

**Aberdeen USY** 2012-2013 5772-5773

Membership Dues:

\$50 – For anyone who is a member of Temple Beth Ahm.

\$100 – For anyone who is not a member of Temple Beth Ahm.

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

Home Address: \_\_\_\_\_

City, Zip Code: \_\_\_\_\_

Class Year: 9 10 11 12 USYer's Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_

Synagogue Your Family Belongs To: \_\_\_\_\_

Parents' Names: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mother's Cell Phone: ( ) \_\_\_\_\_ Mother's Email: \_\_\_\_\_

Father's Cell Phone: ( ) \_\_\_\_\_ Father's Email: \_\_\_\_\_

Best Way(s) to Reach USYer: Email Facebook Texting Home Phone

My signature below verifies that all the information is valid to the best of my knowledge.

**USYer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Over the course of the year, photographs and videos may be taken during events. Please read the following paragraph and release.**

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 events and programs to Temple Beth Ahm or the greater community. It is my understanding that by initialing and signing this document I consent to the use of the pictures for the following purposes:

\_\_\_\_\_ I consent to videos and photographs of my child being published on the Aberdeen USY (AUSY) website and on the AUSY Facebook page.

\_\_\_\_\_ I consent to my child's picture being published in *The Shofar* (Temple Beth Ahm's monthly publication), or another local publication (i.e. New Jersey Jewish News, Asbury Park Press).

\_\_\_\_\_ NO videos or photographs of my child may be published in any publication or the Aberdeen USY website.

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**This membership form must be filled out completely and returned with full payment. If you have any questions, please contact Temple Beth Ahm Youth Commission Chair, Debra Kurzman (732-851-4145, [templebethahmyouth@gmail.com](mailto:templebethahmyouth@gmail.com)). Applications may be sent to TEMPLE BETH AHM, 550 Lloyd Rd, Aberdeen, NJ 07747, Attn: USY**

**PLEASE MAKE CHECKS PAYABLE TO: TEMPLE BETH AHM with AUSY in the memo line**

Join our Facebook Group: Aberdeen, NJ USY and check out our website:  
<http://www.templebethahm.org/usy.html>

# Membership Form

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

NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_ PARENT'S TELEPHONE NUMBER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY, ZIP CODE \_\_\_\_\_

### 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.
3. There will be no shoplifting or any other theft of any kind.
4. If a USYer is caught in possession of/or 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.
5. 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.
6. No attendee may leave the facility except at those times specified by the schedule.
7. 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.
8. 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.
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. 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 myself, my chapter, congregation 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 USYer/Kadimanik \_\_\_\_\_

I \_\_\_\_\_, the parent/guardian of \_\_\_\_\_, a minor, who will be participating in the regional programs of Hagalil USY/Kadima, 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, that the photographs taken may be used both for purposes of reporting on the event or for such other use as the Hagalil USY or Kadima 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.

SIGNATURE OF PARENT \_\_\_\_\_

DATE \_\_\_\_\_

INSURANCE CO. \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_

### ALL USYERS/KADIMANIKS MUST HAVE MEDICAL INSURANCE IN ORDER TO PARTICIPATE IN REGIONAL PROGRAMS:

EMERGENCY CONTACT PERSON \_\_\_\_\_ EMERGENCY PHONE # \_\_\_\_\_ (not a parent)

### ***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 Hagalil USY or Kadima 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 Regional USY/Kadima 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: \_\_\_\_\_