



HaZamir is a project of the  
**ZAMIR CHORAL FOUNDATION**  
**Matthew Lazar, Founder and Director**

475 Riverside Drive, Suite 1948  
 New York, NY 10115  
 Ph: (212) 870-3339 Fax: (212) 870-3336  
 Email: HaZamir@ZamirChoralFoundation.org

## HaZamir Membership Form 2010-2011

**Name** \_\_\_\_\_ **Height in Concert Shoes** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Birth date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Home Tel** \_\_\_\_\_ **Participant's Cell** \_\_\_\_\_ **Email** \_\_\_\_\_

**School**

**Name** \_\_\_\_\_ **Grade** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_

**Parents:**

**Mother:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Phone: Home** \_\_\_\_\_ **Work** \_\_\_\_\_ **Cell** \_\_\_\_\_

**Father:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Phone: Home** \_\_\_\_\_ **Work** \_\_\_\_\_ **Cell** \_\_\_\_\_

**Voice Part (circle one) S A T B** **How many previous years in HaZamir?** \_\_\_\_\_

**Singing experience** \_\_\_\_\_

**Do you play an instrument?** \_\_\_\_\_ **If yes, what do you play?** \_\_\_\_\_

**Other Talents (writer, designer, choreographer, web design, etc)** \_\_\_\_\_

**How did you find out about HaZamir?** \_\_\_\_\_

**Other affiliations? (youth group, synagogue/temple, Scouts, etc)** \_\_\_\_\_

**Please list any Summer Camps you attend:** \_\_\_\_\_

**HaZamir chapter:**

- |  |                                      |   |                                       |
|--|--------------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Baltimore     | <input type="checkbox"/> Houston     | <input type="checkbox"/> Minneapolis / St. Paul | <input type="checkbox"/> Providence   |
| <input type="checkbox"/> Bergen County | <input type="checkbox"/> Israel      | <input type="checkbox"/> New Brunswick          | <input type="checkbox"/> Rockland     |
| <input type="checkbox"/> Chicago       | <input type="checkbox"/> Long Island | <input type="checkbox"/> North Jersey           | <input type="checkbox"/> South Jersey |
| <input type="checkbox"/> Cleveland     | <input type="checkbox"/> Los Angeles | <input type="checkbox"/> Philadelphia           | <input type="checkbox"/> Westchester  |
| <input type="checkbox"/> Hartford      | <input type="checkbox"/> Manhattan   | <input type="checkbox"/> Pittsburgh             | <input type="checkbox"/> _____        |

Your completed HaZamir membership packet should include:

- **Membership Form**    ▪ **Signed Participant Code of Conduct**    ▪ **Signed Parental Liability Release**
- **Signed Medical Authorization Form**    ▪ **Copy of Medical Insurance Card**    ▪ **Annual National HaZamir dues**

**Make check payable to Zamir Choral Foundation in the amount of \$105 for National Dues and mail the complete package to the address below so that we receive it by \_\_\_\_\_.**

**Memberships received after October 5 will incur a \$25 late fee.**

**All membership dues are non-refundable.**

*Local Dues are paid separately to your chapter.*

**Credit Card Holder's Name:** \_\_\_\_\_

**Credit Card: VISA or MASTERCARD**

**Credit Card Number:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

**Security Code:** \_\_\_\_\_

**Billing Address (if different from above):** \_\_\_\_\_

**Card Holder's Signature:** \_\_\_\_\_



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## HaZamir Participant Code of Conduct 2010-2011

All participants in HaZamir are required to follow this Code of Conduct. Any violations of this code will result in removal from the HaZamir program.

- Participants, as representatives of their HaZamir chapters and the HaZamir movement, shall behave at all times in a manner that represents maturity and personal integrity.
- Participants shall respect the privacy, property and lifestyles of host families, conductors, chaperones, HaZamir staff, their fellow HaZamir participants and all venues in which they meet.
- Participants shall not use, sell, distribute or be involved with person(s) who use, sell or distribute or have any other contact or involvement with alcohol or drugs (other than those specifically prescribed by the participant's doctor). There will be no smoking during HaZamir events, concerts, rehearsals or gatherings.
- Participants will not engage in any sexual behavior or inappropriate physical behavior.
- Participants shall not fight, steal or engage in any behavior that is hurtful to others.
- Cell phones must be turned off during all scheduled activities. One may not text message, IM or play on cell phones during rehearsals or concerts.
- During all HaZamir events, including, but not limited to the Regional Intervisitation and the Annual HaZamir Festival, participants shall report to all scheduled workshops, programs, rehearsals, services, performances and special events at the established times and shall remain at these locations until the conclusion of the scheduled event.
- Participants shall be assigned sleeping rooms and roommates for overnight events. Every participant must sleep in the room to which he/she is assigned. Participants must adhere to the curfews established by the HaZamir staff, conductors, chaperones and or host families. Breaking curfew or visiting a room that is not one's assigned room will result in removal from Festival and the HaZamir program. Participants may request preferred roommates, but they are not guaranteed. HaZamir Intervisitations and Festival are a time to get to know other teens from across the United States and Israel. Participants cannot room with chaperones and parents at Festival.
- HaZamir performers must be in the required and complete HaZamir uniform in order to perform on stage at the Gala concert and any other national event.
- HaZamir conductors, staff, host families and chaperones reserve the right to enforce other rules relating to the integrity of HaZamir, the Zamir Choral Foundation and host organizations and/or the health, safety or welfare of their participants.
- Violations of this Code will result in dismissal from HaZamir. Parents will be responsible for the cost of all transportation and related expenses should a HaZamirnik be sent home. Parents will also be responsible for the cost of any damage caused. No refund of fees will be made following any disciplinary actions.

**I agree to the Code of Conduct.**

Participant name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/guardian \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_



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## **HaZamir Parental Release of Liability 2010-2011**

I hereby grant permission for my son/daughter to participate in all official HaZamir activities for the 2010-2011 year, and in consideration of the permission of such participation, I agree as follows:

I hereby agree to be fully responsible for any and all costs of medical treatment to my child in the event of illness, injury, loss of medication or other medical event or emergency during which HaZamir or its authorized representative must obtain assistance on my child's behalf, and I further agree that I will bear the cost of his/her transportation from any HaZamir activity in the event of illness.

I hereby unconditionally release HaZamir and the Zamir Choral Foundation and any of their directors, agents, employees, sponsoring or hosting organizations, any of their officers, volunteers and anyone working under, through or in connection with any of them with respect to any incident, claim, occurrence, loss, injury or damage, whether known or unknown, present or future, foreseeable or not, that could or may arise out of such participation, including, but not limited to travel to and from rehearsals, venues, any events, or home hospitality or activities in which he/she may participate or engage, whether or not the same may be deemed to be a part of the HaZamir activities or not, from the time when he/she shall leave my permanent residence until the time he/she shall have returned thereto.

I further hereby grant permission for, and waive any rights to the use of any photographs, video, recording or any other record of my participation in HaZamir or any events or occasion ancillary thereto, without consideration of any kind, for any legitimate purpose as determined by the HaZamir Director or authorized representative. I understand that the information about my child, including any pictures, is public and may be used by valid media representatives, sponsoring organizations and/or HaZamir and the Zamir Choral Foundation. I hereby consent to such use without compensation to me or my family.

Participant name \_\_\_\_\_ Chapter \_\_\_\_\_

Parent name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_



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## HaZamir Medical Authorization Form 2010-2011

**Participant** \_\_\_\_\_ **Chapter** \_\_\_\_\_

In the event of a medical emergency, I hereby grant permission to the physician selected by the local HaZamir Director or authorized representative to secure medical treatment for my child, which treatment may include, but is not limited to, hospitalization, dispensing of medication and/or surgery, as may be deemed appropriate by the physician who is consulted.

I also permit authorized representatives of HaZamir and the Zamir Choral Foundation to dispense to my child over-the-counter medications (Tylenol, Advil, Midol, cold/cough preparations, Band-Aids, etc.) when necessary. I will provide any special instructions or medical issues regarding the dispensing of these types of medications to my child on the lines below:

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

In case of emergency, contact 1: \_\_\_\_\_ Day: \_\_\_\_\_ Eve: \_\_\_\_\_

In case of emergency, contact 2: \_\_\_\_\_ Day: \_\_\_\_\_ Eve: \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Subscriber Name \_\_\_\_\_

Relationship to participant \_\_\_\_\_ Subscriber ID# \_\_\_\_\_

Name of Physician \_\_\_\_\_ Physician's Phone \_\_\_\_\_

*We realize that there are teens who have certain medical conditions that they would like to keep private. We respect this, but we cannot address the needs of your children if we do not know of their conditions. Any teen who needs to take medication during the course of the weekend or who has a medical condition that can impact on his or her safety or the safety of others in the HaZamir program will be treated with discretion and all medical information will be kept confidential. We cannot take responsibility for any teen whose medical condition is not made known to us.*

**Please advise us of any allergies or special medical conditions which your child has:**

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

**Please sign this form and attach a photocopy  
of your child's health insurance card**

Parent Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_