

# Youth Group Membership Application 2021 - 2022



**Chaverim (K-2<sup>nd</sup> grade)**



**Chalutzim (3<sup>rd</sup> -5<sup>th</sup> grade)**



**Kadima (6<sup>th</sup> -8<sup>th</sup> grade)**



**USY (9<sup>th</sup> -12<sup>th</sup> grade)**

- ❖ All in-house events are FREE with membership!!
- ❖ Groups will meet 1-2 times/month on Sunday's following Religious School
- ❖ Kadima & USY regional events and conventions will be based on regional calendar
- ❖ Meals and/or snacks provided for in-house events as appropriate.

***\*\*NOTE: Off-site trips and regional events are charged per event***

**\*\*Please Note\*\***

The health and safety of our members remains our top priority. Our Youth Group programming year is being planned with in-person events adjusted to meet necessary Covid-19 protocol. A calendar of events will be coming soon, and all events are subject to change as circumstances dictate.

**A.J. Hochsztein – Youth Director**

[YouthDirector@SinaiHollywood.org](mailto:YouthDirector@SinaiHollywood.org)

954-562-9778

All youth group participants must be Jewish, but do not need to be members of Temple Sinai

*Follow us on social media!*





## Youth Group Application 2021-2022

Please check-off the youth group(s) for which you are registering:

	<b>EARLY BIRD - by 7/1/21</b>	<b>AFTER 7/1/21</b>
<b>Chaverim</b>	_____ Member \$70.00 _____ Non-Member \$85.00	_____ Member \$85.00 _____ Non-Member \$100.00
<b>Chalutzim</b>	_____ Member \$70.00 _____ Non-Member \$85.00	_____ Member \$85.00 _____ Non-Member \$100.00
<b>Kadima</b>	_____ Member \$90.00 _____ Non-Member \$105.00	_____ Member \$100.00 _____ Non-Member \$115.00
<b>USY</b>	_____ Member \$90.00 _____ Non-Member \$105.00	_____ Member \$100.00 _____ Non-Member \$115.00

Please make all checks out to **Temple Sinai** and return forms and payment to:  
 Temple Sinai ~ 1400 N. 46<sup>th</sup> Ave. ~ Hollywood, FL 33021 ~ Attn: Youth Group Registration

**DONATIONS:**

We count on our members to help support our amazing youth programs! If you are able, please make an additional donation to make Temple Sinai Youth Groups the best they can be:

YES! I would like to support Temple Sinai Youth Groups by making an additional donation of: \$\_\_\_\_\_

**REFERRALS:**

Help us grow our membership! Refer a friend who JOINS one of our youth groups and earn a *prize!* Below is the name of the person I would like to refer to join our youth group:

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Phone # \_\_\_\_\_

**PHOTO RELEASE:**

On occasion we use photos (no names) from our youth events in various advertising (brochures, local publications) and social media forums (website, Facebook, Instagram, etc.). Your signature on this form serves as permission to use your child's photo **unless you opt out below.**

Please check here if you DO NOT want your child's photos displayed.



## Youth Group MEMBERSHIP FORM

Name: \_\_\_\_\_ Gender: \_\_\_M\_\_\_F

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Participant's Cell Phone \_\_\_\_\_ Participant's E-Mail: \_\_\_\_\_

Parents' Names \_\_\_\_\_ Child's T Shirt Size \_\_\_\_\_

Parent 1 Cell Phone: \_\_\_\_\_ Parent 1 Email: \_\_\_\_\_

Parent 2 Cell Phone: \_\_\_\_\_ Parent 2 Email: \_\_\_\_\_

Synagogue Affiliation: \_\_\_\_\_ School Attending \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_ Policy Number \_\_\_\_\_

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

Name of Physician: \_\_\_\_\_ Phone # \_\_\_\_\_

Please list two contacts in case of an Emergency:

Name	Phone #	Relation
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1. _____	_____	_____
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2. _____	_____	_____
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### Please Circle one:

Any allergies or dietary Restriction? Yes No If yes, please specify: \_\_\_\_\_

Any medications? Yes No If yes, please specify: \_\_\_\_\_

I hereby give permission for my child, \_\_\_\_\_, to participate in all youth programs at Temple Sinai for the year 2021-2022. In the event of an emergency, surgical or otherwise, 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 Sinai youth groups 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 at any Scheduled Activity.

Temple Sinai is hereby released and held harmless from any claim, judgment, 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 Sinai 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.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

# CODE OF CONDUCT

**\*\*USY and KADIMA applications ONLY\*\***

*For USY and Kadima applicants, it is important that both the child and parent fill out this application together, so that all necessary signatures are in place and that all youth and parents know the rules and regulations of our youth program, prior to attending any of our events. No child will be able to attend out of house events without a fully signed consent from and full payment.*

In Connection with the HaNegev Region or any of the affiliated sub regions (Arvot, Mercaz Ein Gedi):

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 consumption of any alcoholic beverages.
4. There will be no shoplifting or theft of any kind.
5. If a USYer is caught in possession of/or using alcohol or illegal drugs or is caught shoplifting and/or involved in theft of any kind, he/she will immediately be sent home at his/her parents' expense. Furthermore USY International policy states, "if a USYer is apprehended for an infraction of the national youth commission's policy regarding drug and alcohol abuse or any other criminal offense (including, but not limited to, shoplifting) punishment for that offense will include suspension from international USY events (including, but not limited to, the International USY convention and USY summer programs) for one year following the infraction." Individuals will also be prohibited from participating in the next major sub/ regional USY program and other events occurring in the interim, and prohibited from chairing events or staffing programs for six months. Individuals already in leadership positions would be removed. A major Regional event is a regionally sponsored overnight event, such as a convention, Kinas, or Encampment. The USYer's 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, but not limited to, inappropriate sexual behavior) will not be tolerated. Your parents will be responsible to pay for any damage you may cause.
7. No participant may leave the program without the express permission of the director of USY.
8. Each participant is expected to conduct him/herself appropriately as a Conservative Jew (including observance of Shabbat and Kashrut), in accordance with the applicable standards of the Committee on Jewish Laws and Standards of the Conservative Movement and/or the local rabbinic authority.
9. 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. The USY Director, in consultation with the regional youth commission, reserves the right to enforce other rules relating to the integrity of the program and/or the safety, health or welfare of its participants.

By my signature, I certify that I will adhere to the program, observe the convention code (which I have read), and will conduct myself in a manner reflecting credit upon my chapter and community. 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 Kadimanik: \_\_\_\_\_

I \_\_\_\_\_, the parent/ guardian of \_\_\_\_\_, a minor, who will be participating in the regional programs of (HaNegev) USY, do hereby certify that I have read the Code of Conduct set forth above. I do hereby agree that if my child who has signed the above Rules of Conduct fails to adhere to the Code, then in such event those persons in charge of the program may send my child home at my expense. I understand that the Regional Youth Director has the sole discretion to send my child home.

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, which the photographs taken may be used both for purposes of reporting on the event or for such other use as the (Region) USY 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.

The minor has my consent to attend and to participate in the scheduled activity. There are no limitations or restrictions of any kind whatsoever on such participation unless this box → is checked with explanation attached to this page. You 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 circumstance, 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 explanation attached to this page. Unless this box → is checked and I have provided you with specific instructions, directions or other specific data to the contrary, as indicated on this application, 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 the scheduled activity. I am aware that this form may be photocopied for use by medical caregivers.

Signature of Applicant \_\_\_\_\_

PRINT NAME \_\_\_\_\_ DATE \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

**Credit Card Authorization**

(Temple Sinai accepts Visa, MasterCard and American Express)

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

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

\*If billing address is different from mailing address for credit card, please provide below:

\_\_\_\_\_

Name as it appears on credit card: \_\_\_\_\_

Card #: \_\_\_\_\_

CVV#: \_\_\_\_\_

Expiration Date: \_\_\_\_\_