



# W.O.W. 2013 Application Form

Gearing up for Batya's most amazing WOW trip yet!!! Guaranteed 100 hours of unimaginable fun!!  
cuz at Batya we know that it's not just where you go but who you're going with!

Please be sure to return this form as soon as possible. Space is very limited!!

Full Name	_____		
Address	_____		
Home Phone	_____	Email	_____
Cell Phone	_____	School	_____
Birthday	_____	Grade	_____

Parent's Marital Status	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed	<input type="checkbox"/> Other _____
Father's Name	_____	Occupation	_____	
Cell Phone	_____	Email	_____	
Mother's Name	_____	Occupation	_____	
Cell Phone	_____	Email	_____	

Any important health concerns/medical information we should know about for the trip: (e.g. medications, allergies, asthma, special diet, etc.)
_____
_____

Emergency contact information:			
Name	_____	Relationship to teen	_____
Phone #:	_____	Cell Phone #:	_____
Name	_____	Relationship to teen	_____
Phone #:	_____	Cell Phone #:	_____

**Payment Enclosed** (Registration must be accompanied with payment for slot to be reserved. Payment in full is required before the start of the trip. Check(s) may be postdated until the end of June. For credit card payment, visit [www.batyagirls.org/wow](http://www.batyagirls.org/wow).)

**W.O.W. August 7-11. 2013**

- \$275 non-member fee
  - \$245 early bird special (before June 1<sup>st</sup>)
- \$250 Batya member (paid '12-'13 membership)
  - \$230 early bird special (before June 1<sup>st</sup>)

\*\* Registration deadline – July 10<sup>th</sup>

\*\* Trip fee includes all meals, transportation and scheduled activities. Payment is not refundable after July 20<sup>th</sup>.

\*\* Scholarships are available on a very limited basis; please contact the office for an application

**Please include a copy of the front and back of your daughter's health insurance card together with this registration form.**



## About W.O.W.

**Departure**      Wednesday, August 7th  
6:30 pm sharp  
Transportation from Five Towns, and Marlboro. Please inquire for other locations.  
(If you arrive late, we may leave without you!)

**Returning**      Sunday, August 11th  
Approximately 11:00 pm  
Same as pickup location

All meals are provided. Minimal spending money is needed for snacks, drinks and souvenir shopping.

\*\* Batya does not take responsibility for any loss or damage of personal items. Please avoid bringing expensive items!!  
All unclaimed lost and found will be disposed of after thirty days.

***Don't miss the most awesome fun-packed weekend ever!!!***

# Consent Form

## Consent and Liability Waiver

As parent and/or legal guardian, I hereby give consent for my daughter, \_\_\_\_\_, DOB \_\_\_\_\_, to participate in WOW 2013 with Batya. I understand she will be accompanied by mentors from Batya. In consideration of the permission granted to my daughter to participate in the trip, I hereby agree, to the fullest extent permitted by law, to hold harmless, defend, and indemnify Batya and its affiliates from any and all claims, suits, demands, damages, losses, judgments, payments, awards, and expenses (including reasonable attorney's fees and costs) that may arise in connection with this Trip.

Despite precautions, accidents and injuries can occur. I understand that travel and other activities the Program may undertake may be potentially dangerous with risk of injury, and/or loss or damage personal property, and/or financial loss. I acknowledge that participating in WOW is an acceptance of risk and am voluntarily assuming responsibility for all risks or damage that may occur to my daughter or her property, whether known or unknown.

I remain legally responsible for any personal actions taken by my child. I agree on behalf of myself and my child named herein, to hold harmless and defend Batya, its officers, directors and agents, chaperons, representatives or providers associated with the event, from any and all actions, claims, demands, damages, costs, expenses and all consequential damage arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the organization, its officers, directors and agents, chaperons, or representatives associated with the event.

## Emergency Medical Treatment:

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I authorize and recommend Batya and its directors to make emergency medical decisions on our behalf, in the event that my child requires emergency medical treatment at a time or place from which I may not be reached.

I wish to be advised prior to any further treatment by the hospital or doctor.

In the event of an emergency and I cannot be reached at the above numbers, I give permission to contact the emergency numbers provided above.

Participant's Name \_\_\_\_\_

Printed Name \_\_\_\_\_

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