

# Congregation Or Chadash Kadima/USY Membership Form

9096 E. Bahia- Scottsdale, Arizona 85260

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OrChadashYouth@aol.com

## 2011 - 2012

## 5771 - 5772

Please fill out this form completely and check appropriate spaces. Please be sure to enclose a check for youth department dues when returning this form to the office at Congregation Or Chadash. Checks can be made payable to Congregation Or Chadash.

**Please fill out one form per child. Thank you.**

### PLEASE PRINT NEATLY

Name \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_

Hebrew name \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Home Address \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Child's Phone \_\_\_\_\_

Child's e-mail address \_\_\_\_\_

Parents' e-mail address \_\_\_\_\_

Father's Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Cellular \_\_\_\_\_

Father's Hebrew Name \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Cellular \_\_\_\_\_

Mother's Hebrew Name \_\_\_\_\_

Member of Congregation Or Chadash Yes \_\_\_\_\_ No \_\_\_\_\_

Member of another Congregation Yes (which one) \_\_\_\_\_ No \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

#### DO NOT USE PARENTS' NAME

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Cellular \_\_\_\_\_

Special Medical Issues/Needs (food allergies, asthma, diabetes, etc.). Yes No

You will explain this in more detail on the Medical History form (required from each member).

### YEARLY DUES (Please check one and circle price)

GROUP	GRADES	MEMBERS	NON- MEMBERS
_____ Kadima	4, 5 and 6	\$60.00	\$85.00
_____ Jr. USY	7 and 8	\$80.00	\$100.00
_____ Sr. USY	9 <sup>th</sup> - 12 <sup>th</sup>	\$80.00	\$100.00

# MEDICAL HISTORY

## **TO THE PARENT:**

The information on this form will be kept strictly confidential with access only to the Congregation Or Chadash Youth Coordinator, the Regional Director and Certified Medical Personnel. Each participant must have a Medical History form on file with Congregation Or Chadash and the Regional Office. **Once a form is on file, it is valid for 12 months.** It is the responsibility of the parent that Congregation Or Chadash and the Regional Office is advised of any changes to this form from one program to the next.

## **TO BE FILLED OUT BY THE PARENT/GUARDIAN:**

Name: \_\_\_\_\_ Birth date \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_  
(Last) (First)

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Home Address \_\_\_\_\_  
(Street and Number) (City, State, Zip)

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

Second Parent/Guardian or Emergency Contact \_\_\_\_\_

Home Phone \_\_\_\_\_ Business/Cell Phone \_\_\_\_\_

## **Health History:** Has your child ever had or been diagnosed with:

ADD/ADHD	Yes _____	No _____	
Allergies	Yes _____	No _____	
Asthma	Yes _____	No _____	
Aspergers/Autism	Yes _____	No _____	
Cystic Fibrosis	Yes _____	No _____	
Diabetes	Yes _____	No _____	Type I _____ Type II _____
Eating/Weight Disorder	Yes _____	No _____	
Emotional Disorder	Yes _____	No _____	
Heart Defect/Disease	Yes _____	No _____	
Surgeries/Serious Injuries	Yes _____	No _____	
Neurological issues (including migraines)	Yes _____	No _____	
Physical limitations	Yes _____	No _____	
Seizures	Yes _____	No _____	
Other	Yes _____	No _____	

Date of last Tetanus Booster: (Td/Dtap) \_\_\_\_\_

Date of Meningoccal Vaccine: \_\_\_\_\_

Date of Chickenpox (Varicella) Vaccine or date of disease history \_\_\_\_\_

Disability or chronic/recurring illness \_\_\_\_\_

List any Medical Problems or Conditions that we should be aware of: *(include any current medications)*:

\_\_\_\_\_

List any recommendations or restrictions that we should be aware of *(attach emergency plan, if applicable)*:

\_\_\_\_\_

List any allergies and attach any emergency plans for treatment protocols: *(food, drugs, plants, insects, etc.)*

\_\_\_\_\_

**MEDICAL INSURANCE INFORMATION**

Name of Medical/Health Insurance Company: \_\_\_\_\_

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

Physician Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

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

(Street and Number )

(City, State, Zip)

**ALL OF THE INFORMATION PROVIDED ON THIS FORM IS ACCURATE 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 MY CHILD WILL ATTEND IF THERE IS ANY CHANGE WHAT SO EVER IN HIS/HER MEDICAL CONDITION.**

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

\_\_\_\_\_  
Date

**FAR WEST REGION USY  
THE UNITED SYNAGOGUE OF CONSERVATIVE JUDAISM  
TRANSPORTATION AND MEDICAL RELEASE**

**TRANSPORTATION CONSENT**

I acknowledge and accept United Synagogue Youth’s policy to use licensed drivers over the age of 21 at all times. With full understanding of this policy and the risks involved, I give permission for my child to ride in a properly insured vehicle driven by a licensed driver over the age of 21.

**MEDICAL RELEASE**

I consent and give permission for my child to attend and participate in all planned trips and activities arranged by Far West Region United Synagogue Youth for which he/she is registered. I certify that my child is physically and psychologically able to participate in all such activities. In case of an emergency, I authorize you, as my agent and at my sole cost and expense, 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 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 child 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 where there is no fault by my child, or by my failing to disclose pertinent information.

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Parent/Guardian	(Signature)	Date	Parent/Guardian	(Signature)	Date
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**Department of Youth Activities**  
**The United Synagogue of Conservative Judaism**  
**Far West Region**  
**CONSENT, AUTHORIZATION AND RELEASE**

Child Participant (“Participant”): \_\_\_\_\_, a minor.  
Date of Birth: \_\_\_\_\_

This CONSENT, AUTHORIZATION AND RELEASE is provided to the Department of Youth Activities of The United Synagogue of Conservative Judaism, headquartered in Encino, CA, in connection with the scheduled activity.

1. The Participant has Parent’s consent to attend and to participate in the Schedule Activity. There are no limitations or restrictions of any kind whatsoever in such participation unless checked here. \_\_\_\_\_ Details of limitation are attached.
2. The Participant 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 contact Parent for instructions. There are no exceptions or limitations to the foregoing, 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 assume that the Participant has no medical disabilities, allergies or other limitations of any kind whatsoever that might in any way limit participation in the Scheduled Activity.
5. Parent expressly releases, indemnifies and holds 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 the acceptance and participation of the Participant in the Scheduled Activity. The foregoing Release is unconditional and without reservation of any kind, except only for such acts or omissions that arise out of your intentional or negligent wrongdoing where there is no fault by the Participant or by Parent failing to disclose pertinent information to you.
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 State of California 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 “Participant”:** \_\_\_\_\_  
**\*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.**

## Congregation Or Chadash Youth Department – Code of Conduct

1. Congregation Or Chadash expects that there will be proper conduct at all times. Congregation Or Chadash expects that all people are treated with respect and courtesy. No bullying of any type will be tolerated.
2. Any kind of theft or other illegal conduct will be sufficient reason to be sent home and/or to place the offending youth group member on probation within the Youth Department.
3. **NO ONE MAY LEAVE ANY PROGRAM** at any time unless prior permission is given by the Youth Coordinator /Advisor and with written permission of the parent or guardian.
4. Homes, buses, and other venues/modes of transportation that are visited/used during the event are to be treated with respect at all times.
5. Possession or use of the following is not permitted: **weapons, alcoholic beverages, illegal drugs, cigarettes, matches, lighters, and incense.** Body piercing and tattooing is not to take place at Kadima events. Anyone found in violation of these or any other criminal offense will be sent home.
6. There shall be no gambling of any kind.
7. No electronic devices, other than cell phones, may be brought to programs/activities. Although cell phones are permitted, they may not be used/visible unless necessary for contacting a parent or guardian.
8. The program schedule is to be followed at all times.
9. Males must wear a kippah/head covering whenever on campus of Congregation Or Chadash and when appropriate. Females may do so if they wish.
10. Congregation Or Chadash’s interpretation of kashrut is to be observed at all times. If you are not sure if a product is kosher, please ask a knowledgeable staff member. If no staff members are present, please refrain from eating the product.
11. It is understood that the entire program is under the direction of the Youth Coordinator and his/her staff.
12. Any additional rules pertinent to the specific event shall be announced by the advisor and shall be observed as written rules.
13. **THOSE WHO ARE NOT REGISTERED FOR THE PROGRAM WILL NOT BE ALLOWED TO PARTICIPATE IN ANY PROGRAMMING. ONLY VISITORS THAT HAVE RECEIVED PRIOR PERMISSION BY THE YOUTH DIRECTOR WILL BE ALLOWED AT ANY YOUTH ACTIVITY.** Guests must fill out a Youth Medical and Liability Release Form for each event. A parent or legal guardian must sign the form. Guests are bound by the Congregation Or Chadash Code of Conduct.
14. Each Youth Group Member must have the Congregation Or Chadash Code of Conduct, the Medical and Liability Release form, and the Parent Consent, Authorization and Release Form on file prior to attending any event.

We expect the finest in attitude and conduct from our Youth Group Members. Any member breaking any of the above rules will be subject to disciplinary action. Drinking, drug use, and gross misconduct, including behavior which endangers oneself or other, or which spoils the program for others (including bullying of any kind), will result in the member being removed from the program and sent home immediately, at his/her own expense, forfeiting all monies paid, and may be asked not to return.

**We have read the Code of Conduct and agree to its terms.**

Participant \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian \_\_\_\_\_ Date: \_\_\_\_\_

Youth Coordinator \_\_\_\_\_ Date: \_\_\_\_\_