

Name: _____ Date: _____

TTE  **USY** USCJ's youth movement **2018-19**
Youth Group Membership

Temple Torat Emet's youth groups provide an opportunity for Jewish children in grades 3-12 to come together for fun, lasting friendships founded on shared Jewish values. Temple membership is not required.

TTEUSY (Temple Torat Emet United Synagogue Youth) is for students in grades 9-12. Events are local or can mix with other chapters from the sub-region (S. Florida Miami, Broward, Palm Beach counties), region (southern states) and international including Canada and Israel. Programs include but are not limited to leadership development, Israel affairs, social action, religion and social fun. This group meets twice a month, usually on Saturdays and Sundays.

KADIMA is for students in grades 6-8. Events are local or occasionally mix with other chapters from the sub-region (Miami, Broward, Palm Beach counties), and sparsely from the region (southern states). This group meets twice a month, usually on Wednesday, Saturdays, and Sundays.

NOAR is Temple Torat Emet's pre-Kadima group for students in grades 3-5. Events are local on and off campus for holiday or fun for friendship building and a taste of what's to come in Kadima and USY. This group meets monthly, usually on Sundays after religious school and sometimes includes family programs.

Students and parents must complete membership application and agree to the rules and regulations of the Youth Group programs before participating. The year begins August 1, 2018 and ends May 31, 2019.

Participant Information

A parental consent form and payment must be received to participate in events.

Child's Name: (Print first and last) _____

Child's E-mail: _____ Child's Cell Phone: _____ Receive Texts: Yes/No?

Home Address: _____ City: _____ Zip: _____

2nd Address (if Applicable) _____ City: _____ Zip: _____

Home Phone: _____ Date of Birth: ____/____/____

School Name: _____ Current Grade _____ School Graduation Year _____

Religious School Affiliation _____ T-shirt size _____

Child's Allergies: No/Yes (List all) _____ Child's Medications: (List all) _____

Medical Conditions/Confidential Note to Youth Group Director, if applicable:

Name: _____ Date: _____

Parent/Guardian/Emergency Information

Mother's Name: (Last, First) _____

Cell Phone: _____ Receive Texts: Yes/No? E-mail: _____

Facebook Name: _____

Father's Name: (Last, First) _____

Cell Phone: _____ Receive Texts: Yes/No? E-mail: _____

Facebook Name: _____

Emergency Information

Insurance Company Name _____

Policy Number _____ Group Number _____

Insurance Address _____ Insurance Phone Number _____

Primary Physician Name _____ Physician Phone _____

Emergency Contact 1: (Last, First) _____

Phone: _____ Relation to Participant: _____

Emergency Contact 2: (Last, First) _____

Phone: _____ Relation to Participant: _____

MARKETING WAIVER

By signing below, I give permission for my child to be photographed and video recorded during school events. Permission is granted for use of photos and likeness for promotional and/or archival purposes at Temple Torat Emet's discretion and without compensation.

Parent Signature _____

Parental Consent

I (we) hereby give consent for my child(ren), _____, to participate in all youth programs with Temple Torat Emet. In the event of an emergency and I cannot be reached, I hereby give permission for my child to be transported to the nearest medical facility and specifically authorize the representative of Temple Torat Emet to select a physician and or authorize medical treatment, including hospitalization, anesthesia, injection, surgery measures which he/she feels are in the best interest of my child.

Unless this box is checked ___ and I have provided you with specific instructions, directions or other specific data to the contrary, on an attached page, you may assume that the minor has no medical disabilities, allergies or other limitations of any kind whatsoever that might in any way limit participation in any scheduled activity.

Temple Torat Emet is hereby released and held harmless from any claim, judgments, awards, settlements, and or damages to any person or property arising directly or indirectly out of my child's participation in the program at Temple Torat Emet or the congregation's selection of physician, hospital, or any other medical service for my child in a medical emergency, or in connection with the rendering of any such medical treatment.

Name: _____ Date: _____

RE: _____ (Minor) Chapter: Temple Torat Emet: TTEUSY

This Consent, authorization, and release is provided to United Synagogue Youth, SE Region, a department of the United Synagogue of Conservative Judaism, with regional headquarters in Miami, FL.

1. The minor has my consent to attend and participate in the scheduled activity. There are no limitations or restriction of any kind whatsoever on such participation unless this box, ___ is checked with an explanation attached to this form.
2. The minor has been instructed by me, and understands and agrees to comply with all the 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.
3. You are expressly authorized 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, acting as my authorized agent and at my sole cost and expense. There are no exceptions or limitations, or other special instructions, in connection with the foregoing, unless this box ___ is checked, with an explanation attached to this form.
4. I expressly release and agree to indemnify and hold USY and its Personnel 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 the acceptance and participation of the minor in the scheduled activity. The foregoing Release is without reservation of any kind except only for such acts or omissions on your part that arise on your part that arise out of your intentional or negligent wrong doing and without fault of any kind on the part of the minor or on my part in failing to disclose pertinent information to you. I represent to you that I have the sole, full and legal power and right to execute this consent, and that you will rely on my representations.
5. If this consent is signed by more than one person, all references to the singular shall include the plural, jointly and severally. **I DECLARE UNER THE PENALTY OF PURGERY THAT I HAVE READ AND FULLY UNDERSTAND THE IMPORTANCE AND THE FACT OF THE FOREGOING CONSENT, AUTHORIZATION, AND RELEASE: THAT I HAVE OBTAINED SUCH ADVISE OF AN ATTORNEY AND OF A LICENSED PHYSICIAN THAT I DEEMED NECESSARY, TO MY COMPLETE SATISFACTION; AND THAT I SIGNED THIS CONSENT ON _____, 20____**

Signed: (Adult One) _____ Date: _____

Relationship to Participant _____

Signed: (Adult One) _____ Date: _____

Relationship to Participant _____

My child(ren) and I understand that respectful and appropriate behavior is expected at all times. Otherwise the chapter behavior plan will be implemented.

Parent Signature _____ Child(ren) Signatures _____

Payment

Payment

All checks may be made payable to **Temple Torat Emet**. Print *Youth Group Membership* on the memo line. Checks are preferred to cash. Mail or bring checks to: **Temple Torat Emet, 8600 Jog Road, Boynton Beach, FL 33472**.

Membership does not include:

1. Some program fees, where specified, especially when off-campus
2. Meals at programs (unless otherwise noted)
3. Regional, national and international conventions and events.

Name: _____ Date: _____

The 2018-2019 dues for youth group are as follows:

Noar	Kadima	USY
3-5 grades	6-8 grades	9-12 grades
Pay by program, member fee.	\$100 annual youth membership for Temple Torat Emet members, includes international/regional fees and T-shirt	\$150 annual youth membership for Temple Torat Emet members, includes international/regional fees and T-shirt
Pay by program, non-member fee.	\$125 annual youth membership for non-members of Temple Torat Emet, includes international/regional fees and T-shirt	\$175 annual youth membership for non-members of Temple Torat Emet, includes international/regional fees and T-shirt

SAVE \$10 for each Sibling/Referral that joins as an annual member.

Full Payment: \$ _____

Cash: ___ Check: ___ Credit Card #: _____ Expr: _____ CVV: _____

There is a 3% credit card convenience fee.

I (we) agree to fulfill all financial obligations that I (we) incur with Temple Torat Emet, its schools and/or auxiliaries.

It is understood that dues and fees are payable in full upon invoicing and are non-refundable. It is understood that Payment Plans for those with special financial needs may be arranged with the Financial Consideration Committee.

Signed: _____ Date: _____

Signed: _____ Date: _____

Staff Signature: _____ Date _____

SKILLS and SPECIAL TALENTS We encourage all members to use their skills and talents to further the youth group chapter's and Temple's interests and goals. Please, let us know of any special skills/interests you or your child may be willing to share. (ie: bookkeeping, law, Torah reading, guitar, facilitation, art, computer, yoga, event planning, etc...)

Contact me because I am interested in volunteering or chaperoning for the youth group. (Circle one.) Yes/ No

If Yes, THANK YOU! Please, note when you may be available to volunteer:

Saturday	AM/PM	Wednesday	AM/PM
Sunday	AM/PM	Thursday	AM/PM
Monday	AM/PM	Friday	AM/PM
Tuesday	AM/PM		

6-12 grade participants need to create an account at www.regpacks.com/hanegev1819.