Orthodontist		Phone ()	After Hours Phone ()

PART C - Medications & Allergies

Will your child be taking medication during his/her stay at kibbutz? Yes No
 If yes, please indicate what medications: _____

* **NOTE:** Medication brought to the Kibbutz, including all prescription, over-the-counter and herbal remedies, must comply with the rules outlined on page 2 of this form.

Does your child have any allergies? Yes No If yes, please indicate the type & danger level.

<i>Type of Allergy</i>	<i>Life Threatening</i>	<i>Type of Allergy</i>	<i>Life Threatening</i>
<input type="checkbox"/> Bee Sting	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Drugs: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Peanut	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Foods: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Tree Nut	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please explain allergy in detail & describe symptoms that might occur: _____

Does your child use an Epi Pen for the above allergy? Yes No

Does your child have any chronic or re-occurring illness(es)? Yes No If yes, what type _____
 Asthma Diabetes Type I Diabetes Type II Seizure Disorder Cardiac Other:

Please explain in detail: _____

Some activities at the Martin Buber Youth Kibbutz may be physically demanding. Does the bubernik have any health problems or disabilities, not previously noted in this form, that might hinder him/her from participating fully in these activities? Yes No
 If yes, Explain: _____

Other Information the Kibbutz Staff Should Know: (information is voluntary and will be used solely to provide your Bubernik with a safer and more enjoyable experience)

Social/Psychological/Behavioral Concerns (ADD, ADHD, bipolar disorder, etc): _____

Dietary Needs/Restrictions: _____

PART D - Illnesses & Immunizations

Please indicate whether the bubernik has, or has ever had, any of the following conditions:

	<u>Yes</u>	<u>No</u>		<u>Yes</u>	<u>No</u>
Recent injury, illness or infectious disease?	<input type="checkbox"/>	<input type="checkbox"/>	Ever been diagnosed with a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>
Frequent Headaches?	<input type="checkbox"/>	<input type="checkbox"/>	Ever had back problems?	<input type="checkbox"/>	<input type="checkbox"/>
Have diabetes?	<input type="checkbox"/>	<input type="checkbox"/>	Had mononucleosis in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
Have asthma?	<input type="checkbox"/>	<input type="checkbox"/>	Had problems with sleepwalking?	<input type="checkbox"/>	<input type="checkbox"/>
Ever had seizures?	<input type="checkbox"/>	<input type="checkbox"/>	Have an eating disorder?	<input type="checkbox"/>	<input type="checkbox"/>
Frequent Ear Infections?	<input type="checkbox"/>	<input type="checkbox"/>	Ever had emotional or mental difficulties for which professional treatment was sought?	<input type="checkbox"/>	<input type="checkbox"/>
Ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Wear glasses, contacts or protective eye wear?	<input type="checkbox"/>	<input type="checkbox"/>
Ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Have an orthodontic appliance?	<input type="checkbox"/>	<input type="checkbox"/>
Ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>			
Ever had high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>			

If you checked "yes" to any of the above, please explain: _____

Which of the following has the bubernik had? (Check all that apply)

- Measles Chicken Pox German Measles Mumps Rheumatic Fever
 Hepatitis A Hepatitis B Hepatitis C TB Test (Date: _____ Pos or Neg? _____)

Immunizations: Please provide the date for any of the following immunizations the bubernik has had.

<u>Immunization</u>	<u>Date Last Received</u>	<u>Immunization</u>	<u>Date Last Received</u>
DPT		Mumps	
TD (tetanus/diphtheria)		Rubella	
Tetanus		Gamma Globulin (Hepatitis)	
Polio		Chicken Pox	
German Measles		Small Pox	

Note: A record of immunizations is for informational purposes. Immunizations are not a required prerequisite for acceptance to or attendance at the Martin Buber Youth Kibbutz. However, if a bubernik has not been immunized, and one of the above-named communicable or contagious diseases is found in kibbutz, he or she will be subject to the regular quarantine or isolation procedures as prescribed by Montgomery County and the State of Maryland.

PART E - Restrictions on Activities

Some activities at the Martin Buber Youth Kibbutz may be physically demanding. Does the bubernik have any health problems or disabilities, not previously noted in this form, that might hinder him/her from participating fully in these activities? Yes No

If yes, Explain: _____

SPECIAL NOTE ABOUT MEDICATIONS

For any and all medications (prescription and over-the-counter) brought to kibbutz, the following rules must be followed:

- 1) All medications must be in their original package
- 2) All medications must be accompanied by written instructions for administration (the prescription on the bottle will serve for prescription drugs).
- 3) Any non-prescription bottles must have the bubernik's name written on them (prescription bottles must be for that bubernik).
- 4) All medications brought to the kibbutz, must be registered with the kibbutz staff at check-in. Medications will be secured in a locked facility by the kibbutz staff, and made available to the bubernik in accordance with the dosing instructions. Specific emergency medications (epi pen, inhaler, etc) may be carried by the bubernik if indicated by parent below.

If medication for life-threatening conditions is brought to kibbutz (epi pen, inhaler, etc) I hereby request that said medication remain with:

- Kibbutz Personnel My Child (Please check one)

PART E - Medical Agreements & Releases

PARENT/GUARDIAN VERIFICATION

This health history I have provided is correct and complete as far as I know, and the person herein described has permission to engage in all kibbutz activities except as noted. I understand that if any statement in this Health History is false, misleading, or incorrect, or the Kibbutz is unable, in its sole judgment, to properly care for or protect my child (due to his/her medical condition), he or she may be sent home at my expense.

Parent Signature _____ Printed Name _____ Date _____

PARENTAL NOTIFICATION POLICY

The Martin Buber Youth Kibbutz's policy is that parents will be contacted 1) anytime the Kibbutz director, or member of the medical team, deems necessary; 2) anytime a bubernik is taken to or treated by a physician, dentist or emergency personnel for an accident or illness; 3) when an illness lasts longer than 24 hours.

Permission to Provide Necessary Treatment or Emergency Care

I hereby give permission to the available medical personnel at the Martin Buber Youth Kibbutz to administer prescribed medications and provide routine health care, including over-the-counter medications, to my child, _____, as deemed necessary by the staff. In the event of an accident or illness, I consent to the administration of emergency on-site first aid by trained personnel. If I cannot be reached in an emergency, I hereby give permission to the kibbutz medical personnel to secure and administer treatment, including hospitalization, for the person named above. This authorization includes consent to any emergency medical or dental treatment or care to be rendered to or for my child under the general or specific supervision of a licensed medical physician or dentist. It also includes permission to release any records necessary for supervision, treatment, billing or insurance purposes and to provide or arrange necessary related transportation. I understand and agree that the foregoing will be at my expense.

Parent/Guardian Signature _____

Printed Name _____ Date _____

**ALL 3 PAGES
OF THIS HEALTH HISTORY RECORD
MUST BE RECEIVED BY**

June 30, 2012



Survey

OUR STAFF WOULD LIKE TO GET TO KNOW YOU

Please answer the following questions so we can understand more about your experiences and interests.

Please tell us about your Jewish background: what kind of Jewish education have you had? How does your family practice? Are you connected to a Jewish community? Do you keep kosher? Are you interested in trying out different styles of Jewish practice?

What do you hope to get out of this week at the Martin Buber Youth Kibbutz?

Have you ever farmed or gardened before? If so, please tell us about your experiences.

What are some of your interests, hobbies, skills? (e.g. Do you play an instrument, like sports, dream of becoming an artist?)

Do you like to explore nature?

Is there anything else we should know about you? (e.g. Have you spent this much time away from home before? Are you feeling nervous about the experience?)

How did you hear about the Martin Buber Youth Kibbutz?

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> I'm a previous Bubernik | <input type="checkbox"/> A friend told me about it |
| <input type="checkbox"/> Kibbutz website (www.bubersummer.org) | <input type="checkbox"/> I receive a letter in the mail |
| <input type="checkbox"/> I saw an ad/flyer in: <input type="checkbox"/> Newspaper <input type="checkbox"/> Magazine <input type="checkbox"/> Store <input type="checkbox"/> Internet | |
| <input type="checkbox"/> Other _____ | |