

Youth Department Membership Form

Youth Department Memberships

Kadima (4 th -6 th Grade)	\$45 STS Member**	\$100 Non-STS Member	\$75 Affiliate Member				
USY (7 th -12 th Grade)	\$60 STS Member**	\$200 Non-STS Member \$125 Affiliate Member					
Are you a member of STS: (cire	ember of STS: (circle) Yes / No						
*If you are a paying member of a the affiliate member rate.	different synagogue with a sir	milar dues structure to STS, pleas	se submit proof of membership to receive				
Name:	Age:	Birthdate:	Shirt Size: XS S M L XL				
Child Address:		City:	State: Zip:				
Student Email:	Student Cell: _	F	Facebook? Y / N Instagram? Y / N				
School:		Current Grade: HS	S Graduation Yr:				
□Custodial Parent/Guardian		□Custodial Parent/Guardian					
Parent/Guardian 1 Name		Parent/Guardian 2 Name _					
Cell Phone		Cell Phone					
Email							
Home Phone		Home Phone					
Family Address	Street Address	Family AddressStreet Address					
City	State Zip	City	State Zip				
Emergency Contact Name:		Relationsh	nip:				
Emergency Contact Cell Phone	<u>;</u>	City:					
List of Individual Pre-Approv	ved for Pick-up						
Contact 1 Name:		Relationship:					
Contact 1 Cell Phone: City:							
Contact 2 Name:	e: Relationship:						
Contact 2 Cell Phone:	Cell Phone: City:						
)I am a new participant to STS	S Youth Department!!	☐ I am a returning particip	pant in the STS Youth Department!!				
Payment Method: Check #:	(payable to ST	S Youth Department) Cred	lit Card Total: \$				
Credit Card #:	Fyn :	Security Code: 7ii	n Code:				



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Medical History

The information on this form will be kept strictly confidential with access only to the Youth Department Staff and Certified Medical Personnel. Each USYer/Kadimanik must file a medical history with the Youth Department and 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.

Medical/Health Insurance Company:		Insurance Cardholder's Name/ID#:					
Policy Number:	Group Number	BIN#					
Physician Name:	Phone Number	PCN#					
Please check all that apply and provide	e vaccine dates where applicable:						
 ADD/ADHD Med:	 Chicken Pox/Varicella Cystic Fibrosis Diabetes – Type I / Type II Emotional Disorder Gastro Intestinal Disease German Measles Heart Defect/Disease Hypertension Hypoglycemia 	 Meningococcal Vaccine Mumps Neurological Issues (including migraines) Seizures Tetanus (Td/Tdap) Other Chronic/Recurring Illness 					
List any Operations or Serious Injuries	that we should be aware of:						
Please share any learning differences,	IEP, or accommodations we should be awa	re of					
Please share any allergies and/or med	ications we should be aware of (taken at a	ny point during the day)					
Anything we should be aware of that	can help us provide the best experience for	r your child:					
If your child uses an Epi-Pen/Inhaler, o	loes he/she carry it or will it be left with Sta	aff?					
child is present at any STS USY/Kadim	rovide our children with an amazing Youth a event that he/she is attending with my/o artment and its employees and agents to t	ur consent. I/We give permission to the					
Parent Signature:		Date:					
Parent Signature:		Date:					



Youth Department Membership Form

Waiver

It is acknowledged and agreed that this Waiver applies to all activities and programs (including without limitation the Chapter on and offsite youth programs) of the Shomrei Torah Youth Department ("STSYD").

Medical Release:

Parent/Guardian Signature

In case of emergency, I, the undersigned, authorize Shomrei Torah Synagogue ("you" or "Shomrei Torah Synagogue"), 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 for the participant(s) named below, if you are not able to timely contact me for instructions.

Date

Participant Name(s):	("Participant(s)")
sue Shomrei Torah Synagogue for, any and all whatsoever, including reasonable attorney fees, in	ss, and indemnify Shomrei Torah Synagogue from, and covenant not to liability, charges, claims, costs and expenses of every kind and nature connection with the participation and/or attendance of the Participant(s) ection with Shomrei Torah Synagogue and/or the STSYD (collectively, the
	al and without reservation of any kind, except only for such acts or or gross negligence of Shomrei Torah Synagogue and where there is no fail to disclose any pertinent information.
	_/
Parent/Guardian Signature	Date
transport Shomrei Torah Synagogue's youth to oprovide transportation to events. I fully understandangers of serious bodily injury, including without dangers may be caused by the Participant(s)' own passengers; that there may be other risks and foreseeable at this time; and that as between mystand responsibility for any and all losses, expense and/or attendance of the Participant(s) in any and its administrators, directors, agents, officers, partners, and all Activities; and I further agree and acknowled indemnity agreement, I, and/or anyone on my be	In Synagogue does not own or operate the charter buses that are used to offsite events ("Events"). A third party bus charter company is used to and, agree, and acknowledge that traveling by bus involves risks and a limitation permanent disability, paralysis, and death; that these risks and a actions or inactions, and/or the actions or inactions of other drivers or social and economic losses either not known to me or not readily elf and Shomrei Torah Synagogue, I fully accept and assume all such risks es, claims, costs and damages incurred as a result of the participation diall Activities. I hereby release and discharge Shomrei Torah Synagogue, ers, volunteers, contractors, and employees (collectively, the "Releasees") any and all liability, claims, demands, losses or damages arising out of any edge that if, despite this release, waiver of liability, assumption of risk and ehalf, makes any claim(s) against any of the Releasees arising out of any as each of the Releasees, from any and all expenses, attorney fees, loss, alt of such claim.



FAR WEST REGION USY

The United Synagogue of Conservative Judaism Code of Conduct

- 1. There will be proper conduct at all times. Treat all 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.
- 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 staffperson. 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 reac	l the	Code	of	Cond	luct a	and	agree 1	to its	terms.
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USYer/Kadimanik	
Parent	
Youth Director	