

Before your child can participate in any USY event this form MUST be signed by both the USYer and a parent/guardian.

PARENT/GUARDIAN PERMISSION:

My son/daughter, _____, has my permission to participate in events sponsored by Brockton USY or New England Region United Synagogue Youth.

I understand that Brockton USY and Temple Beth Emunah does not provide medical insurance and medical costs will be submitted to the parent/guardian's health insurance company.

I hereby give permission to the physicians selected by the staff of Brockton USY to provide appropriate treatment in the event of a surgical/medical emergency. Every effort will be made to contact the parents/guardians or their proxy.

My child is permitted to use any transportation selected by the Advisor/Director and or Youth Commission.

I accept responsibility of payment for loss, damage or destruction of any property by my child.

PARENT/GUARDIAN SIGNATURE _____
DATE _____

USYER AGREEMENT

I agree to abide by all rules at all USY functions, including the following:

- Smoking, drugs, or alcohol is NOT allowed at any USY event.
- Members are expected to follow the rules of Conservative Judaism, including (but not limited to) keeping kosher while going to, coming from or at USY events.
- USYers are NOT allowed to drive themselves or other USYers to events held other than at our temple without the permission/knowledge of their parents and the USY adviser/youth director.
- Wear attire allowed by the USY dress code

USYER SIGNATURE _____
DATE _____

Temple Beth Emunah United Synagogue Youth 2009-2010

MEMBERSHIP FORM

NAME _____

STREET _____

CITY _____ ZIP _____

E-MAIL _____ PHONE _____

GRADE _____ SCHOOL _____ BIRTHDAY ___/___/___

FAMILY INFORMATION: Must be filled out by parent/guardian

MOTHER _____ E-MAIL _____

PHONE (H) _____ (C) _____

FATHER _____ E-MAIL _____

PHONE (H) _____ (C) _____

Are you willing to help as a driver or chaperone for events? YES NO

EMERGENCY CONTACT INFORMATION:

NAME _____ RELATIONSHIP _____

ADDRESS _____ PHONE _____

MEDICAL INFORMATION:

DOCTOR'S
NAME _____ PHONE _____

MEDICAL INSURANCE COMPANY _____
POLICY# _____

ALLERGIES/MEDICATION: _____

Are there any special condition/dietary needs/restrictions on activity/ special circumstances about which the advisors should be aware (please explain)

MEMBERSHIP DUES:

TBE member: Jr/Sr USY \$35 Kadimah \$25
Non-member: \$50 \$40
(Checks should be payable to Brockton USY)

Complete this form and return to:
Temple Beth Emunah
479 Torrey Street
Brockton, MA 02301
Attn: USY