

USY Membership Application

PARENT / GUARDIAN PERMISSION AND PARTICIPANT AGREEMENT WITH FIELD TRIP PERMISSION AND RELEASE

Let it be known that from here forward **[USY]** shall refer to the collaborative USY group between Ahavath Torah Congregation, B'nai Tikvah South Area Congregation, Temple Beth Emunah, and Temple Israel.

I, _____, parent / guardian of _____,

Give permission to the advisors and/or representatives and volunteers of **[USY]** to authorize emergency medical treatment for the above named **[USY]** applicant. This permission shall be in effect during any scheduled group activity during the 2018 – 2019 session, from today until June 30th 2019.

Any actions considered improper, including but not limited to, violation of NERUSY behavior policy, federal, state, and local laws, “send-home able” offenses including – the use or possession of alcohol, drugs, tobacco products, weapons, or the display of unacceptable behavior will be cause for immediate removal from an activity. If one does, I accept responsibility for the applicant’s actions and I will be required to pick up my applicant immediately. Further action by the **[USY]** advisors and/or representatives and volunteers may be necessary.

I give the above named applicant permission to participate in activities throughout the 2018-2019 session. In the event of an apparent or real emergency in which medical treatment or hospitalization of my applicant may be necessary, after effort to contact me at the preferred method(s) listed on this application form, the undersigned parent / guardian does hereby authorize and appoint **[USY]**, through its agents, to obtain any medical treatment or hospitalization of the named applicant above as they believe necessary and proper for the immediate care and welfare of said applicant. I further authorize and direct any medical care provider to render any and all treatment believed necessary and proper for the immediate care and welfare of the named applicant and the undersigned agrees to pay for such medical treatment and expenses as may be incurred.

I further agree to hold **[USY]**, and its agents, representatives and employees, from all claims, damages, or other liabilities for injuries to my applicant, which are not the result of gross negligence, intentional neglect, or willful and wanton conduct by **[USY]**, or its agents, representatives or employees.

DATE: _____

SIGNATURE: _____

PRINT NAME: _____

USY ANTI-BULLYING STATEMENT

No matter if we ourselves have committed the act of bullying, witnessed bullying, or have been the victim of bullying, we adamantly believe that bullying is not justified by any means. This includes physical bullying, verbal bullying, bullying by relationship, and bullying by means of technology including texting, Facebooking, emailing, and more. In the Torah it says to love your neighbor as you love yourself. As a group of young Jewish leaders, we have the unique opportunity to heed the words of our Torah, and lead our friends in the fight against bullying.

We urge you to take the following Anti-Bullying statement to heart, as we hope you will support this not only when you attend USY events, but also in your everyday lives. By supporting this statement, you are agreeing to make USY a safe place for all Jewish children and teenagers.

The statement reads as follows:

We agree USY is accepting of all Jewish children and teens, no matter their shape or size, no matter their sexual preference, no matter their hobbies, and no matter their political views, we stand together as a chapter, in accordance with Jewish law, to say that all individuals are of value and worthy of respect. Every member of USY deserves to be able to enjoy USY as a safe and secure environment – free from intimidation, threat, or harm from any other person. We ask you to join us to take the necessary measure to make USY a safe and bully-free environment for all of our USYers.

Print Name: _____

USYer

Signature: _____

USYer

Date: _____

Print Name: _____

Parent/Guardian

Signature: _____

Parent/Guardian

Date: _____

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PARENT / GUARDIAN PHOTOGRAPHY RELEASE FORM

I, _____, the parent or legal guardian of _____, hereby authorize both the Massachusetts South Area Chapter and the Sharon, Massachusetts Chapter of United Synagogue Youth ("Chapters") to publish photographs, videos and other printed or electronic images of _____ on and in the Chapters' websites, emails, bulletins, flyers, advertisements and other printed or electronic media, expecting no compensation in return. I further ____ do ____ do not authorize the Chapters to use _____'s name in any such publications.

DATE: _____

SIGNATURE: _____

PRINT NAME: _____