

Kinnus (Hebrew for “gathering”) Weekend returns on May 18-20th, 2012. Registration is now open for the three events that make up Kinnus Weekend. (Due to Shavuot observance, Kinnus departs from its traditional Memorial Day Weekend time slot.)

1) Kinnus Day on May 20th:

- BB Guns, archery, and craft projects
- Animal Safari
- Merit Badges
- Kosher lunch
- Horse Care (extra fee) and Fencing (extra fee)

The cost of Kinnus Day is \$20. Contact Jeff Feuer, Chairman of the Jewish Committee on Scouting at 310-273-8888 or jfeuer@insidesaleslab.com for Kinnus information beyond this flyer.

2) Shabbat campout on May 18-20: Beginning before sundown on Friday May 18th through Sunday morning. Orthodox Shabbat observance includes full services and Torah reading Saturday morning and a relaxed, unprogrammed afternoon. The cost for the Shabbat campout is \$60 per person and includes 5 kosher meals, a campfire, and two-night campsite. Contact Stan Friedman at (213) 629-1500 or friedman03@aol.com for more information.

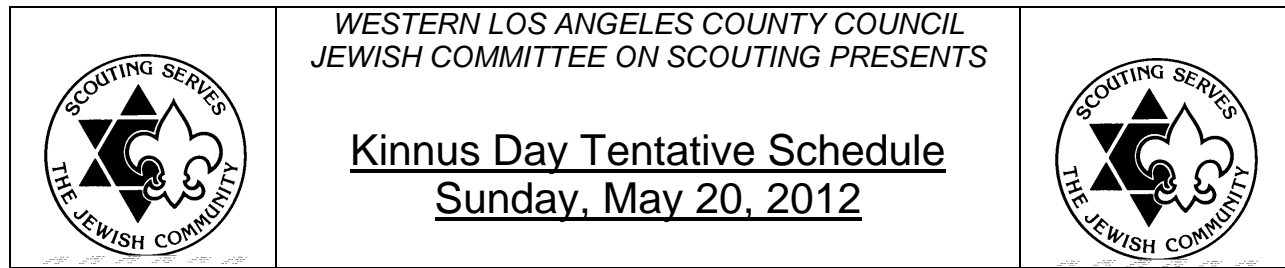
3) The Jewish Committee on Scouting in cooperation with Malibu Lodge is excited to once again host a Saturday night and Sunday Ordeal with Kosher food. Ordeal is the initiation into the Boy Scout Honor Society and is by invitation only. Email kinnusordeal@malibulodge.org for costs, forms, and further information.

All three events take place at beautiful Camp Josepho in the Santa Monica Mountains just 30 minutes from the 405 at Sunset Boulevard and is now open for registration.

Jewish and non-Jewish Tiger Cubs, Cub Scouts, Webelos, Boy Scouts, Venturers, Girl Scouts, and their families are invited.

Registration is now open. See the registration form on pages 3 – 10.
Registration and payment are due no later than May 4th.

To receive e-mail updates about this and other JCOS events, become a part of JCOS' Yahoo Group. Enroll by visiting <http://groups.yahoo.com/group/WLACC-JCOS> and clicking "Join This Group".



- 9:00 – 10:00 AM arrival & check in
- 9:00 – 12:00 Morning Activities:
 - Archery,
 - BB gun range,
 - Crafts (lanyards, fuse beads, pony beads, basket weaving, coloring) in the lodge
- 10:30 – 12:00 Fencing Lesson (limited space, additional fee)
- 12:00 – 12:30 Opening Ceremony
 - Presentation of colors
 - Presentation of Shofar awards
- 12:30 – 1:00 Lunch
- 1:00 – 1:30 Clean Up
- 1:00 – 1:50 Horse Program I (limited space, additional fee)
- 2:00 – 2:50 Horse Program II (limited space, additional fee)
- 3:00 – 3:50 Horse Program III (limited space, additional fee)
- 4:00 – 4:50 Horse Program IV (limited space, additional fee)
- 1:30 – 2:00 Mincha
- 1:30 – 5:00 Afternoon Activities
 - Archery,
 - BB gun range,
 - Crafts (lanyards, fuse beads, pony beads, basket weaving, coloring) in the lodge
- 3:00 – 4:00 Animal Safari / Reptile Petting Zoo
- 3:00 – 4:00 Athletics Merit Badge Program by Joe Cotrell (prerequisites, see: <http://meritbadge.org/wiki/images/e/e5/Athletics.pdf>)
- 4:00 – 5:00 Scholarship Merit Badge by Jodie Coopalla. Prerequisites required.

	<p>WESTERN LOS ANGELES COUNTY COUNCIL JEWISH COMMITTEE ON SCOUTING PRESENTS</p> <h2 style="margin: 0;">Kinnus Registration Form</h2> <p style="margin: 0;"><i>please print clearly.</i></p>	
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Family Last Name*: _____ E-mail*: _____

Day Phone*: (_____) _____ Evening Phone*: (_____) _____

Mailing Address*: _____

Camp Josepho is located in the Santa Monica Mountains just west of the 405 at Sunset Boulevard. Camp Josepho has flush toilets and an indoor dining hall.

1. This event is open to registered Cub and Boy Scouts, Venturers, Girl Scouts, and their families only. Last year over 200 participated! By your attendance you agree to:
 - a. Observe BSA rules, camp rules, and requests from event staff.
 - b. Arrive to meals and events on time; Meal times will not be adjusted for latecomers.
 - c. Supervise all children under 12 years old you bring to the event at all times.
 - d. Assist to thoroughly clean up the facility prior to departure.
2. This event is entirely volunteer run. Everybody needs to help out by being a good citizen, exercising patience and keeping an upbeat attitude! **Adults must volunteer an hour at the event.**
3. This event is not open to children under the age of five. If three or more children under age twelve from a single family attend, two responsible adults must also attend.
4. All food will be abundantly provided! Due to Jewish dietary laws, no outside food is permitted.
5. Directions to camp, a packing list, gate code and other information will be supplied approximately 2 weeks before the event to all who have registered.
6. Completion, signature, and submission of pages 3 – 10 plus medical forms for each person attending is required to attend.
7. All rules have a limited number of exceptions for medical, financial, and possibly other needs provided they are approved in advance. Contact Jeff Feuer at 310-273-8888 or jfeuer@insidesaleslab.com for any special requests.
8. Financial aid is available to those in need. Please contact Jeff Feuer with any request.
9. After May 4th, there are no refunds due to change of heart, weather, or other reason.

I have read and agree to the above: _____
(Signature)

Continue to page 4



Kinnus Registration Form

please print clearly.

I am with*: (Circle One)

Cub Scout Pack Boy Scout Troop Girl Scout Troop Crew Number: _____

Family Name: _____	Age*	Check Only One*						Volunteer Adults Check One**	
		Cub Scout	Boy Scout	Girl Scout	Venturer	Sibling	Adult	Meal	Program
List each first name below*									
1.									
2.									
3.									
4.									
5.									
6.									

* Required field

** Each adult is required to volunteer for an hour at either a meal or program.

Boy Scouts of America requires the following for each vehicle coming to Kinnus:

Year / Make / Model: _____

Example: 2002 Ford Explorer XLE

Owner's driver's license state and number: _____

Example: CA N8998666

Number of working seat belts in the vehicle: _____

Example: 5

Every passenger will wear a seatbelt: Yes No (circle one)

Vehicle owner's personal insurance: _____ / _____ / _____

per person / per accident / property damage

Example: \$100,000 / \$300,000 / \$50,000

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WLACC JEWISH COMMITTEE ON SCOUTING

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For Kinnus Day:

# _____	Persons	x \$20.00	\$ _____
# _____	Persons Horse Program ¹	x \$20.00	\$ _____
# _____	Persons Fencing Lesson	x \$20.00	\$ _____
# _____	Persons Athletics Merit Badge	x No Charge	
# _____	Persons Scholarship Merit Badge	x No Charge	

Shabbat Campout Friday, Saturday, and Sunday Morning²:

# _____	Persons	x \$60.00	\$ _____
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Shabbat Optional Cabin Rental (two nights)³

# _____	Persons	x \$50.00	\$ _____
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Grand Total⁴: \$ _____

Special food needs: _____

Notes:

1: These programs may include short rides but are mostly courses about horse care -- participants will have the chance to work with, brush, and be with the horses. Enrollment is limited to 10 per session; first come first served.

2: Contact Stan Friedman at friedman03@aol.com or 213-629-1500 for more information.

3: Cabins are very basic sleeping accommodations. Each sleeps up to eight and are not guaranteed to be exclusive to your party (i.e. you may be sharing them with others). Cabins include bunk beds onto which you unroll a sleeping bag. Linens and towels are not included. Cabins do not have bathrooms but share the same facilities used by all. Cabins are located up the hill behind the lodge and do not have electricity.

4. Financial aid may be available for Kinnus Day. Contact Jeff Feuer at 310-273-8888

Due to road restrictions, and out of courtesy to residents in the area, attendees may arrive no earlier than 8 AM and depart no later than 7:45 pm.



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If Paying On-Line:	If Paying by Check:
<ul style="list-style-type: none">- Fill out pages 3 – 10 completely- Click this button to pay (does not work on Macs) <p style="text-align: center;">Button Goes Here</p> <ul style="list-style-type: none">- Enter your paypal confirm number; <p>_____</p> <ul style="list-style-type: none">- Save this document to your hard drive and e-mail it to ami@df.com <p style="text-align: center;">OR</p> <ul style="list-style-type: none">- Click the button below to Submit the Form <p style="text-align: center;">Button Goes Here</p> <ul style="list-style-type: none">- Print, fill out, and bring to Kinnus one medical form (provided in the orientation packet) for each person attending.	<ul style="list-style-type: none">- Print, fill out, and sign pages 3 – 10- Make your check payable to “Boy Scouts of America - JCOS” and mark account no. 1-2306-066-00 on your check.- Mail the form and check to <p style="text-align: center;">Mr. Ami Adler (ami@df.com) 1536 South Durango Avenue Los Angeles, CA 90035</p> <ul style="list-style-type: none">- Print, fill out, and bring to Kinnus one medical form (provided in the orientation packet) for each person attending.

Registration and payment are due on or before May 4th



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Informed Consent and Hold Harmless/Release Agreement

Release of Liability

I understand that participation in Scouting activities involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself, my children, family, and guests to participate in these activities. I understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

I do further agree to indemnify and save harmless the Boy Scouts of America, Western Los Angeles County Council and all officers, members, employees, and volunteers thereof, from all suits or actions brought for, or on account of, any injuries or damages received or sustained by any person or persons by or from the consequences of any negligence or any act or omission from myself and any member of my party in connection with this event.

Permission to Obtain & Use Medical Information and Provide Medical Treatment

I approve the sharing of medical information with BSA volunteers and professionals who need to know of medical situations that might require special consideration for the safe conducting of Scouting activities. In case of an emergency involving me or my child, I understand that every effort will be made to contact a related responsible adult. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose to the adult in charge Protected Health Information/ Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, including examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities without restrictions or with special considerations or restrictions listed here:

Family Name: _____ Number in Party _____

Signature: _____ Date Signed _____

Print Name: _____



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Video and Photography Release

I hereby assign and grant to the local council and the Boy Scouts of America the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child at all Scouting activities, and I hereby release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all liability from such use and publication. I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the Boy Scouts of America, and I specifically waive any right to any compensation I may have for any of the foregoing.

I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity.

Family Name: _____

Number in Party _____

Signature: _____

Date Signed _____

Print Name: _____



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PARENTAL FIREARMS PERMISSION AND RELEASE

California State Law prohibits any person from furnishing, loaning or otherwise providing a minor any Firearm or live ammunition without the express permission of their parent or guardian.

MINOR'S NAME(s) (Please print): _____

I _____ The Parent ____ Legal Guardian ____ of the
Print name above check one

above named minor do hereby give permission as required by California Penal Code Sections 12552, 12070, 12072 and 12078, et. seq. to the Boy Scouts of America, Western Los Angeles County Council, and to instructors certified by the Western Los Angeles County Council meeting the requirements for instructors established by the Boy Scouts of America (National), to furnish a firearm, BB Gun, Air Rifle, Pellet Gun, or 002 Gun, and Ammunition to said minor for the purpose of instructing him in the safe handling of firearms, safe shooting and marksmanship.

I do further agree to indemnify and save harmless the Boy Scouts of America, Western Los Angeles County Council and all officers, members, employees, and volunteers thereof, from all suits or actions brought for, or on account of, any injuries or damages received or sustained by any person or persons by or from the consequences of any negligence or any act or omission of the above named persons and organizations occurring during the course of said instruction.

Date Permission Granted: From : 5/18/2012 To: 5/20/2012

Family Name: _____ Number in Party _____

Signature: _____ Date Signed _____

Print Name: _____