

Teaneck Kadima

Membership Form 2009-10 -- 5769-70

Date Received: _____
Check Number: _____
Amount Received: _____
(Office Use ONLY)

\$45 – Congregation Beth Sholom, Kol HaNeshamah, and Sons of Israel, Leonia; \$60 – all others*

COMPLETELY FILL IN ALL ITEMS NEATLY

Name: _____ E-mail: _____

Home Address: _____

City, ZIP: _____ AIM Screenname: _____

Class year: 6 7 8 Date of Birth: _____

Your Phone #: () _____ Cell Phone #: () _____

Synagogue membership: _____ School: _____

Parents Name(s): _____ Parents Phone #: () _____

Mom's E-mail: _____ Dad's E-mail: _____

Mom's Cell Phone #: () _____ Dad's Cell Phone #: () _____

Names/ages of siblings (under age 18): _____

Do you need to complete a community service project for school? Yes No

Teaneck USY Permission Slip

_____ (Parent's name) does hereby consent and agree to the participation of my son/daughter
_____ (Child's name) in all activities of the Teaneck Kadima/USY Youth Programs.

I agree to waive all rights and claims against Congregation Beth Sholom and their agents and employees which may arise out of my son/daughter's participation. I understand that my son/daughter's participation may involve transportation in private vehicles to which I consent. I understand and agree that Teaneck Kadima/USY Youth Programs has no liability if my child travels to an event in any vehicle not provided by Teaneck Kadima/USY Youth Programs.

I certify that I understand my son/daughter's participation in Youth programs can involve rigorous physical activity, and I further certify that my son/daughter is in good physical condition, and that my son/daughter has no medical or physical conditions that would restrict my son/daughter's participation.

In case of a medical emergency, accident or health problem where immediate treatment is deemed necessary, every effort will be made to expeditiously contact the parent(s) or guardian of the child. In the event they cannot be reached, I hereby give permission to a physician selected by the youth program, its employees, advisors or agents, to hospitalize, secure proper and ongoing treatment and to order injection, anesthesia, or surgery for my child as named above. I am aware that this form may be photocopied for use by medical care givers.

I have read this agreement and understand its purpose and agree to its terms.

Parent's Signature and Phone Number

Emergency Contact Person and Phone Number

Name & phone number of child's physician:

Known allergies, chronic illnesses or other conditions

This membership form must be filled out completely and returned, with full payment made to "Congregation Beth Sholom," before you will be able to attend any upcoming event.

If you have any questions, please contact Michal Greenbaum, adviser, at kadima@teaneckusy.org.

Send applications to: Teaneck Kadima, Congregation Beth Sholom, 354 Maitland Ave., Teaneck, NJ 07666

HAGALIL USY/KADIMA – CODE OF CONDUCT/EMERGENCY MEDICAL FORM
THIS FORM MUST BE BROUGHT TO ALL REGIONAL EVENTS (INCLUDING DANCES)

NAME: _____ BIRTH DATE: _____

ADDRESS: _____

CITY ZIP CODE

PARENT'S TELEPHONE NUMBER: _____

PLEASE READ AND SIGN THIS CODE OF CONDUCT

In connection with any Regional program (including dances), including travel to and from such program:

1. There is to be no smoking.
2. There is to be no possession or use of any narcotics, marijuana, other illegal drugs or prescription drugs not prescribed for the user.
3. There will be no possession or consumption of any alcoholic beverages.
4. There will be no shoplifting or any other theft of any kind.
5. If a USYer is caught in possession of or using alcohol or illegal drugs, he/she will immediately be sent home at his/her parents' expense. Furthermore, USY International policy states: "Anyone violating any such rules at a regional event for the infraction of these rules is barred from International events for one year following the infraction. These events include (but are not limited to) the International USY Convention and USY summer programs." The Region reserves the right to impose additional sanctions in connection with this or any other improper behavior as it sees fit.
6. Each participant is expected to maintain proper decorum and attitude during the entire program. Disruptive behavior (including, among other things, inappropriate sexual behavior) will not be tolerated. Your parents will be responsible to pay for any damage you may cause.
7. No attendee may leave the facility except at those times specified by the schedule.
8. Each participant is expected to conduct him/herself appropriately as a Conservative Jew (including through the observance of Shabbat and Kashrut), in accordance with applicable standards of the Law and Standards Committee of the Rabbinical Assembly and/or the local Rabbinical Authority.
9. The Region reserves the right to search the room and belongings of any attendee if it has reasonable grounds to believe that such a search is necessary to secure the health, safety and/or welfare of the program and/or its participants.
10. The USY or Kadima Director, in consultation with the Regional Youth Commission, reserves the right to enforce other rules relating to the integrity of the Regional Youth Program and/or the health, safety or welfare of it's participants.

I have read these rules and understand them fully. I certify that I will adhere to this Code and will conduct myself in a manner reflecting credit upon myself, my chapter, congregation and community. Any violation of this code of conduct may result in the participant being sent home at his/her parents' expense. The Regional Director has the sole discretion to send a participant home.

SIGNATURE OF USYER/KADIMANIK

I, _____, the parent/guardian of _____, a minor, who will be participating in the regional programs of Hagalil USY/Kadima, do hereby certify that I have read the Code of Conduct set forth above. I do hereby agree that if my child who has signed the above Rules of Conduct fails to adhere to the Code, then in such event those persons in charge of the program may send my child home at my expense. I understand that the Regional Youth Director has the sole discretion to send my child home.

I have been made aware of the fact that the events my child will be participating may be photographed by either amateur or professional photographers, that the photographs taken may be used both for purposes of reporting on the event or for such other use as the Hagalil USY or Kadima organization may determine. I have no objection to the pictures taken being used at any time for promotional use. It is my understanding that by signing this document, I consent to the use of the pictures just referred to for any purpose whatsoever.

SIGNATURE OF PARENT

DATE

INSURANCE CO. _____ POLICY NUMBER _____
(All USYers/Kadimaniks must have medical insurance in order to participate in Regional programs.)

EMERGENCY CONTACT PERSON _____
(not a parent)

EMERGENCY PHONE # _____

Please provide details for applicable Items pertaining to your child.

Allergies (Food, drug, insect or substance) _____

Current Medication(s) or Medical Treatment _____

Recent illness, injury or surgery _____

Disability, chronic illness or condition _____

Activity restriction or modification _____

STATEMENT AND EMERGENCY AUTHORIZATION

I (the parent or legal guardian) of the applicant state that he/she is in good/normal health, has no physical or mental handicaps that would interfere with full participation in the program and has my permission to engage in all available activities except as noted under Restrictions or Modifications above.

In case of a medical emergency, accident or health problem where immediate treatment is deemed necessary, every effort will be made to expeditiously contact the parent(s) or guardian(s) of the participant, or the emergency contact person listed above. In the event I cannot be reached, I hereby give permission to the physician selected by the Regional USY/Kadima Director, or his/her designee, to hospitalize, secure proper and ongoing treatment and to order injection, anesthesia, or surgery for my child as named above. I am aware that this form may be photocopied for use by medical care givers.

SIGNATURE OF PARENT OR LEGAL GUARDIAN _____

PRINT NAME: _____ DATE: _____