

**PLEASE COPY AS NEEDED
FOR EACH INDIVIDUAL IN YOUR GROUP**

PERSONAL INFORMATION

Name (Dr./Mr./Mrs./Miss/Ms.) _____
(Please Circle one) Family name First name Middle name

Mailing Address _____
Street or Box City State Postal Code Country

Telephone: home _____ work _____ Fax: _____

Date of Birth: _____ Social Security # (U.S. citizens only) _____ Current School: _____

Denominational Affiliation: _____ Occupation: _____

Male Female Citizen/Passport of what country? _____

Passport Number: _____ Issue Date (00/00/00) _____ Expiration Date (00/00/00) _____

Marital Status: Single Married E-Mail address _____

Family Members Accompanying You: Spouse Children (give ages please) _____

In case of an emergency, notify: _____
Name Address Phone number

Rooming Preference for individuals that are part of groups choosing hotel accommodations only:

- Double* - Choice of Roommate: _____
- Private Room (additional fee)

**Please note that on field trip overnights to some locations, private or double accommodations may not be available.*

REQUIRED HEALTH STATEMENT - PART I

Please indicate past AND present illnesses or conditions:

Allergies _____	Hepatitis _____	Paralysis _____
Amoebic dysentery _____	*Hypertension _____	Pneumonia _____
Asthma _____	Hypoglycemia _____	Rheumatic fever _____
*Diabetes _____	Infectious mononucleosis _____	Tuberculosis _____
*Epilepsy _____	*Kidney trouble _____	Ulcers _____
*Foot/leg difficulties _____	*Pregnancy _____	Other _____
*Gastro-intestinal _____	Malaria _____	_____
*Heart _____	Migraine headache _____	_____

*Have you been treated in the last three years for any mental or emotional condition? _____

*Are you currently on any drug for treatment of mental or emotional condition? _____

*If your answer is yes to either of the above, please give a brief explanation and also the name, address and phone number of your physician or counselor for reference. _____

To the best of my knowledge, the above information is complete and correct.

_____ Date

_____ Signature

***PART II** of the HEALTH STATEMENT is REQUIRED to be COMPLETED BY A PHYSICIAN if: a) you have had any of the illnesses marked with an asterisk (*) in the above Health Statement; OR b) you are 50 years of age or more.

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HEALTH STATEMENT - PART II
PHYSICAL EXAMINATION FORM - (Physician)**

To be completed if applicant: a) is 50 years of age or more; or b) has had any of the illnesses or conditions marked with an asterisk (*) in the **REQUIRED HEALTH STATEMENT - PART I**. *Please print or use typewriter.*

Dear Doctor: This applicant is applying for a period of study in Israel. **FACILITIES HERE INVOLVE MUCH STAIR CLIMBING and our program includes SUSTAINED HIKING OVER RUGGED AND ROCKY TERRAIN. THIS IS A VERY STRENUOUS PROGRAM.** Please bear this in mind when making your recommendations.

Name of Applicant: _____
Height: _____ Weight: _____ Blood Pressure: _____ Pulse: _____

PHYSICAL STAMINA: _____ Excellent _____ Good _____ Average _____ Fair _____ Poor

Vision: Normal _____ Abnormal _____	Back: Normal _____ Abnormal _____
Hearing: Normal _____ Abnormal _____	Feet: Normal _____ Abnormal _____
Heart: Normal _____ Abnormal _____	Legs: Normal _____ Abnormal _____
Lungs: Normal _____ Abnormal _____	Neurological: Normal _____ Abnormal _____
Abdomen: Normal _____ Abnormal _____	Emotional Stability: Normal _____ Abnormal _____
Menstrual: Normal _____ Abnormal _____	

LAB WORK: If indicated

Hemoglobin _____
Urine (routine) _____
W.B.C. _____
Other _____

PHYSICAL ACTIVITY:

Restricted _____ Unrestricted _____
Duration _____
Reason for restriction _____

If not covered in the above, please specify the names of the injury, illness, or mental disorder for which the applicant has been under observation or has had medical or surgical advice or treatment or has been hospitalized. Please give dates of the duration of the illness or disorder and the treatment; and give final results. Specify "none" if the answer is negative.

Recommendations: _____

I have examined the above-named applicant whom I have known since _____

From my knowledge of his/her medical history, and as a result of my examination of him/her, it is my opinion that he/she is in good health mentally, emotionally, and physically and that he/she will be able to pursue a full course of study and hiking at an educational institution abroad.

Date of physical examination _____, 20 _____

Please Print: Doctor's name _____

Address _____

City, State, Zip _____

Area Code and Telephone Number: _____

Doctor's Signature _____

STATEMENTS AND AGREEMENTS

Part A: Statement of Standards

Jerusalem University College strives to cultivate an enriched understanding of the Christian faith through a first-hand encounter with the Land, involving the language, history, and culture associated with Scriptures. It makes use of the unique resources available in Israel to fashion an education of high quality.

The Jewish and Arab cultures here differ from one another and are quite different from the Western culture of which many incoming students are a part. While the nonreligious segment of the Jewish culture has similarities with the Western culture, the Arab people—both Muslim and Christian—have very different values and norms of behavior.

In recent years the social culture in the Western world has changed so rapidly that the behavior of some students coming to the university has been detrimental to the ongoing Christian witness JUC seeks to maintain with the Jewish and Arab peoples (including those on the Institute staff). For this reason we ask that you endeavor to understand the position of the Institute in this country and agree to abide by the following university standards.

Because of the cultural mores, particularly within the Arab population, a dress standard is observed. Short shorts may not be worn at any time. Mid-thigh and walking shorts are acceptable on field trips. Slacks are generally acceptable everywhere. You represent the Institute while you are here; how you look becomes how *we* are viewed in the eyes of the community.

The Arab community does not have the equivalent of the word “dating” in its vocabulary. When a woman is seen with a man, it may be assumed that, if they are not married, they may be living together; therefore, the woman (unmarried) would be considered a “promiscuous woman.” With this in mind, students must be cautious in their physical contact with each other. This includes engaged couples and married couples.

With a 50+ year history of maintaining an evangelical Christian witness in this culture, we find it necessary to uphold these standards of conduct.

Agreement: I have read the above Statement of Standards and understand that I will be living in Israel under the auspices of the Jerusalem University College. I also understand the Christian frame of reference in which I will be living. Should I abuse my relationship to the university, I realize that the university has the responsibility and the authority to sever this relationship and to arrange for my return to my country, at my expense. I also understand that as well as being subject to the rules and regulations of Jerusalem University College, I am subject to the rules and regulations of my home institution (if I am currently enrolled elsewhere). I, therefore, agree to strive to the best of my judgment to fit into life at the university and to be a responsible participant in the program to which I am admitted.

**_____
GROUPLADER PLEASE INITIAL HERE YOUR AGREEMENT WITH PART A**

Part B: Disclosure Statement

Travel invariably has its hazards, especially in countries where standards of health care, sanitation, public safety and similar situations differ from those in your home country. Other complications you may encounter are changes in language, customs, culture and laws.

Jerusalem University College makes every effort to avoid unnecessary risk by trying to control travel, food service, and sanitation. The university has operated for over 40 years in the Middle East and has had few incidents and no major problems. However, the educational experience requires that we travel in the countryside where physical exertion (this is a strenuous program) and exposure to the culture are common. You should understand that this study and associated travel can be undertaken solely at your own risk.

The university is a non-profit educational institution with few assets and minimal insurance. It is essential that you have health insurance while in Israel. Hospitals will not treat a patient without proof of credit card or cash. All hospital bills in Israel must be paid in full before the patient is discharged; therefore, you must choose one of the following:

1. Obtain an insurance policy in your home country which will cover you while in Israel. Please contact your local carrier to be certain just where you stand in regard to health, accident, travel, and life insurance and what may be required. You should plan on bringing contingency funds to pay by credit card or cash should an emergency arise. A claim may then be filed with your insurance company for reimbursement of the fees.

2. Obtain hospitalization insurance coverage through the Student Group Hospitalization Policy of the university. There is no insurance coverage for over age 55 and is not valid for Egypt or Jordan. This policy does not cover medical problems of which the student was aware prior to arrival in Israel. The coverage is costly and may not be on a par with your own. A statement of the limits of coverage is available upon request.

This disclosure is written to make you aware of these facts. Should you have specific questions concerning any aspect of the program, please feel free to contact our offices in Rockford, Illinois, or Jerusalem.

Agreement: I have read the Disclosure Statement, and I understand and accept my medical responsibilities and verify that I have appropriate insurance coverage. I empower Jerusalem University College, in emergency situations, to assign me for medical treatment, even if such treatment is beyond my insurance coverage in Israel, including hospitalization (at my expense) if such is determined necessary by a medical doctor, and to return me to my home for medical treatment (also at my expense) if circumstances warrant.

GROUP LEADER PLEASE INITIAL HERE YOUR AGREEMENT WITH PART B

Part C: Waiver of Responsibility

I will hold Jerusalem University College and its directors, employees, their families and heirs blameless in the event of cancellation or changes in travel and program schedules, or adjustment in announced fees caused by changes in air tariffs, lodging rates, or fares by those engaged for such services.

I release Jerusalem University College and its directors, employees, their families and heirs from claims of any nature incurred by me before, during or after my time in the Middle East, and from claims arising from any act involving any person, agent, or entity not a part of the university. I agree that, in the event of war (declared or undeclared), strike, terrorism, act of God, or emergency not under the control of the Jerusalem University College, any refund will be determined by the university on an individual basis and at the university's discretion.

Agreement: I have read this Waiver of Responsibility, understand its content, and accept the risks discussed. I hereby verify that good health allows me to take part in the university's program (including hiking, bus travel, etc.), and I absolve the university of responsibility for me in the above stated areas. Furthermore, by my signature below I acknowledge that I have read both the Statement of Standards and the Disclosure Statement and agree to abide by the conditions set out in them.

GROUP LEADER PLEASE INITIAL HERE YOUR AGREEMENT WITH PART C

Group Leader must choose either (1) to assume responsibility for each participant and the group as a whole, by initialing the above three agreements and signing with witness below or (2) to copy these statements to and secure each participant's signature covering the Statement of Standards, Disclosure Statement, and Waiver of Responsibility:

1. EITHER I accept complete responsibility for fully informing each group participant of the facts contained in the Statement of Standards, the Disclosure Statement, and the Waiver of Responsibility. I accept on behalf of my group both individually and in whole, each agreement, and I absolve the university, its directors, employees, their families and heirs of responsibility for each participant and the group as a whole in the above stated areas.

Signature of Group Leader: _____ **Date:** _____

Signature of Witness: _____ **Date:** _____

2. OR Each Participant must sign the following agreements.

Agreement: I have read the above Statement of Standards and understand that I will be living in Israel under the auspices of Jerusalem University College. I also understand the Christian frame of reference in which I will be living. Should I abuse my relationship to the university, I realize that the university has the responsibility and the authority to sever this relationship and to arrange for my return to my country, at my expense. I also understand that as well as being subject to the rules and regulations of Jerusalem University College, I am subject to the rules and regulations of my home institution (if I am currently enrolled elsewhere). I, therefore, agree to strive to the best of my judgment to fit into life at the university and to be a responsible participant in the program to which I am admitted.

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ADDITIONAL INFORMATION

Please complete the following information about your present place of worship and return with your application form.

Church Name _____

Denomination _____

Pastor's Name _____

Church Address _____

Church Telephone _____

Your Name _____

Thank You

