

COS-SJCC KADIMA Membership Form 2017-2018

COMPLETELY FILL IN ALL ITEMS NEATLY ON ALL ATTACHED SHEETS

\$45 for COS-SJCC members - \$55 for non-COS-SJCC members Make checks payable to SJCC Kadima
(For office Use ONLY) Date Received: _____ Check # _____ Amount Received _____

Student Name: _____

Home Address: _____

City, ZIP: _____ Home Phone #: () _____

Grade 2015-16: 6 7 8 Student E-mail: _____

Date of Birth: _____ School: _____

Student Cell Phone #: () _____

Best ways to get in touch with Student: E-mail _____ Phone _____ Texting _____

Parent/Guardian 1 Name: _____ Email Address: _____

Home Phone #: () _____ Cell Phone #: () _____

Parent/Guardian 2 Name: _____ Email Address: _____

Home Phone #: () _____ Cell Phone #: () _____

Synagogue your family belongs to: _____

Please note: USY and Kadima board members must be members of COS/SJCC either through a full family membership or via a student membership. The cost of a student membership is \$36. If applicable, please include the fee for a student membership along with your dues.

Publicity: Names will never be used to identify youth in pictures, but we would like to be able to take pictures, both for the COS-SJCC internal publicity (WORD, Chronicle) and for external publicity (newspapers, website). Please indicate your preferences below.

Congregation Ohr Shalom - Summit Jewish Community Center has my permission to use photographs (but no names) of my child for:

Internal publicity _____ YES _____ NO

External publicity _____ YES _____ NO

Signature: _____ Date: _____

IMPORTANT: Please fill out this membership form and both copies of the Code of Conduct/Emergency Medical form completely and return with full payment in order to be able to attend any upcoming events. **Please fill out both forms, even if you are not sure if your child will attend regional** (or Chapter) events since the Youth Advisor must have them on hand for all participants of any youth event. There will be individual permissions slips for any off-site Chapter events, but these documents will serve as an all-purpose emergency form for the year. If you have any questions, please contact Emmy Atlas, Director, Youth and Community Programs, emmy@summitjcc.org .

**CODE OF CONDUCT/EMERGENCY MEDICAL FORM
FOR ALL COS-SJCC USY/KADIMA EVENTS**

YOUTH ADVISOR MUST HAVE A COPY OF THIS FORM IN ORDER FOR MEMBER TO ATTEND ANY COS-SJCC YOUTH PROGRAMS

NAME: _____ BIRTH DATE: _____

ADDRESS: _____

CITY

ZIP CODE

PARENT/GUARDIAN TELEPHONE NUMBER: _____

PLEASE READ AND SIGN THIS CODE OF CONDUCT

In connection with any Chapter program, 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/Kadimanik is caught in possession of/or using alcohol or illegal drugs, parents will be called to immediately pick up their child. The Chapter reserves the right to impose 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. 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.
8. The USY or Kadima Advisor, in consultation with the COS-SJCC Youth Chairs, reserves the right to enforce other rules relating to the integrity of the COS-SJCC Chapter Youth Program and/or the health, safety or welfare of its 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 my chapter, congregation and community and myself. Any violation of this code of conduct may result in the participant being sent home at his/her parents' expense. The Youth Advisor 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 COS-SJCC chapter USY/Kadima programs, 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 ask for a parent to pick up their child. I understand that the COS-SJCC Youth Advisor would be acting to ensure the safety of the child and the other participants in the program.

I have been made aware of the fact that the events in which my child is 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 COS-SJCC or Hagalil USY/Kadima organizations 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.

SIGNATURE OF PARENT

DATE

Please provide details for applicable items pertaining to your child.

INSURANCE CO. _____ POLICY NUMBER _____

NOTE: ALL USYERS/KADIMANIKS MUST HAVE MEDICAL INSURANCE IN ORDER TO PARTICIPATE IN PROGRAMS:

EMERGENCY CONTACT PERSON _____ EMERGENCY PHONE # _____ (not a parent)

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 and 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 COS-SJCC USY/Kadima Youth Advisor, or his/her designee, to hospitalize, to 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 caregivers.

SIGNATURE OF PARENT OR LEGAL GUARDIAN _____

PRINT NAME: _____ DATE: _____

**CODE OF CONDUCT/EMERGENCY MEDICAL FORM
FOR ALL HAGALIL USY/KADIMA EVENTS**

THIS FORM MUST BE BROUGHT TO ALL CHAPTER AND REGIONAL EVENTS (INCLUDING DANCES)

NAME: _____ BIRTH DATE: _____

ADDRESS: _____

CITY

ZIP CODE

PARENT/GUARDIAN 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/Kadimanik 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 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 its participants.
10. 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. 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 its 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 my chapter, congregation and community and myself. 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 Hagalil regional USY/Kadima programs, 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 in which my child is 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 Hagalil USY/Kadima organizations 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.

SIGNATURE OF PARENT

DATE

Please provide details for applicable items pertaining to your child.

INSURANCE CO. _____ POLICY NUMBER _____

NOTE: ALL USYERS/KADIMANIKS MUST HAVE MEDICAL INSURANCE IN ORDER TO PARTICIPATE IN REGIONAL PROGRAMS:

EMERGENCY CONTACT PERSON _____ EMERGENCY PHONE # _____ (not a parent)

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 and 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, to 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 caregivers.

SIGNATURE OF PARENT OR LEGAL GUARDIAN _____
PRINT NAME: _____ DATE: _____