

COSUSY Membership Form 2018-2019

Grades 9-12 Dues for COS Members: Before 9/29: \$85 After 9/29: \$100
Grades 9-12 Dues for COS Non-Members: Before 9/29: \$385 After 9/29: \$400

USYer Information

Name _____ Phone # (____) _____
Address _____ City _____ State _____ Zip _____
Birth Date _____ Grade _____ Sex _____ USYer T-shirt size _____
School _____ USYer Email _____ USYer cell phone # _____
Instagram Username @ _____ Snapchat Username @ _____

Parent Information

Parents' Names _____ Synagogue Member: Yes ___ No ___
Parent 1 Day Time # _____ Parent 1 Cell Phone # _____
Parent 2 Day Time # _____ Parent 2 Cell Phone # _____
Parent 1 Email Address _____ Parent 2 Email Address _____

Emergency Information

In case of an emergency, if both parents cannot be reached, please give names of other people who can be contacted.

Name _____ Phone # _____
Name _____ Phone # _____
Physician to be called in case of an emergency _____ Phone # _____
Health Insurance Company _____ Policy # _____

If parents, emergency contacts, or physician cannot be contacted, will our Youth Group arrangement for emergency treatment be acceptable to you?
We will utilize services and closest hospital emergency room.

Yes ___ No ___ Signature of Parent / Legal Guardian _____

Release and Consent

I give permission for my child to participate in all USY events both at the synagogue and on trips for the 2018-2019 program year and release Congregation Ohev Shalom and its representatives from any liability. I acknowledge that my child must follow all the rules set forth by the Congregation Ohev Shalom Youth Commission in coordination with the guidelines specified by United Synagogue Youth (USY) and United Synagogue of Conservative Judaism (USCJ).

Signature of Parent/Legal Guardian _____ Date _____

I understand that I will follow all the rules set by USY and Congregation Ohev Shalom:

Signature of USYer _____ Date _____

Return completed and signed form with appropriate membership to: COSUSY 613 Concourse Pkwy S. Maitland FL 32751

NON-COS MEMBERS PLEASE TURN OVER AND FILL OUT BACK INFORMATION

Please fill out the information below if you are NOT a member of COS.

Thank you in advance for helping us to get to know you better.

Mother of USYer's full Hebrew Name _____

Father of USYer's full Hebrew Name _____

Are you a member of a synagogue? _____

If yes, which synagogue? _____