

Temple Beth Sholom
Youth Group Membership Form

Valid for All Youth Group Events for the 2009-2010 School Year
(one membership form per child)

Youth Group: **KTY (K - 2nd)** **YTY (3rd - 5th)** **BSTY (6th - 8th)** **OCTY (9th - 12th)**

Youth Information				
	Youth Group Participant's Name		E-mail Address	
	Address		City	Zip
Home Phone		Cell Phone		Birthday

Parent/Guardian Info				
	Name		E-mail Address	
	Home Phone	Cell Phone	Occupation	
	Name		E-mail Address	
Home Phone		Cell Phone	Occupation	

Medical Release & Liability

I hereby grant permission for my child _____ to participate in all Temple Beth Sholom's youth programs, activities and events and do release Temple Beth Sholom and its representatives from all liability arising out of my child's participation in such activity.

In addition, I, the undersigned parent/guardian of the above child, do further certify that my child is physically able to participate in such activity and hereby authorize Temple Beth Sholom and its authorized representatives as agents for the undersigned, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is to be rendered under the general or specific supervision of any licensed physician (under the provisions of the California Medicine Practice Act) or the staff of a licensed hospital, whether such diagnosis, examination or treatment is rendered at the office of the said physician, or at such hospital.

It is understood that this authorization is given in advance of any specific examination, diagnosis, treatment, or hospital care being required, and is given to provide authority and power on the part of our above named agents to give specific consent to any and all such examinations, diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. The authorization is given pursuant to the provisions of section 25.8 of the Civil Code of California.

Emergency Information				
	Medical Insurance Company		P olicy #	
	Name of Insured	Doctors Name	Doctors Phone #	
	Emergency Contact Name		Relationship	
Cell Phone		Work Phone	Home Phone	

(Remember Signatures and Payment Information are required on page 2)

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Code of Conduct*

I will promote the creation of a religious youth community based on mutual respect and a sense of personal wellbeing. I have read the following rules which are designed to promote the health and safety of all event participants and have indicated my unqualified acceptance below by my signature and that of my parent/guardian.

- I will not possess, consume, or distribute alcoholic beverages, other than that served by adult leadership for Jewish sacramental purposes, even if I am of legal drinking age.
- I will not possess, use or distribute any illegal drug or drug paraphernalia.
- I will not smoke or consume or distribute tobacco products.
- I will attend and participate fully in the entire event, unless otherwise agreed upon with the Youth Advisor. I will arrive on time, stay until the end, and remain on the event premises at all times.
- I will not commit any illegal act. I understand that vandalism, disturbing the peace, or other inappropriate behavior as determined by the adult leadership will not be tolerated. I understand that I will have to pay for any damage that I cause. I understand that no gambling is allowed, except for fundraisers approved by the adult leadership.
- I understand that no guests are allowed at any event, unless permission is granted in advance by adult leadership, and that any unauthorized guest will be asked to leave immediately.
- I agree to refrain from inappropriate sexual behavior.
- I agree to abide by any additional rules, pertinent to a specific events, which may be announced and to accept the consequences of their violation.

I UNDERSTAND THAT THESE RULES OF BEHAVIOR APPLY FROM THE TIME I LEAVE HOME FOR THE EVENT, DURING THE EVENT ITSELF, AND UNTIL I RETURN HOME AFTER THE EVENT.

We have read the preceding rules and fully understand them. We understand that sanctions imposed by the Youth Advisor for violation could include immediate expulsion from the event so matter what the hour, be it evening or day, and at the expense of the parent or guardian.

**Same as Code of Conduct from NFTY (National Federation of Temple Youth)*

Required for all Youth Groups

Signatures		
	Youth Group Participants Signature	Date
	Parent/Guardian Signature	Date

Payment

<input type="checkbox"/> KTY (K-2 nd) – No charge	<input type="checkbox"/> Enclosed is my check for \$ _____ Check # _____
<input type="checkbox"/> YTY (3 rd -5 th) - \$10.00	<input type="checkbox"/> Please charge my credit card
<input type="checkbox"/> BSTY (6 th -8 th) - \$20.00	# _____ exp. _____
<input type="checkbox"/> OCTY (9 th -12 th) - \$36.00	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Credit card on file
	<input type="checkbox"/> Please bill my member account