



YOUTH GROUP REGISTRATION FORM

2018-2019 | Marlboro Jewish Center

For Office Only
 Date _____
 Paid _____
 Database _____
 Advisor _____
 Regional _____
 File _____

Name _____ Grade as of 9/18 _____ Birthday _____

Address _____ City _____ Zip _____

Child's cell / home # _____ Child's email _____

Parents Names: _____

Parents Cell #: _____

Parents Email Address: _____

Child's Hebrew Name _____

Mother's Hebrew Name _____ Father's Hebrew Name _____

Are you a member of Marlboro Jewish Center? _____ If no, where do you belong? _____

Are you currently enrolled in any formal Jewish education and where? _____

Which group are you signing up for? _____ Katan (grades K, 1 & 2) _____ Pre-Kadima (grades 3, 4, & 5)
 _____ Kadima (grades 6, 7, & 8) _____ USY (grades 9, 10, 11 & 12)

Waiver: I permit my child (as named above) to participate in Marlboro Jewish Center's Youth Program. For the safety and enjoyment of all members, I understand my child is expected to behave in an appropriate manner. Fighting, use of foul language, bullying, rough-housing and vandalism, as well as the violation of any rules explained by our staff is prohibited. Possession of any weapons, illegal or controlled substances are strictly prohibited. Should my child violate this code, I understand that s/he will be sent home at my expense, and may be barred from further youth group activity at the discretion of the Youth Director. Additionally, I understand that my child's likeness may be used for publicity purposes, including news releases and our website. Finally, I agree not to hold MJC responsible in case of sudden illness or accident. Should such an emergency arise, I understand that every effort will be made to contact me. However, if I cannot be reached, I give permission for my child to be treated by a medical professional in my absence. I understand the doctor will decide the most appropriate treatments for my child.

Signature of Parent/Guardian _____ Date _____ Signature of Member (for Kadima & USY) _____

Is your child currently taking medication? If yes, please list. _____

Please note any health/behavioral concerns or restrictions of which we should be aware. Include allergies to food/drugs/insects.

Local Non Parent Emergency Contact _____

Contact Relationship _____ Contact's Phone Number _____

Fee Schedule 2018-2019

MJC Members: Katan: \$40 Pre-Kadima: \$40 Kadima: \$41 USY: \$43
 Non-Members: Katan: \$75 Pre-Kadima: \$75 Kadima: \$95 USY: \$97

All checks are payable to Marlboro Jewish Center.

Questions? Call (732) 536-2303 ext. 124

Email: dmark@mjcny.com or Facebook Marlboro Jewish Center Youth Department
 MJC, Youth Department, 103 School Road West, Marlboro, NJ 07746

*** PLEASE FILL OUT BOTH PAGES ***

EMERGENCY MEDICAL FORM FOR MARLBORO JEWISH CENTER YOUTH DEPARTMENT

NAME: _____ BIRTH DATE: _____
ADDRESS: _____
PARENT'S TELEPHONE # _____ PARENT CELL# _____
INSURANCE CO.: _____ POLICY NUMBER: _____
EMERGENCY CONTACT (NOT A PARENT) & PHONE NUMBER: _____

Please provide details for applicable items pertaining to your child.

Allergies (Food, drug, insect or substance) _____
Current Medication(s) or Medical Treatment _____
Recent illness, injury or surgery _____
Disability, chronic illness or condition _____
Activity restriction or modification _____

STATEMENT AND EMERGENCY AUTHORIZATION

I (the parent or legal guardian) of the applicant state that he/she is in good/normal health has no physical or mental handicaps that would interfere with full participation in the program and has my permission to engage in all available activities except as noted under Restrictions or Modifications above. I have been made aware of the fact that the events in which my child is participating may be photographed by either amateur or professional photographers that the photographs taken may be used both for purposes of reporting on the event or for such other use as the Marlboro Jewish Center Youth organization may determine. I have no objection to the pictures taken being used at any time for promotional use. It is my understanding that by signing this document I consent to the use of the pictures just referred to for any purpose whatsoever.

In case of a medical emergency, accident or health problem where immediate treatment is deemed necessary, every effort will be made to expeditiously contact the parent(s) or guardian(s) of the participant, or the emergency contact person listed above. In the event I cannot be reached, I hereby give permission to the physician selected by the Marlboro Jewish Center Youth Director, or his/her designee, to hospitalize, secure proper and ongoing treatment and to order injection, anesthesia, or surgery for my child as named above. I am aware that this form may be photocopied for use by medical caregivers.

SIGNATURE OF PARENT OR LEGAL GUARDIAN _____

PRINT NAME: _____ DATE: _____

HAGALIL USY/KADIMA - CODE OF CONDUCT FORM (MUST BE BROUGHT TO ALL REGIONAL EVENTS INCLUDING DANCES)

PLEASE READ AND SIGN THIS CODE OF CONDUCT:

In connection with any Regional program (including dances), including travel to and from such program:

1. There is to be no smoking.
2. There is to be no possession or use of any narcotics, marijuana, other illegal drugs or prescription drugs not prescribed for the user.
3. There will be no possession or consumption of any alcoholic beverages.
4. There will be no shoplifting or any other theft of any kind.
5. If a USYer/Kadimanik is caught in possession of/using alcohol or illegal drugs, he/she will immediately be sent home at his/her parents' expense. Furthermore, USY International policy states: "Anyone violating any such rules at a regional event for the infraction of these rules is barred from International events for one year following the infraction. These events include (but are not limited to) the International USY Convention and USY summer programs. "The Region reserves the right to impose additional sanctions in connection with this or any other improper behavior as it sees fit.
6. Each participant is expected to maintain proper decorum and attitude during the entire program. Disruptive behavior (including, among other things, inappropriate sexual behavior) will not be tolerated. Your parents will be responsible to pay for any damage you may cause.
7. No attendee may leave the facility except at those times specified by the schedule.
8. Each participant is expected to conduct him/herself appropriately as a Conservative Jew (including through the observance of Shabbat and Kashrut, in accordance with applicable standards of the Law and Standards Committee of the Rabbinical Assembly and/or the local Rabbinical Authority.
9. The USY or Kadima Director, in consultation with the Regional Youth Commission, reserves the right to enforce other rules relating to the integrity of *the* Regional Youth Program and/or the health, safety or welfare of its participants.
10. The Region reserves the right to search the room and belongings of any attendee if it has reasonable grounds to believe that such a search is necessary to secure the health, safety and/or welfare of the program and or its participants. USY or Kadima Director, in consultation with *the* Regional youth Commission, reserves the right to enforce other rules relating to the integrity of the Regional Youth Program and/or the health, safety or welfare of its participants.

I have read these rules and understand them fully. I certify that I will adhere to this Code and will conduct myself in a manner reflecting credit upon chapter, my congregation, community and myself. Any violation of this code of conduct may result in the participant being sent home at his/her parents' expense. The Regional Director has the sole discretion to send a participant home.

SIGNATURE OF PARENT

SIGNATURE OF USYer/Kadimanik