

BrUSY

Membership Application 2009-2010

Last Name: _____ First Name: _____

Address: _____ City: _____ Zip: _____

Home Phone:(_____) _____ Cell Phone:(_____) _____

Email (please print clearly): _____

High School: _____ Grade: _____ Attend Hebrew High? Y N

Religion of Mother: _____

Parent's Name(s): _____

Parent's Phone (if different) H: _____ C: _____

Parent's Email (please print clearly): _____

*If you would like to receive updates & announcements via mass text alert, please provide number(s) for text distribution: _____

Please list any events you would like to see: _____

Parent(s) available to help chaperone or carpool to events (please specify): Y N _____

Parental Permission Form

I give permission for my child, _____, to join Bridgewater USY for the year 2009-2010. He/She has my permission to attend all BrUSY events and travel via bus and/or private car to such events. I realize that adherence to Kashrut is required at all BrUSY sponsored events and that no BrUSY business will take place on Shabbat.

Parent Signature: _____ Date: _____

BrUSY Membership is \$45.00.

If you are writing a check, please make it payable to 'Temple Sholom, BRUSY'

Please return dues, Membership Application, Code of Conduct, and a small photo (headshot) to:

Temple Sholom
ATTN: Shayna Fischgrund, USY Advisor
594 N. Bridge Street
Bridgewater, NJ 08807

Or place them in the BrUSY mailbox in the office of Temple Sholom in Bridgewater

All questions can be addressed to BridgewaterUSY@gmail.com

PLEASE READ AND SIGN THIS CODE OF CONDUCT

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.
4. There will be no shoplifting or any other theft of any kind.
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. Proper dress is expected for everyone, in adherence to the dress-code rules and guidelines set forth by the USY organization.
9. No USYer shall violate any civil or criminal law, including but not limited to, those related to tampering of or destruction of property, and destruction of one's own or another person's physical and/or mental integrity. Inappropriate or unwelcome physical contact or language, indecent attire or public nudity, shall not be permitted.
10. 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.
11. The hosting advisor, in consultation with the USY or Kadima Director, and 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 or her designee 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 or her designee 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 for any purpose whatsoever.

SIGNATURE OF PARENT

DATE

Please provide details for applicable items pertaining to your child. You may attach additional health information, medical emergency instructions, or doctor contact information if you would like.

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 _____

MEDICAL INSURANCE CO. _____ POLICY NUMBER _____
ALL USY MEMBERS MUST BE COVERED BY HEALTH CARE INSURANCE IN ORDER TO PARTICIPATE IN REGIONAL PROGRAMS

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, 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.

EMERGENCY CONTACT NAME _____ NUMBER(S) _____

SIGNATURE OF PARENT OR LEGAL GUARDIAN _____

PRINT NAME: _____ DATE: _____