

(For office use only) Date emergency form rec'd _____ Dues rec'd _____ Amount Paid \$ _____

Scotch Plains USY/Kadima Membership Form 2019-2020

**Chapter Dues: USY (9th-12th) - \$65 for CBI members,
Kadima (6th-8th) - \$45 for CBI Members
\$85 for non-members**

Chapter dues include regional & international USY dues.

~~-----MAKE CHECKS PAYABLE TO CBI-USY-----~~

Student's Name: _____ Grade as of Sept 2019: _____

Student's Email Address: _____ Date of Birth: _____

Street Address: _____ Town: _____ Zip: _____

Student's Cell phone: _____ Student's Home Phone: _____

Parent's Name(s): _____

Parent's Email Addresses:

Parent 1 Cell phone: _____ + _____

Parent 2 Cell phone: _____

Are you a CBI member? Yes No

If not, is your family affiliated with a synagogue? If so, which one? _____

I hereby give permission to CBI (Congregation Beth Israel) and all persons acting within its permission, on its behalf or at its request the absolute and unrestricted right to obtain, use, copyright, and/or publish photographic portraits or pictures of my child(ren), and all family members, whether such pictures are still, moving, single or multiple, or in which above named person(s) is depicted, in whole or in part. Publication of any such pictures, outside the CBI community will not include names. It is my understanding that such pictures are for the purpose of art, advertising, trade, or any other lawful purpose whatsoever, without remuneration. I understand further that I will not have the opportunity to approve or review the finished product that may be used in connection therewith or the use to which it may be applied. (Permission may be refused by crossing out this item.)

PARENT SIGNATURE _____ DATE _____

Please complete the EMERGENCY MEDICAL FORM ON THE REVERSE SIDE.
Both must be completed and returned w/your dues payment before you can attend any regional
USY or Kadima event.

If you have any questions, contact Lev Metz at lev@cbsp.org

ALL YOUTH GROUP MEMBERS MUST PROVIDE MEDICAL AND EMERGENCY INFORMATION ON REVERSE SIDE.

For USY & Kadima only: PLEASE READ AND SIGN THIS CODE OF CONDUCT

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

1. There is to be no smoking or vaping.
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 youth group member is caught in possession of/ or using alcohol or illegal drugs, he/she will immediately be sent home at his/her parents' expense.
6. All convention delegates are expected to be in sessions (services, meals, study groups, etc.)
7. All males are expected to bring a tallit and tefillin to conventions.
8. 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.
9. No attendee may leave the facility except at those times specified by the schedule.
10. Proper dress is expected of everyone. For Shabbat, males must wear a jacket and tie or sweater, no jeans or sneakers. Females are to wear dresses or skirts, no shorts, culottes, or dress pants.
11. No attendees may leave the synagogue except at those times specified by the convention schedule. All attendees must be in their assigned houses at curfew and remain there.
12. 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.

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 PARENT

SIGNATURE OF KADIMA/USY MEMBER

MEDICAL INSURANCE CO. _____

POLICY NUMBER _____

ALL KADIMA/USY MEMBERS MUST BE COVERED BY HEALTH CARE INSURANCE IN ORDER TO PARTICIPATE IN REGIONAL PROGRAMS.

EMERGENCY CONTACT PERSON _____ EMERGENCY PHONE # _____

(Not a parent)

Current Medication(s) or Medical Treatment _____

Will your child have medication with them for the weekend? ___Y___N

Has your child been diagnosed with ADHD/ADD? ___Y___N If yes, is your child currently on medication? _____

Does your child have any allergies? _____

Recent illness, hospitalization, 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.

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, Chapter Chaperone, 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.

This release will remain in effect for the 2019-2020 KADIMA/USY season, from date signed until 06/30/20. I will notify the advisor if there is any change in my child's insurance information.

SIGNATURE OF PARENT OR LEGAL GUARDIAN _____

PRINT NAME: _____

DATE: _____