





**2019-20**  
**Youth Group Membership Application**

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.**

Youth Group teaches Jewish values and skills they need to become exceptional leaders in their religious and secular communities all through fun, social programming. Through year-round programming and domestic and international travel opportunities, United Synagogue Youth provides meaningful, immersive Jewish experiences, helping teens integrate Jewish rituals and values into their everyday lives.

To participate after two trial chapter events, a Youth Membership Application and payment must be received. The year begins August 1, 2019 and ends May 31, 2020.

**Participant Information**

**Child Name:** Print First and Last: \_\_\_\_\_

**Expected Graduation Year:** \_\_\_\_\_ **School Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Child's Cell Phone:** \_\_\_\_\_ **Get Texts?:** Y / N

**Child's E-mail:** \_\_\_\_\_ **T-shirt Size:** (Circle) Adult / Youth \_\_XS/S/M/L/XL/2XL/3XL

**Synagogue Affiliation:** (if applicable) \_\_\_\_\_

**Religious School Affiliation:** \_\_\_\_\_

**Social Media Accounts:** (Circle all.)  Facebook/  Instagram/  Remind/  Snapchat/  Twitter

**Parent/Guardian Information**

**Parent 1:** (Print First and Last Name) \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Receive Texts:** Yes/No? **E-mail:** \_\_\_\_\_

**Facebook Name:** \_\_\_\_\_ **Did Jewish Youth Group:** Y/N

**Parent 2:** (Print First and Last Name) \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Receive Texts:** Yes/No? **E-mail:** \_\_\_\_\_

**Facebook Name:** \_\_\_\_\_ **Did Jewish Youth Group:** Y/N

**Emergency Contact 1:** (First and Last) \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Relation to Participant:** \_\_\_\_\_

**CONFIDENTIAL INFORMATION FOR THE YOUTH DIRECTOR**

Child Name: \_\_\_\_\_

**Individuality**

We strive to provide inclusive programs. Knowing your child’s individual social, emotional, learning and physical needs will help him/her be successful. Please, share as much as you can so we can help accommodate those needs and provide a safe and happy environment.

Allergies: No/Yes (List all) \_\_\_\_\_ Child’s Medications: (List all) \_\_\_\_\_

Medical Conditions/Special Needs: Confidential note to Youth Director:

What motivates/drives him/her?

What is the best way to correct his/her behavior?



**Medical Insurance Information**

Insurance Company Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Insurance Address: \_\_\_\_\_ Insurance Phone Number \_\_\_\_\_

Primary Physician Name: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

**Marketing Waiver**

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

Parent Signature \_\_\_\_\_

6-12 grade participants that want to participate in Regional USY events need to create an international/regional USY account. Call the Youth Director for assistance. Go to [www.regpacks.com/hanegev1920](http://www.regpacks.com/hanegev1920)



**Transportation Release**

Voluntary Release and Waiver Form for Transportation to all Activities Associated with Temple Torat Emet's Youth Group.

Assumption of Risk and Indemnity Agreement

The undersigned person grants permission for my child(ren), \_\_\_\_\_, to ride to and from Temple Torat Emet Youth Group and United Synagogue Youth activities by a vehicle provided by Temple Torat Emet, whether it be a **chartered bus, staff automobile or parent carpool**. In accepting transportation coordinated by Temple Torat Emet to such activities, the undersigned, individually and on behalf of any heirs and assigns, does hereby: 1) WARRANT that he/she chooses of his / her own volition to assume the risk of riding with a person of choice by Temple Torat Emet. 2) WARRANT that he/she is fully aware of any risk or danger. 3) RELEASE, DISCHARGE, AND COVENANT NOT TO SUE, HOLD HARMLESS AND INDEMNIFY Temple Torat Emet and its affiliates, Board of Directors, and employees from and against all lawsuits, claims, causes of action, proceedings, judgements, losses, damages, costs, and expenses of every type and kind arising out of injury, death, or property damage resulting from the operation of and/or being a passenger in any motor vehicle provided by Temple Torat Emet. 4) ACKNOWLEDGE that the undersigned is aware of the inherent danger of being a passenger in a motor vehicle and will comply with all laws and regulations governing those activities, ASSUMING ALL RISK for himself/herself and all liability for others for failure to do so. No oral representations or inducements have been made to obtain signatures on this agreement. If any portion of this agreement is held invalid it is agreed that the balance thereof shall continue in full legal force and effect.

Name of Child(ren) (Print) \_\_\_\_\_

Name of Parent (Print) \_\_\_\_\_

Signature of Parent \_\_\_\_\_

Date \_\_\_\_\_

## Parental Consent

I (we) hereby give consent for my child(ren) to participate in all youth programs provided by 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.

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\_\_\_\_\_**

Parent Signature \_\_\_\_\_ 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**

Checks may be made payable to: **Temple Torat Emet**. Memo Line: *Youth Group Membership*.

Mail or bring checks to: **Temple Torat Emet, 8600 Jog Road, Boynton Beach, FL 33472**.

Youth Membership does not include: some program fees, where specified, meals at programs (unless otherwise noted), and regional, national and international conventions and events.

**2019-2020 Youth Group Membership Dues**

Noar (grades 3-5)	Kadima (grades 6-8)	USY (grades 9-12)
Pay by program.	\$50 annual youth membership for TTE/TBT members, includes international/regional fees and T-shirt	\$75 annual youth membership for TTE/TBT members, includes international/regional fees and chapter T-shirt
Pay by program.	\$100 annual youth membership for non- members of TTE/TBT, includes international/regional fees and T-shirt	\$150 annual youth membership for non-members of TTE/TBT, includes international/regional fees and chapter T-shirt

**SAVE \$10 for each sibling that joins. REFUND \$10 for each referred friend that joins.**

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 Synagogue Financial Consideration Committee.

Parent Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Parent PRINT \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date \_\_\_\_\_

***THANK YOU for entrusting to us your most prized possession(s).***

**Additional Participants**

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**Child 2:** Print First and Last Name: \_\_\_\_\_

Graduation Year: \_\_\_\_\_ School Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Child's Cell Phone: \_\_\_\_\_ Get Texts: Y/N

Child's E-mail: \_\_\_\_\_ T-shirt Size: Adult/Youth \_\_XS/S/M/L/XL/2XL/3XL

Synagogue Affiliation: (if applicable) \_\_\_\_\_

Religious School Affiliation: \_\_\_\_\_

Child Has Accounts with the following Social Media: Facebook, Instagram, Snapchat, Twitter

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

Medical Conditions/Special Needs: Confidential note to Youth Director:

What is a motivational drive for this child?

What is the best way to correct behavior for him/her?

**Child 3:** Print First and Last Name: \_\_\_\_\_

Graduation Year: \_\_\_\_\_ School Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Child's Cell Phone: \_\_\_\_\_ Get Texts: Y/N

Child's E-mail: \_\_\_\_\_ T-shirt Size: Adult/Youth \_\_XS/S/M/L/XL/2XL/3XL

Synagogue Affiliation: (if applicable) \_\_\_\_\_

Religious School Affiliation: \_\_\_\_\_

Child Has Accounts with the following Social Media: Facebook, Instagram, Snapchat, Twitter

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

Medical Conditions/Special Needs: Confidential note to Youth Director:

What is a motivational drive for this child?