

Temple Beth Am USY Membership Registration 2009-2010

Name _____ Cell Phone (____) _____

E-Mail _____ AIM Screen name _____

Address _____ City _____ Zip _____

School _____ Grade _____ Birth Date _____

Are you a member of TBA and If not, where are you affiliated? _____

Parent Name(s) _____

Cell Phone (____) _____ Cell Phone (____) _____

Email _____ Email _____

TBA USY POLICIES

Dues- TBA Members: \$80 Non-Members: \$90 Dues entitle USYers to attend all chapter activities at member rate and enroll USYers in Regional and International USY. Membership in these organizations allows USYers to attend events such as Kinnusim, Israel Pilgrimage, Regional dances, and many more.

RSVP- Many events are limited in space and spots may only be guaranteed by RSVPing. Call the youth office at (310) 652-7354 ext. 212 or alevitt@tbala.org.

Kashrut- The TBA Youth Department follows the laws of Kashrut at all events. If you are asked to bring a sack lunch, it must either be dairy or pareve. All events taking place outside of TBA serve dairy or pareve, unless we are at a kosher establishment.

Punctuality- Please try to **arrive 10 minutes early** for both drop off and pick up. Please be respectful of the program and staff by arriving on time for pick up!

Walking home- While some USYers may live close to TBA, safety is our number one concern. It is strongly encouraged that an adult pick up from events, especially those which end late at night. However, if you would like to allow your child to walk home from an event, please initial here: _____.

Behavior- Enclosed you will find a copy of the regional "Code Of Conduct" that all USYers must sign when turning in these forms. ***If a USYer is behaving poorly at an event, USY staff may call and alert parents they must be pick-up their child, regardless of time or location.***

We have read the TBA USY policies and agree to its terms:

Parent Signature: _____

USYer Signature: _____

FAR WEST REGION USY
THE UNITED SYNAGOGUE OF CONSERVATIVE JUDAISM
TRANSPORTATION & MEDICAL FORM

ATTACH
CURRENT
PICTURE LESS
THAN 2 YEAR OLD

Please take a few minutes to complete this Transportation Consent, Medical Release, and Medical History Form. This form must be submitted to the USY Regional office every September for each USYer/KADIMANIK in the Region. **No one will be permitted to attend Regional functions without this form on record.**

TRANSPORTATION CONSENT

I acknowledge and accept USY's policy to use licensed drivers over the age of 18 at all times. With full understanding of this policy and the risks involved, I give permission for _____ ("my USYer/Kadimanik") to ride in a properly insured vehicle driven by a licensed driver over the age of 18. If there is a shortage of licensed drivers over the age of 18, I do ___ do not ___ (place initials in desired space) give my consent for my USYer to ride with a licensed driver under the age of 18.

If there is a shortage of licensed drivers over the age of 18, I do I do ___ do not ___ (place initials in desired space) give my permission for my USYer, who does have a valid driver's license, to drive other USYers during an event. His/her vehicle is in good working order and is covered under a liability insurance policy.

MEDICAL RELEASE

I consent and give permission for my USYer to attend and participate in all planned trips and activities arranged by Far West Region USY for which he/she is registered. I certify that my USYer is physically and psychologically able to participate in all such activities.

In case of emergency, I authorize you, as my agent and at my sole cost and expense, to engage appropriate healthcare providers to administer, prescribe, and/or direct the administration of any medication, other medical treatment, care, surgery, hospitalization, or medical procedures and services deemed appropriate under the circumstances, if you are not able to timely contact me for instructions.

RELEASE AND INDEMNIFICATION

I expressly release and indemnify you, and hold you free and harmless, from any and all liability, charges, claims, costs, and expenses of every kind and nature whatsoever, including reasonable attorney fees, in connections with acceptance and participation of my USYer in your scheduled activities. This release and indemnification is unconditional and without reservation of any kind, except only for such acts or omissions that arise out of your intentional or negligent wrongdoing, and where there is no fault by my USYer. I am fully responsible if I fail to disclose any pertinent information.

_____/_____
USYer/Kadimanik's Parent/Guardian Signature Date / USYer/Kadimanik's Parent/Guardian Signature Date

THE UNITED SYNAGOGUE OF CONSERVATIVE JUDAISM FAR WEST REGION USY/KADIMA MEDICAL HISTORY

DATE _____

SYNAGOGUE/CHAPTER _____

TO THE PARENTS: The information on this form will be kept strictly confidential with access only to the Regional Staff and Certified Medical Personnel. Each USYer (including Kadimaniks) must file a medical history with the Regional Office every September. **It is the responsibility of the parent to notify the Regional Office of any changes that may occur after the history is submitted.**

USYer / Kadimanik _____ Birth Date _____ Sex _____ E-Mail _____

Parent/Guardian _____ Phone _____

Home Address _____
Street and Number City, State, Zip

Business Address _____ Phone _____
Street and Number City, State, Zip

Emergency Contact _____ Phone _____

RELATIONSHIP TO USYER _____

Health History

Please check each line that applies and give vaccination dates where applicable:

Chicken Pox _____ Date _____	Anorexia _____	Diphtheria _____	Herpes _____
German Measles _____ Date _____	Asthma _____	Emotional Counseling _____	Hypertension _____
Measles _____ Date _____	Bleeding/Clotting Disorder _____	Frequent Ear Infections _____	Hypoglycemia _____
Mumps _____ Date _____	Convulsions _____	Gastro Intestinal _____	Kidney/Urinary _____
Polio _____ Date _____	Diabetes _____	Hayfever _____	Mononucleosis _____
Tetanus _____ Date _____	Digestive _____	Heart Defect/Disease _____	Other _____

Disability, chronic/recurring illness, or operations: _____

List all medications currently taken on a regular basis and reasons for taking: _____

Explain all other medical problems or conditions of which we should be aware: _____

Describe any recommendations or restrictions of which we should be aware: _____

List any allergies to food, drugs, plants, insects, etc.: _____

MEDICAL INSURANCE*

***OUR POLICY IS THAT NO ONE UNDER THE AGE OF 18 MAY PARTICIPATE IN OUR PROGRAM WITHOUT PROOF OF MEDICAL INSURANCE COVERAGE, INCLUDING COMPANY NAME, POLICY NUMBER, ETC.**

Medical Insurance Co.: _____ Policy/Group# / Medical Record # : _____

Insurance Company Address _____

Street Number City State Zip

Insurance Company's Phone #: _____

Personal Physician Name: _____ Phone#: _____

THE INFORMATION ON THIS FORM IS ACCURATE, COMPLETE AND ALL-INCLUSIVE, TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THE IMPORTANCE OF KEEPING THIS INFORMATION ACCURATE AND AGREE TO CONTACT THE REGIONAL DIRECTOR PRIOR TO ANY REGIONAL PROGRAM THAT MY CHILD WILL ATTEND IF THERE IS A CHANGE OF ANY KIND WHATSOEVER IN HIS/HER MEDICAL CONDITION.

USYer/Kadimanik's Parent/Guardian Date

USYer/Kadimanik's Parent/Guardian Date

FAR WEST REGION USY
The United Synagogue of Conservative Judaism
Code of Conduct

1. There will be proper conduct at all times. Treat people with respect and courtesy. Try to be a positive leader and a good example. **Theft or other illegal conduct of any kind, or flagrant violation of this Code of Conduct as determined by the Regional Youth Director shall be sufficient reason to send you home and place you on probation at the Youth Department.**
2. NO ONE MAY LEAVE THE PROGRAM at any time unless prior permission is given by the Regional Director or his/her designate, and with written permission of the parent or guardian.
3. Hotel property, buses, and other property that are used/visited during the event are to be respected at all times. All USYers are responsible for damages or charges to their room or other locations.
4. Possession or use of the following is not permitted: **weapons, alcoholic beverages, illegal drugs, cigarettes, matches, lighters, and incense.** Anyone found in violation of these or any other criminal offense will automatically be sent home and suspended from International USY Programs for a period of one year.
5. Males are not permitted in females' rooms and females are not permitted in males' rooms unless the event has a specifically stated open door policy. If the event has an open door policy, visiting is permitted only during the designated times provided all drapes, window coverings, and inside doors are open. Inappropriate sexual conduct (regardless of USYers' gender), as determined by the Regional Youth Director and/or Regional Youth Commissioner, is forbidden at all times and may result in expulsion from the program.
6. Gambling, body piercing, and hazing of every kind, are prohibited.
7. The daily schedule is to be followed at all times. You are to attend and be on time to all programs.
8. Prescription medicine must be registered with the Regional Director or his/her designate at the beginning of the program. Medications are to be in their original containers, including proper dosage instructions and administered only to the person it is prescribed for.
9. Males must wear a kippah/appropriate head covering at all times as well as tallit and tefillin when appropriate. Females may do so if they wish.
10. Kashrut is to be observed at all times. If you are not sure if a product is kosher, ask a knowledgeable staff-person. If no staff are present, do not eat it.
11. Shabbat is to be observed. During Shabbat, you are not to purchase anything from shops, restaurants, or vending machines. You may not use telephones. Respect your roommates' level of observance. All participants must arrive at events before candle lighting.
12. It is understood that the entire program is under the direction of the Regional Director of the Department of Youth Activities of The United Synagogue of Conservative Judaism or his/her designate.
13. **THOSE WHO ARE NOT REGISTERED FOR THE PROGRAM WILL NOT BE ALLOWED TO PARTICIPATE IN ANY PROGRAMMING. NO VISITORS WILL BE ALLOWED** who were not given prior approval by the Regional Director.

We have read the Code of Conduct and agree to its terms.

USYer/Kadimanik _____

Parent _____

Youth Director _____

**DEPARTMENT OF YOUTH ACTIVITIES
THE UNITED SYNAGOGUE OF CONSERVATIVE JUDAISM
PACIFIC SOUTHWEST REGION
CONSENT, AUTHORIZATION, AND RELEASE**

"USYer/Kadimanik": _____, a minor.

Date of Birth: _____

THIS CONSENT, AUTHORIZATION, AND RELEASE ("Consent") is provided to the Region's Department of Youth Activities, ("USY"), headquartered in Bel Air, California, in connection with the Scheduled Activity. This Consent extends to and includes the United Synagogue of Conservative Judaism and all its respective agencies, departments, regions, and authorized employees, agents, and volunteers.

1. The USYer has Parent's consent to attend and to participate in the Scheduled Activity. There are no limitations or restrictions of any kind whatsoever in such participation unless checked here, ____ (AND FULL EXPLANATION IS ATTACHED).
2. The USYer has been instructed, and understands and agrees, to comply with all rules, regulations, and the Code of Conduct established by USY and the official instructions and directives of all authorized staff members, volunteers, agents, and employees of USY ("Personnel"). All reference to YOU or YOUR mean USY and its Personnel.
3. YOU, acting as the Parent's authorized agent and at Parent's sole cost and expense, are expressly authorized to engage appropriate health care providers to administer, prescribe, and/or direct the administration of any medication, other medical treatment, care, surgery, hospitalization, or medical procedures and services deemed appropriate under the circumstances, if YOU are not able to timely contact Parent for instructions. There are no exceptions or limitations to the forgoing, unless checked here ____ AND SPECIFIC WRITTEN INSTRUCTIONS ARE ATTACHED.
4. Unless checked here, ____ AND SPECIFIC WRITTEN INSTRUCTIONS, DIRECTIONS, OR OTHER DATA TO THE CONTRARY, ARE ATTACHED, YOU may rely on our representation that the USYer has no medical disabilities, allergies, or other limitations of any kind whatsoever that might in any way limit participation in the Scheduled Activity.
5. I expressly release and indemnify YOU, and hold YOU free and harmless, from any and all liability, charges, claims, costs, and expenses of every kind and nature whatsoever, including reasonable attorney fees, in connection with acceptance and participation of my USYer in YOUR-scheduled activities. This release and indemnification is unconditional and without reservation of any kind, except only for such acts or omissions that arise of YOUR intentional or negligent wrongdoing, and where there is no fault by my USYer. I am fully responsible if I fail to disclose any pertinent information.
6. Parent represents to YOU that the undersigned Parents have sole, full, and legal power and right to execute this Consent, and acknowledges that YOU will be relying on Parent's representations and statements, and on the information supplied by Parent.
7. If this consent is signed by more than one person, all references to the singular shall include the plural, jointly and severally.

The undersigned, respectively, declare under penalty of perjury under the laws of the States of Arizona, California, Nevada, New Mexico, and Utah that they have read and fully understand the importance and effect of the foregoing Consent, Authorization, and Release; that they have obtained such advice from an attorney and from a licensed physician as they deemed necessary to their complete satisfaction; that they have retained a true copy of this document; and that they have voluntarily signed this document on _____, 20_____.

Signature of "USYer/Kadimanik" _____

*Signature of "Parent" _____

*Signature of "Parent" _____

*Both Parents' signatures are requested. In the event of separation or divorce, only signature of the Custodial Parent is required.