

# USY Membership Application

2017-2018

Temple Affiliation: \_\_\_\_\_

Please Circle One:

	Temple Member	Non-Member
<b>Kadima</b> <i>Grade 3-5</i>	<b>\$35</b>	<b>\$40</b>
<b>Junior USY</b> <i>Grades 6-8</i>	<b>\$40</b>	<b>\$45</b>
<b>Senior USY</b> <i>Grades 9-12</i>	<b>\$40</b>	<b>\$45</b>

Please make checks payable to "SAUSY"

## PARTICIPANT INFORMATION:

NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

BIRTHDAY: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ MOBILE PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PREFERRED METHOD OF CONTACT: HOME PHONE  MOBILE PHONE  EMAIL

CHECK HERE TO OPT IN TO POSTAL MAILINGS:

## FAMILY / GUARDIAN INFORMATION:

PARENT / GUARDIAN NAME: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ MOBILE PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PREFERRED METHOD OF CONTACT: HOME PHONE  MOBILE PHONE  EMAIL

## MEDICAL INFORMATION:

DOCTORS NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_ MEDICATIONS: \_\_\_\_\_

DIETARY RESTRICTIONS: \_\_\_\_\_

EMERGENCY CONTACT (IF NOT LISTED ABOVE) RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

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## 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, Temple Beth Abraham, Temple Beth Am, and Temple Beth Emunah.

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 2017 – 2018 session, from today until June 30<sup>th</sup> 2018.

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 2017-2018 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 it’s 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: \_\_\_\_\_