

# 8TH-12TH GRADE YOUTH ENGAGEMENT FORM 2023-2024/5784

## YOUTH 1 INFORMATION

Participant Name:

Birthday:

Grade:

School:

Email:

Cell Phone #:

Skills and Interests:

## YOUTH 2 INFORMATION

Participant Name:

Birthday:

Grade:

School:

Email:

Cell Phone #:

Skills and Interests:

## PARENT/GUARDIAN INFORMATION

**PARENT 1**

Full Name:

Cell Phone #:

Email:

Address:

**PARENT 2**

Full Name:

Cell Phone #:

Email:

Address  
(if different from above):

*If different addresses, should we send mailings to both parents?* ☐ YES ☐ NO

*In case of emergency, if a parent cannot be reached, please notify:*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

## EMERGENCY/MEDICAL INFORMATION

Please list any medical concerns or allergies:

**Please be advised that we are not allowed to give your child any prescription or non-prescription (over the counter) medication.**

I hereby give the staff of Temple Beth Am, its agents (or other adult accompanying my child), permission to obtain and/or to administer emergency CPR and/or medical care for my child in the event I cannot be reached.

I have reviewed the information above and have reviewed it for accuracy.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PHOTO RELEASE

I give Temple Beth Am permission to use and publish any photographs of my child from events.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## BRIT KEHILLAH (CODE OF CONDUCT)

I will promote the creation of a religious youth community based on mutual respect and a sense of personal well-being. I have read the following rules, designed to promote the health and safety of all participants, and have indicated my unqualified acceptance by my signature and that of my parent/guardian. I understand that appropriate consequences will result from breaking this Code of Conduct.

1. I will not possess, consume/use, or distribute alcoholic beverages, illegal drugs or drug paraphernalia, or tobacco products of any kind.
2. I will attend and participate fully in the entire class, event, or program, unless otherwise agreed upon by the Youth Director. I will arrive on time, stay until the end, and remain on the class, event, or program premises at all times.
3. I will not participate in any activities that could be perceived as bullying, harassing, or hazing in any way, whether that be before, during, or after an event.
4. I will not commit any illegal act. I understand that vandalism, disturbing the peace, or other inappropriate behavior, as determined by the adult leadership, will not be tolerated. I understand that I will have to pay for any damage that I cause. I understand that gambling is not allowed, except for fundraisers approved by the adult leadership.
5. On overnight trips or programs, I will abide by the curfew announced by the adult leadership. I will report to my assigned sleeping arrangements, and will not go into the room, cabin, or sleeping area of members of the opposite sex.
6. I understand that visitors must be approved in writing by the Youth Engagement Director. Specific events allowing for guests will be announced by the adult leadership.
7. I understand that I am not to obtain any body alterations, such as piercing or tattooing, while at a Temple Beth Am class, event, or program.
8. I agree to refrain from any inappropriate sexual behavior.
9. I agree to abide by any additional rules, pertinent to a specific event, which may be announced, and to accept the consequences of the violation of any rules. I understand that I represent myself, my family, and Temple Beth Am at all times.

I understand that if my child breaks any of the rules stated above, I will be responsible for paying for any damage and will have to pick up my child from the activity immediately.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## FEES

**\$180 for Temple Beth Am members, \$250 for non-members—including Teen Nights and Youth Group**

☐ Payment by check enclosed, check # \_\_\_\_\_ **OR** ☐ Payment by credit card (please complete information below)

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

☐ One-Time Use Only **OR** ☐ Save on File for Future Use (Initials \_\_\_\_\_) Charge: \$ \_\_\_\_\_