

# Shomrei Torah Synagogue

## Youth Department

### Membership Form



(Please make all checks payable to STS USY)

___ Kadima (4 <sup>th</sup> -6 <sup>th</sup> Grade)	\$45 STS Members	\$100 non-STS Members
___ Jr. USY (7 <sup>th</sup> -8 <sup>th</sup> Grade)	\$60 STS Members	\$200 non-STS Members
___ Sr. USY (9 <sup>th</sup> -12 <sup>th</sup> Grade)	\$60 STS Members	\$200 non-STS Members

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Parents' Email: \_\_\_\_\_

Current Grade: \_\_\_\_\_ Age: \_\_\_\_\_ High School Graduation Year: \_\_\_\_\_

School: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Are you members of Shomrei Torah Synagogue?      YES      NO

If not, where are you affiliated? \_\_\_\_\_

Parents: Please read below and sign:

I/We understand that if my child is present at any STS Kadima/USY event that he/she is attending with my/our consent. I/We give permission to the Shomrei Torah Synagogue Youth Department and its employees and agents to take my child on field trips and programs.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



**THE UNITED SYNAGOGUE OF CONSERVATIVE JUDAISM**  
**FAR WEST REGION USY/KADIMA**  
**MEDICAL HISTORY**

DATE \_\_\_\_\_

SYNAGOGUE/CHAPTER \_\_\_\_\_

**TO THE PARENTS:** The information on this form will be kept strictly confidential with access only to the Regional Staff and Certified Medical Personnel. Each USYer (including Kadimaniks) must file a medical history with the 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.**

USYer / Kadimanik \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex \_\_\_\_\_ E-Mail \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_ Parent's e-mail address \_\_\_\_\_

Home Address \_\_\_\_\_  
Street and Number \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Address \_\_\_\_\_  
Street and Number \_\_\_\_\_ City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

RELATIONSHIP TO USYER/Kadmanik \_\_\_\_\_

**Health History**

Please check each line that applies and give vaccination dates where applicable:

Chicken Pox _____ Date _____	Anorexia _____	Diphtheria _____	Herpes _____
German Measles _____ Date _____	Asthma _____	Emotional Counseling _____	Hypertension _____
Measles _____ Date _____	Bleeding/Clotting Disorder _____	Frequent Ear Infections _____	Hypoglycemia _____
Mumps _____ Date _____	Convulsions _____	Gastro Intestinal _____	Kidney/Urinary _____
Polio _____ Date _____	Diabetes _____	Hayfever _____	Mononucleosis _____
Tetanus _____ Date _____	Digestive _____	Heart Defect/Disease _____	Other _____

Disability, chronic/recurring illness, or operations: \_\_\_\_\_

List all medications currently taken on a regular basis and reasons for taking: \_\_\_\_\_

Explain all other medical problems or conditions of which we should be aware: \_\_\_\_\_

Describe any recommendations or restrictions of which we should be aware: \_\_\_\_\_

List any allergies to food, drugs, plants, insects, etc.: \_\_\_\_\_

**MEDICAL INSURANCE\***

**\*OUR POLICY IS THAT NO ONE UNDER THE AGE OF 18 MAY PARTICIPATE IN OUR PROGRAM WITHOUT PROOF OF MEDICAL INSURANCE COVERAGE, INCLUDING COMPANY NAME, POLICY NUMBER, ETC.**

Medical Insurance Co.: \_\_\_\_\_ Policy/Group# / Medical Record # : \_\_\_\_\_

Insurance Company Address \_\_\_\_\_  
Street Number \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Insurance Company's Phone #: \_\_\_\_\_

Personal Physician Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

**THE INFORMATION ON THIS FORM IS ACCURATE, COMPLETE AND ALL-INCLUSIVE, TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THE IMPORTANCE OF KEEPING THIS INFORMATION ACCURATE AND AGREE TO CONTACT THE REGIONAL DIRECTOR PRIOR TO ANY REGIONAL PROGRAM THAT MY CHILD WILL ATTEND IF THERE IS A CHANGE OF ANY KIND WHATSOEVER IN HIS/HER MEDICAL CONDITION.**

\_\_\_\_\_  
USYer/Kadimanik's Parent/Guardian Date

\_\_\_\_\_  
USYer/Kadimanik's Parent/Guardian Date

**FAR WEST REGION USY**  
**THE UNITED SYNAGOGUE OF CONSERVATIVE JUDAISM**  
**TRANSPORTATION & MEDICAL FORM**

**ATTACH**  
**CURRENT**  
**PICTURE**  
**LESS THAN**  
**2 YEARS**  
**OLD**

Please take a few minutes to complete this Transportation Consent, Medical Release and Medical History Form. This form must be submitted to the USY Regional office every September for each USYer/KADIMANIK in the Region. **No one will be permitted to attend Regional functions without this form on record.**

**TRANSPORTATION CONSENT**

I acknowledge and accept USY’s policy to use licensed drivers over the age of 18 at all times. With full understanding of this policy and the risks involved, I give permission for \_\_\_\_\_ (“my USYer/Kadimanik”) to ride in a properly insured vehicle driven by a licensed driver over the age of 18. If there is a shortage of licensed drivers over the age of 18, I do\_\_\_ do not\_\_\_ (place your initials in desired space) give my consent for my USYer to ride with a licensed driver under the age of 18.

If there is a shortage of licensed drivers over the age of 18, I do\_\_\_ do not\_\_\_ (place your initials in desired space) give my permission for my USYer, who does have a valid driver’s license, to drive other USYers during an event. His/her vehicle is in good working order and is covered under a liability insurance policy.

**MEDICAL RELEASE**

I consent and give permission for my USYer to attend and participate in all planned trips and activities arranged by Far West Region USY for which he/she is registered. I certify that my USYer is physically and psychologically able to participate in all such activities.

In case of emergency, I authorize you, 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, if you are not able to timely contact me for instructions.

**RELEASE AND INDEMNIFICATION**

I expressly release and indemnify you, and hold you 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 acceptance and participation of my USYer in your scheduled activities. This release and indemnification is unconditional and without reservation of any kind, except only for such acts or omissions that arise out of your intentional or negligent wrongdoing, and where there is no fault by my USYer. I am fully responsible if I fail to disclose any pertinent information.

\_\_\_\_\_/\_\_\_\_\_  
USYer/Kadimanik’s Parent/Guardian (Signature)      Date

\_\_\_\_\_/\_\_\_\_\_  
USYer/Kadimanik’s Parent/Guardian (Signature)      Date

**FAR WEST REGION USY**

**THE UNITED SYNAGOGUE OF CONSERVATIVE JUDAISM**

**CONSENT, AUTHORIZATION AND RELEASE**

“USYer/Kadimanik”: \_\_\_\_\_, a minor.

Date of Birth: \_\_\_\_\_

THIS CONSENT, AUTHORIZATION AND RELEASE ("Consent") is provided to the Region’s Department of Youth Activities, (“USY”), headquartered in Encino, California, in connection with the Scheduled Activity. This Consent extends to and includes the United Synagogue of Conservative Judaism and all of its respective agencies, departments, regions, and authorized employees, agents and volunteers.

1. The USYer has Parent’s consent to attend and to participate in the Scheduled Activity. There are no limitations or restrictions of any kind whatsoever in such participation unless checked here, \_\_\_\_\_ (AND FULL EXPLANATION IS ATTACHED).
2. The USYer has been instructed, and understands and agrees, to comply with all 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 ("Personnel"). All references to YOU or YOUR mean USY and its Personnel.
3. YOU, acting as the Parent’s authorized agent and at Parent’s sole cost and expense, are expressly authorized to engage appropriate health care 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, if YOU are not able to timely contact Parent for instructions. There are no exceptions or limitations to the forgoing, unless checked here \_\_\_\_\_ AND SPECIFIC WRITTEN INSTRUCTIONS ARE ATTACHED.
4. Unless checked here, \_\_\_\_\_ AND SPECIFIC WRITTEN INSTRUCTIONS, DIRECTIONS OR OTHER DATA TO THE CONTRARY, ARE ATTACHED, YOU may rely on our representation that the USYer has no medical disabilities, allergies or other limitations of any kind whatsoever that might in any way limit participation in the Scheduled Activity.
5. I expressly release and indemnify YOU, and hold YOU 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 acceptance and participation of my USYer in YOUR- scheduled activities. This release and indemnification is unconditional and without reservation of any kind, except only for such acts or omissions that arise out of YOUR intentional or negligent wrongdoing, and where there is no fault by my USYer. I am fully responsible if I fail to disclose any pertinent information.
6. Parent represents to YOU that the undersigned Parents have sole, full and legal power and right to execute this Consent, and acknowledges that YOU will be relying on Parent’s representations and statements, and on the information supplied by Parent.
7. If this consent is signed by more than one person, all references to the singular shall include the plural, jointly and severally.

**The undersigned, respectively, declare under penalty of perjury under the laws of the States of Arizona, California, Nevada, New Mexico and Utah that they have read and fully understand the importance and effect of the foregoing Consent, Authorization, and Release; that they have obtained such advice from an attorney and from a licensed physician as they deemed necessary to their complete satisfaction; that they have retained a true copy of this document; and that they have voluntarily signed this document on \_\_\_\_\_, 20\_\_\_\_\_.**

Signature of “USYer/Kadimanik” \_\_\_\_\_

\*Signature of “Parent” \_\_\_\_\_

\*Signature of “Parent” \_\_\_\_\_

**\*Both Parents’ signatures are requested. In the event of separation or divorce, only signature of the Custodial Parent is required.**

**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.
5. 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 staff-person. 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 read the Code of Conduct and agree to its terms.**

USYer/Kadimanik \_\_\_\_\_

Parent \_\_\_\_\_

Youth Director \_\_\_\_\_