



Tifereth Israel Synagogue Youth Department

Please fill out these forms and return them to the Youth Office.

Name _____ Birthdate _____

Address _____ City _____ Zip _____

Your Phone Number _____ E-mail address _____

Secular School Grade as of 9/18 _____ School _____

Parent/Guardian Information

Parent/Guardian #1 Name _____

Address (if different from above) _____

City _____ State _____ Zip _____

Home Phone (if different from above) _____

Work Phone _____ Email _____ Cell _____

Parent/Guardian #2 Name _____

Address (if different from above) _____

City _____ State _____ Zip _____

Home Phone (if different from above) _____

Work Phone _____ Email _____ Cell _____

Emergency Name and Phone Numbers, other than Parents

Name _____ Relationship to minor _____

Phone _____ Cell _____

Name _____ Relationship to minor _____

Phone _____ Cell _____

Dues Structure 2018-2019

USY (Grades 7-12)
Tifereth Israel Members \$75
Non-Members \$100

Kadima (Grades 4-6)
Tifereth Israel Members \$50
Non-Members \$75

Machar (Grades 2-3)
Tifereth Israel Members \$25
Non-Members \$40

Dues are being included in Torah School Payments for current students who have not opted out. For all others you may pay your Membership Dues online at www.tiferethisrael.com/USY/ or by contacting the office at 619 697-6001. You may also pay by check, payable to Tifereth Israel Synagogue.

Authorizations and Releases

I/we, the undersigned parent(s) or legal guardian(s), hereby grant permission for my/our child _____, a minor, to participate in all of Congregation Tifereth Israel's youth programs, activities and events sponsored by its Youth Program (Machar, Kadima and/or U.S.Y.) and certify that my child is physically and mentally able to participate in such activities.

I/we, the undersigned, understand that my/our child is obliged to conform to the Machar, Kadima and/or USY Code of Conduct and that failure to comply with such Code of Conduct may serve as a basis for ejection from the activities being undertaken, without any refund.

I/we, the undersigned, hereby release and hold harmless Congregation Tifereth Israel, its participating members, employees and volunteers, from and against any and all claims arising from any injury or damage whatsoever to my child resulting from the participation hereby authorized, or any transportation associated therewith for any damages resulting from any such injury or damage.

I/we, the undersigned, hereby authorize and empower, Congregation Tifereth Israel, its participating members, employees or volunteers, to seek medical care or dental care, or both, for my child for any injury or damage resulting from or arising out of my child's participation in the Youth Program hereby authorized. The undersigned understand that this authorization is intentionally given prior to any medical care or dental care, or both, being required for my child and is given solely to an authorized adult to act on my/our behalf if need therefore arises. This authorization is given pursuant to the provision of California Family Code, section 6910 and this authorization may be relied upon to satisfy the provisions of California Health and Safety Code, Section 1283.

I/we, the undersigned, hereby further certify that the above authorization and releases are given freely and voluntarily and that I/we have read and understand these authorizations and releases.

This authorization shall remain in effect from August 1, 2018 – July 31, 2019.

Parent/Guardian #1 Signature: _____ Dated: _____

Phone: Home: _____ Work: _____

Pager: _____ Cell Phone: _____

Parent/Guardian #2 Signature: _____ Dated: _____

Phone: Home: _____ Work: _____

Pager: _____ Cell Phone: _____

The United Synagogue of Conservative Judaism Far West Region USY Medical History

Date _____

Synagogue / Chapter: Tifereth Israel Synagogue

To the Parents: *The information on this form will be kept strictly confidential with access only to the Youth Department Staff and Certified Medical Personnel. Each USYer (including Kadimaniks) must file a medical history with the Regional Office every September. **It is the responsibility of the parent to notify the Regional Office of any changes that may occur after the history is submitted.***

USYer _____ Birth Date _____ Sex _____ E-Mail _____

Parent/Guardian _____ Phone: _____

Home Address _____

Parent/Guardian #1 Cell Phone: _____ Parent/Guardian#2 Cell Phone: _____

Emergency Contact: _____ Home Phone: _____

Relationship to USYer: _____ Cell Phone: _____

Health History

Please check each line that applies and give vaccination dates where applicable:

- | | | <i>Vaccination
Date</i> | | |
|--------------------------|----------------|-----------------------------|--------------------------|----------------------------|
| <input type="checkbox"/> | Chicken Pox | _____ | <input type="checkbox"/> | Anorexia |
| <input type="checkbox"/> | German Measles | _____ | <input type="checkbox"/> | Asthma |
| <input type="checkbox"/> | Measles | _____ | <input type="checkbox"/> | Bleeding/Clotting Disorder |
| <input type="checkbox"/> | Mumps | _____ | <input type="checkbox"/> | Convulsions |
| <input type="checkbox"/> | Polio | _____ | <input type="checkbox"/> | Diabetes |
| <input type="checkbox"/> | Tetanus | _____ | <input type="checkbox"/> | Emotional Counseling |
| <input type="checkbox"/> | | | <input type="checkbox"/> | Frequent Ear Infections |
| <input type="checkbox"/> | | | <input type="checkbox"/> | Gastro Intestinal |
| <input type="checkbox"/> | | | <input type="checkbox"/> | Hay Fever |
| <input type="checkbox"/> | | | <input type="checkbox"/> | Heart Defect/Disease |
| <input type="checkbox"/> | | | <input type="checkbox"/> | Herpes |
| <input type="checkbox"/> | | | <input type="checkbox"/> | Hypertension |
| <input type="checkbox"/> | | | <input type="checkbox"/> | Hypoglycemia |
| <input type="checkbox"/> | | | <input type="checkbox"/> | Kidney/Urinary |
| <input type="checkbox"/> | | | <input type="checkbox"/> | Mononucleosis |
| <input type="checkbox"/> | | | <input type="checkbox"/> | Other _____ |
| <input type="checkbox"/> | | | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | | | <input type="checkbox"/> | _____ |

Disability, chronic/recurring illness, or operations: _____

List all medications currently taken on a regular basis and reasons for taking: _____

Explain all other medical problems or conditions of which we should be aware: _____

Describe any recommendations or restrictions of which we should be aware: _____

List any allergies to food, drugs, plants, insects, etc.: _____

Medical Insurance*

**Our policy is that no one under the age of 18 may participate in our program without proof of medical insurance coverage, including company name, policy number, etc.*

Medical Insurance Co.: _____ Policy/Group/Medical Record #: _____

Insurance Company Address: _____

Insurance Company's Phone: _____

Personal Physician Name: _____ Phone: _____

The information on this form is accurate, complete and all-inclusive, to the best of my knowledge. I understand the importance of keeping this information accurate and agree to contact the regional director prior to any regional program that my child will attend if there is a change of any kind whatsoever in his/her medical condition.

Signature of Parent /Guardian #1

Date

Signature of Parent /Guardian #2

Date

Consent and Authorization Form

Name of Participant: _____, a minor. Date of Birth: _____

THIS CONSENT, AUTHORIZATION AND RELEASE (“Consent”) is provided to Congregation Tifereth Israel’s Youth Department in connection with the various scheduled activities. This Consent extends to and includes Congregation Tifereth Israel’s Youth Department and all of its respective agencies, departments, and authorized employees, agents and volunteers.

1. The Participant has Parent’s consent to attend and to participate in the activities. There are no limitations or restrictions of any kind whatsoever in such participation unless checked here, _____(AND FULL EXPLANATION IS ATTACHED).
2. The Participant has been instructed, and understands and agrees, to comply with all rules, regulations and the Code of Conduct established by Congregation Tifereth Israel’s Youth Department and the official instructions and directives of all authorized staff members, volunteers, agents and employees. All references to YOU or YOUR mean Tifereth Israel’s Youth Department and its Personnel.
3. YOU, acting as the Parent’s authorized agent and at Parent’s sole cost and expense, are expressly authorized to engage appropriate health care providers to administer, prescribe and/or direct the administration of any medication, other medical treatment, care, surgery, hospitalization or medical procedures and services deemed appropriate under the circumstances, if YOU are not able to timely contact Parent for instructions. There are no exceptions or limitations to the foregoing, unless checked here, _____AND SPECIFIC WRITTEN INSTRUCTIONS ARE ATTACHED.
4. Unless checked here, _____AND SPECIFIC WRITTEN INSTRUCTIONS, DIRECTIONS OR OTHER DATA TO THE CONTRARY, ARE ATTACHED, YOU may rely on our representation that the participant has no medical disabilities, allergies or other limitations of any kind whatsoever that might in any way limit participation in the Scheduled Activities.
5. I expressly release, indemnify and hold harmless Congregation Tifereth Israel, its employees, staff and volunteers from any and all liability, charges, claims, costs and expenses of every kind and nature whatsoever, in connection with acceptance and participation of my child in YOUR scheduled activities. This release and indemnification is unconditional and without reservation of any kind.
6. The undersigned have sole, full and legal power and right to execute this Consent, and acknowledges that YOU will be relying on Parent’s representations and statements, and on the information supplied by Parent.
7. If this consent is signed by more than one person, all references to the singular shall include the plural, jointly and severally.

The undersigned, respectively, declare under penalty of perjury under the laws of the States of Arizona, California, Nevada, New Mexico and Utah that they have read and fully understand the importance and effect of the foregoing Consent, Authorization, and Release; that they have obtained such advice from an attorney and from a licensed physician as they deemed necessary to their complete satisfaction; that they have retained a true copy of this document; and that they have voluntarily signed this document on (Date) _____.

Signature of “Youth Group Participant” _____

*Signature of “Parent/Guardian #1” _____

*Signature of “Parent/Guardian #2” _____

**Both Parents’ or Guardians’ signatures are requested. In the event of separation or divorce, only signature of the Custodial Parent is required.*

Transportation and Medical Form

Please take a few minutes to complete this Transportation Consent, Medical Release and Medical History Form. This form must be submitted to the Youth Department office every September for each participant. **No one will be permitted to attend activities without this form on record.**

Transportation Consent

I acknowledge and accept Tifereth Israel Synagogue's Youth Department's policy to use licensed drivers over the age of 18 at all times. With full understanding of this policy and the risks involved, I do ___ do not ___ (place your initials in desired space) give permission for _____ ("my child") to ride in a properly insured vehicle driven by a licensed driver over the age of 18.

*Attach a
Current Picture*

Medical Release

I consent and give permission for my child to attend and participate in all planned trips and activities arranged by Tifereth Israel Synagogue's Youth Department for which he/she is registered. I certify that my child is physically and psychologically able to participate in all such activities.

In case of emergency, I authorize you, as my agent and at my sole cost and expense, to engage appropriate health care providers to administer, prescribe and/or direct the administration of any medication, other medical treatment, care, surgery, hospitalization, or medical procedures and services deemed appropriate under the circumstances, if you are not able to timely contact me for instructions.

Release and Indemnification

I expressly release and indemnify you, and hold you free and harmless, from any and all liability, charges, claims, costs and expenses of every kind and nature whatsoever in connection with acceptance and participation of my child in your scheduled activities. This release and indemnification is unconditional and without reservation of any kind.

Signature of Parent /Guardian #1

Date

Signature of Parent /Guardian #2

Date

Code of Conduct

1. There will be proper conduct at all times. Treat all people with respect and courtesy. Try to be a positive leader and set a good example. **Theft or other illegal conduct of any kind, or flagrant violation of this Code of Conduct as determined by the Regional Youth Director shall be sufficient reason to send you home and place you on probation at the Youth Department.**
2. NO ONE MAY LEAVE THE PROGRAM at any time unless prior permission is given by the Tifereth Israel Synagogue Youth Advisor(s) or his/her designate, and with written permission of the parent or guardian.
3. Property, buses, etc. that are used/visited during any event are to be respected at all times. All USYers are responsible for any damages they may cause or be responsible for causing.
4. Possession or use of the following is not permitted: **weapons, alcoholic beverages, illegal drugs, cigarettes, matches, lighters, and incense.** Anyone found in violation of these or any other criminal offense will automatically have their parents/guardians notified and will be required to leave the program. Additional actions may be taken.
5. Inappropriate sexual conduct (regardless of USYer's gender), as determined by the Youth Advisor(s) and/or Youth V.P., is forbidden at all times and may result in expulsion from the program.
6. Gambling, body piercing and hazing of every kind, are prohibited at any event.
7. The program schedule is to be followed at all times. You are to attend and be on time to all programs.
8. Kashrut is to be observed at all times. If you are not sure if a product is kosher, ask a knowledgeable staff-person. If no staff is present, do not eat it.
9. Shabbat is to be observed. Please refrain from phoning our staff unless there is an emergency.
10. It is understood that our Youth Department programs are under the direction of the Congregational Youth Director or his/her designate.
11. **THOSE WHO ARE NOT REGISTERED FOR PROGRAMS MAY NOT BE ALLOWED TO PARTICIPATE IN THE SAID PROGRAM. NO VISITORS WILL BE ALLOWED** who were not given prior approval by the Youth Advisor(s).

We have read the Code of Conduct and agree to its terms.

Signature of TIS Youth Group Participant _____

Signature of Parent /Guardian #1 _____

Signature of Parent /Guardian #2 _____

Photo Release

We love to take pictures of our participants during our events. Sometimes we like to publish in the Jewish press or congregational bulletin. Please let us know if this is okay with you!

I hereby permit my child _____ to be filmed or photographed by Tifereth Israel Synagogue Youth Department for publicity (which may include electronic and print) and scrapbook purposes. I understand that this is without any compensation to myself or my child.

Parent/Guardian #1 Signature _____ Date _____

Relationship to child _____

Parent/Guardian #2 Signature _____ Date _____

Relationship to child _____