



**TEMPLE ISRAEL YOUTH
COMMUNITY
MEMBERSHIP REGISTRATION**

Page 1



First Name: _____ Last Name: _____ Grade: _____ Birthdate: _____
 Street Address: _____ City: _____ Zip: _____
 Home Phone: _____ E-mail: _____ Screen Name: _____
 Parent 1: _____ Work/Cell Phone: _____ E-mail: _____
 Parent 2: _____ Work/Cell Phone: _____ E-mail: _____
 Please list any allergies child has: _____
 May we send event info to your child via text? _____ Child's cell #: _____
 Child's cell's service provider (AT&T, Verizon, etc): _____
 Optional donation to USY to help keep costs down: _____

REGISTRATION FEES FOR 2010-2011:

\$10 Discount if this form is returned by August 1, 2010!

Grades 5-7 (Kadima)

\$45 for Temple Israel Members
 \$60 for Non-Temple Israel Members

Grades 8-12 (USY)

\$55 for Temple Israel Members
 \$70 for Non-Temple Israel Members

If you are a Temple Israel member celebrating a Bar/Bat Mitzvah between 8/10 and 7/11, please check here for your free year of youth community membership! _____

All checks are payable to Temple Israel. Please mail to Youth Educator at 125 Pond Street Sharon, MA 02067 or place in the Youth Educator's mailbox in the main office.

The following release must be signed in order for your membership to be valid:

I hereby agree to the provisions outlined on page 2 of this form regarding Permission.

Parent/Guardian Signature: _____ Date: _____

Member Signature: _____

I hereby agree / do not agree (circle one) to the provisions outlined on page 2 of this form regarding Photo Release.

Parent/Guardian Signature: _____ Date: _____

The following release must be signed in order for your membership to be valid:

_____ (Member's Name) intends to participate in certain activities being organized by the Youth Community of the Jewish Community Centre of Sharon, Inc. (Temple Israel). The undersigned hereby releases and discharges TI, it's officers, directors, agents, employees and affiliated entities from any and all causes of action, liabilities, damages and claims related to Member's participation in said activities. The undersigned also hereby agrees to indemnify and hold TI, its officers, directors, agents, employees and affiliated entities harmless from and against any and all claims, damages, losses and expenses, including without limitation attorneys' fees, related to the Member's participation in said activities.

Member's Primary Doctor and Phone #: _____

Insurance Co. and Policy No. _____

I hereby give permission to the leaders/advisors of the Youth Community of TI to obtain and administer such medical aid or assistance, including that of a duly licensed Medical Doctor, as might be required for the immediate care of my child in the event such emergency treatment becomes necessary.

Parent/Guardian Signature: _____ Date: _____

PLEASE READ REVERSE SIDE!



TI YOUTH COMMUNITY MEMBERSHIP REGISTRATION

www.sharonusy.com

PAGE 2

Please list your hobbies or interests:

Please list any USY events, programs, or activities that you would like to see happen:

If you were referred to Sharon USY by a member, please write their name here:

USY/Kadima Permission Agreement

USY and Kadima are extensions not only of our congregation and community, but parts of an international Jewish youth organization. There are certain guidelines, therefore, that all USY and *Kadima* members must follow. These rules are for the safety of our members and the support of our programs. By signing below, you acknowledge that you are aware of these rules and agree to abide by them. Non-compliance may result in removal from any program or event, and may jeopardize future attendance at programs and events.

Included in the rules are the following:

No smoking, drugs, or alcohol is allowed at any event.

No physically destructive behavior will be tolerated at any event, including that which is harmful to material or injurious to others.

No theft of any kind will be tolerated.

While participating in an event or program, members are expected to conduct themselves in an appropriate manner. Use of negative, tasteless or hurtful language will not be tolerated. In their language and behavior, members will treat others (including chaperones, staff and other members) with respect.

Members will be respectful of the tenets of Conservative Judaism. These include, but are not limited to, the laws of *Kashrut* and *Shabbat*, when applicable.

As parent or guardian, I have read the above guidelines and certify, by my signature on page 1, that my child has read and understand the listed rules. I give permission for my child to participate in the activities of the Youth Department of Temple Israel of Sharon. By signing above, I allow members of the Temple Israel Youth Department staff to make decisions concerning my child, at my expense, should my child not adhere to the above agreement.

Photo Release

I hereby permit my child to be filmed or photographed by the Temple Israel United Synagogue Youth Department, its representatives, and employees. These photographs and videos may be used in publications, including electronic publications, or in audiovisual presentations, promotional literature, advertising, or in other similar ways.

I agree that Temple Israel USY may use such photographs of my child with or without his or her name and for any lawful purpose, including the above examples. I understand that this is without any compensation to myself or my child.

I hereby warrant that I am over eighteen (18) years of age, and am competent to contract in my own name.