



## Introducing Bnei Akiva...

Bnei Akiva is the world's largest religious Zionist youth organization, active all over the world, with over **50,000 members**. Bnei Akiva believes that through learning Torah and a commitment of the Land of Israel, Jewish youth can achieve fulfillment and self-realization in an age of turmoil and unrest.

In Toronto, as part of the Mizrahi Organization of Canada, Bnei Akiva numbers hundreds of registered members and is celebrating this year its 77<sup>th</sup> Anniversary. Our activities impact hundreds throughout the year. These activities include hadracha training courses, weekly meetings at numerous Sniffim around the city, Shevet weekends, local, regional and national Shabbatonim, Mach Hach program in Israel, activities for Bogrim on and off campus, plus numerous other yearly events. Many of our members also spend the summer at Camp Moshava Ennismore the Bnei Akiva of Canada Summer Camp, and at our brand new Moshava Ba'ir Day Camp.

## ...and Mas Chaver

Mas Chaver, the annual Bnei Akiva membership fee, is the lifeblood of the movement. Without paying a membership base, Bnei Akiva would struggle to provide its high-class fun and educational activities for its youth – striving to develop independent and socially responsible young individuals, who are well equipped, proud & ready to stand up for their beliefs, and through their active participation in Jewish life, give back to the community as a whole.

Membership allows you to participate in local, regional & national activities and events, and residential Shabbatonim. In addition, as a member you will receive Bnei Akiva publications and details about events mailed & emailed directly to you.

### **Membership has its privileges. One must be a Mas Chaver Member in order to attend Bnei Akiva programs and shabbatonim**

Mas Chaver membership rates for 5772	
	Amount
Chevrayot Aleph through Bet (Grades 3-12)	\$40
Family rate*	\$100

\* The family rate applies to three or more individuals applying at the same time

The following is just some of what Mas Chaver allows us to do:

- Build on our local, regional & national infrastructure including Shabbatonim, weekly activities and national events
- Create a training and support framework for Sniffim around the city
- Employ 2 full time Schlichim and part time Mazkirim
- Create Educational resources and development

Bnei Akiva is continually striving to build upon its current activities and, with your support, will continue to be the largest and widest reaching Zionist youth movement in North America!

Signing up is easy! Just return the included form together with payment **made payable to 'Mizrachi Organization of Canada'** and mail to the Lishka (office) in the enclosed addressed envelope.

If you have any questions or queries whatsoever, please contact us at:

South Lishka : (416) 630-7634

Michal cell: (416) 838-7652

[michal@bneiakivatoronto.com](mailto:michal@bneiakivatoronto.com)

North Lishka : (905) 889-2387

Yudie cell: (416) 838-7742

[yudie@bneiakivatoronto.com](mailto:yudie@bneiakivatoronto.com)

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Get ready to be part of the exciting year ahead!

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**For Office Use:**  
 Date: \_\_\_\_\_  
 Status: \_\_\_\_\_  
 MC No: \_\_\_\_\_  
 \_\_\_\_\_

# Bnei Akiva of Toronto

## Membership Form – Mas Chaver 5772



PLEASE USE BLOCK CAPITALS

FAMILY NAME \_\_\_\_\_ PARENT/S NAME/S \_\_\_\_\_

FULL ADDRESS \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_ PARENTS' CELL NO. \_\_\_\_\_

PARENTS' E-MAIL \_\_\_\_\_

SNIF (local branch of BA) \_\_\_\_\_ SYNAGOGUE \_\_\_\_\_

**CHILD 1**

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

CURRENT GRADE \_\_\_\_\_ SCHOOL \_\_\_\_\_ AGE/SHEVET NAME \_\_\_\_\_

CHILD'S E-MAIL \_\_\_\_\_

CHILD'S CELL NUMBER \_\_\_\_\_

**CHILD 2**

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

CURRENT GRADE \_\_\_\_\_ SCHOOL \_\_\_\_\_ AGE/SHEVET NAME \_\_\_\_\_

CHILD'S E-MAIL \_\_\_\_\_

CHILD'S CELL NUMBER \_\_\_\_\_

**CHILD 3**

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

CURRENT GRADE \_\_\_\_\_ SCHOOL \_\_\_\_\_ AGE/SHEVET NAME \_\_\_\_\_

CHILD'S E-MAIL \_\_\_\_\_

CHILD'S CELL NUMBER \_\_\_\_\_

**CHILD 4**

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

CURRENT GRADE \_\_\_\_\_ SCHOOL \_\_\_\_\_ AGE/SHEVET NAME \_\_\_\_\_

CHILD'S E-MAIL \_\_\_\_\_

CHILD'S CELL NUMBER \_\_\_\_\_

- I also wish to take this opportunity to offer an additional donation of \$18 / \$36 / \$54 / \$72 / \$90 / \$108 for Bnei Akiva of Toronto to assist in the creation of a 'Shabbaton Scholarship Fund' which will allow further assistance to those families who find it harder to send their Children on our Shabbatonim.
- I enclose \$\_\_\_\_\_ payable to **'Mizrachi Organization of Canada'** for Mas Chaver & the Shabbaton Scholarship Fund for year 5772. A tax receipt will be issued by Mizrachi.

Please see enclosed leaflet for the current membership rates & return with Payment in the addressed envelope.

# Bnei Akiva 5772 – Medical Form



We are collecting this information now so that you do not need to provide it every time your child attends a program/Shabbaton.

Return with Mas Chaver form & payment in the enclosed addressed envelope.

PLEASE USE BLACK BALL POINT PEN AND CAPITAL LETTERS

## SECTION 1: EMERGENCY CONTACT DETAILS

Emergency Contact Name. \_\_\_\_\_ Relation to child: \_\_\_\_\_

Home Tel No. \_\_\_\_\_ Mobile No \_\_\_\_\_ OHIP No \_\_\_\_\_

## SECTION 2: MEDICAL DETAILS

ALL INFORMATION GIVEN IS CONFIDENTIAL AND WILL ONLY BE PASSED ON TO THOSE WHO NEED TO TREAT YOUR CHILD.  
IF NECESSARY, PROVIDE MORE INFORMATION ON A SEPARATE SHEET AND ATTACH TO THE BACK OF THIS FORM.

<p><b>CHILD 1</b></p> <p>NAME _____ OHIP NO. _____ APPROX DATE OF LAST TETANUS _____</p> <p>MEDICAL CONDITIONS _____ ALLERGIES _____</p> <p>MEDICATIONS _____</p> <p>OTHER MEDICAL INFORMATION WE SHOULD BE AWARE OF _____</p>
<p><b>CHILD 2</b></p> <p>NAME _____ OHIP NO. _____ APPROX DATE OF LAST TETANUS _____</p> <p>MEDICAL CONDITIONS _____ ALLERGIES _____</p> <p>MEDICATIONS _____</p> <p>OTHER MEDICAL INFORMATION WE SHOULD BE AWARE OF _____</p>
<p><b>CHILD 3</b></p> <p>NAME _____ OHIP NO. _____ APPROX DATE OF LAST TETANUS _____</p> <p>MEDICAL CONDITIONS _____ ALLERGIES _____</p> <p>MEDICATIONS _____</p> <p>OTHER MEDICAL INFORMATION WE SHOULD BE AWARE OF _____</p>
<p><b>CHILD 4</b></p> <p>NAME _____ OHIP NO. _____ APPROX DATE OF LAST TETANUS _____</p> <p>MEDICAL CONDITIONS _____ ALLERGIES _____</p> <p>MEDICATIONS _____</p> <p>OTHER MEDICAL INFORMATION WE SHOULD BE AWARE OF _____</p>

WITHHOLDING INFORMATION MAY ENDANGER THE HEALTH OR WELL-BEING OF YOUR CHILD.

## SECTION 3: TERMS AND CONDITIONS REQUIRING PARENT'S SIGNATURE

- I hereby declare that to the best of my knowledge, this medical form is accurate and complete in all its details.
- I understand that Bnei Akiva will not be responsible for any medical condition, be it physical or emotional, which may result from my failure to disclose relevant information.
- It is permissible for a certified First Aider to assist my Child if necessary.
- It is permissible for a senior member of Bnei Akiva or a certified First Aider to take my child to a local Doctor or hospital if it is deemed necessary. If this does occur, the parent will be contacted as soon as possible.
- ***I have read and agree to the above conditions.***

Name of parent or guardian: \_\_\_\_\_

Signature: \_\_\_\_\_