

**Congregation Beth Shalom's Youth Department Membership Application 2016 - 2017**

**USY (grades 9-12)**  
**\$80 Members (of CBS)**  
**\$130 Non-Members**

**Kadima (grades 6-8)**  
**\$70 Members (of CBS)**  
**\$100 Non-Members**

**JR. Kadima (grades 3-5)**  
**\$65 Members (of CBS)**  
**\$80 Non-Members**

- The price for Kadima & Jr. Kadima membership includes lunches for "in house" programs. The membership price does not include prices for "out of house" programming.

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Grade (as of Fall '16) \_\_\_\_\_  
Last First Middle

Child's Email: \_\_\_\_\_ Parent's Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ School attending (as of Fall '16) \_\_\_\_\_  
Child's Cell: \_\_\_\_\_  
\*T-Shirt Size (youth) \_\_\_ S \_\_\_ M \_\_\_ L \_\_\_ XL (adult) \_\_\_ S \_\_\_ M \_\_\_ L \_\_\_ XL

**EMERGENCY INFORMATION**

If parent(s) cannot be reached, give name of other person responsible for child who can be called.

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

Physician to be called in emergency \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_ Phone \_\_\_\_\_

Allergies \_\_\_\_\_ Medications \_\_\_\_\_

If parents, or the other person responsible for the child, or the physician cannot be reached, will our Youth Department arrangements for emergency treatment be acceptable to you? We will utilize services and closest hospital emergency room.  
\_\_\_\_\_ YES \_\_\_\_\_ NO

\_\_\_\_\_  
Signature of Parent/Guardian Date

**PARENTAL INFORMATION**

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

CBS Members \_\_\_ Yes \_\_\_ No If No, What Synagogue are you affiliated with? \_\_\_\_\_

Mother's Cell: \_\_\_\_\_ Mother's Work: \_\_\_\_\_

Father's Cell: \_\_\_\_\_ Father's Work: \_\_\_\_\_

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

I \_\_\_\_\_ give permission for my child(ren)

**Parental Consent and Release**

I hereby grant permission to Congregation Beth Shalom and its agents to call a physician for necessary medical care or hospitalization for my child/children in case of an emergency, after attempting to notify me first. I further permit my child to attend all functions arranged by Congregation Beth Shalom and do hereby release Congregation Beth Shalom, its officers, agents, and employees from any and all liability arising from my child's/children's participation in such activities.

\_\_\_\_\_ to be photographed at all Youth events and/or field trips.

These photographs may be used by Congregation Beth Shalom for Congregational advertising, Congregational Website and Facebook pages and on the Youth Website and Facebook Page.

\* T-shirts ARE sold separately for \$10!

**Please make ALL checks payable to Congregation Beth Shalom. Checks MUST accompany this application.**

**Application and \$ are due to the Youth Lounge by Monday, August 15, 2016!**  
**Questions? - Contact ryan@bshalom.net- \*\*Application is front and back!\*\***

Policies & Procedures  
Beth Shalom Youth Department

**Drugs & Alcohol**

Drugs & Alcohol are not permitted at any Youth function, on or off the Synagogue Campus. This includes but is not limited to Chapter programs, dances, conventions, sub-regional, regional, and/or international events. Violation of this will result in a disciplinary action decided upon by the youth director, and if possible the youth commission of the synagogue.

While at a sub-regional, regional, or international event, the action taken with regards to the youth member found in violation of the policy will be determined by the regional youth director, in consultation with the synagogue youth director, when it is possible. The synagogue youth commission chair, the sub-regional youth commission chair, and the regional youth commission chair may be consulted as well.

**Driving**

USY's driving policy states that if transportation arranged by the chapter, sub-region, or region is not feasible, advisors and/or parents will drive. If advisors or parents are unavailable, USYers with a driver's license, for a minimum of 1 year, may drive with parental permission. Drivers, without the minimum 1 year experience, may drive themselves ONLY. A USYer may NOT drive to convention. Parents must give written permission for their child to ride with a USYer who is driving to an event, etc. **At no time will a Kadimanick or Jr. Kadimanick be able to ride with a USYer unless it is a sibling. NO EXCEPTIONS!**

**Dress Code**

The dress code will vary from program to program. It is mandatory, however, that all males must have their heads covered at all times, and all females must have their shoulders covered, unless at an outdoor, CHAPTER program. Shorts must cover the rear and tops **CAN NOT** show the midriff, back, or chest. **Modesty is part of Judaism.**

ALL RULES AND REGULATIONS, WHETHER STATED ABOVE OR NOT, SET FORTH BY THE SUBREGION, REGION, OR INTERNATIONAL USY, WILL BE ENFORCED BY THIS DEPARTMENT.

**The above policies have been taken directly from the National By-Laws of United Synagogue Youth.**

I understand and agree to follow the above policies of the CBS Youth Department. By signing below, both you and your child understand and agree to adhere to the above stated policies and procedures.

**\*\*By signing below you authorize your child to drive or be driven under these terms. By signing, you also agree that you maintain proper auto insurance.**

\_\_\_\_\_  
Child's Signature

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date