



Tifereth Israel Synagogue USY Registration Form

22-23 School Year | 5783

Basic Information:

Child 1 Name: _____ Age: _____ Grade: _____

Birthday: _____ Preferred Pronouns: _____

Address: _____

Home Phone: _____ USYer Cell Number: _____

USYer's Email: _____

Child 2 Name: _____ Age: _____ Grade: _____

Birthday: _____ Preferred Pronouns: _____

Address: _____

Home Phone: _____ USYer Cell Number: _____

USYer's Email: _____

Child 3 Name: _____ Age: _____ Grade: _____

Birthday: _____ Preferred Pronouns: _____

Address: _____

Home Phone: _____ USYer Cell Number: _____

USYer's Email: _____

Parent/Guardian Contact Information:

Parent/Guardian #1 Name: _____

Address: _____

Home Phone: _____ USYer Cell Number: _____

Email: _____

Parent/ Guardian #2: _____

Address: _____

Home Phone: _____ USYer Cell Number: _____

Email: _____

Membership Type (check all that would apply and add up at the bottom):

Chaverim (Kinder through 6th grade)

_____ Member Rate- \$54 | _____ Non member rate-\$72

Jr. USY (7th and 8th grade)

_____ Member Rate- \$72 | _____ Non member rate- \$100

Sr. USY (9th through 12th grade)

_____ Member Rate-\$72 | _____ Non member rate- \$100

Total: _____ Member Rate | _____ Non member rate

Payment:

- Please breakup my payments into _____ equal payments and charge \$_____ on the _____ day of the month.
- Please charge my ACH on file in full
- Please charge my card on file in full
- I will bring in a check
- I will pay online
- Other

Medical Information and Health History:

My child is fully COVID-10 Vaccinated per TIS Medical Committee Guidelines and Recommendations:

___ Yes and I acknowledge that I need to provide a copy of the card

___ No and I have a medical exemption.

Allergies (Please list): _____

Please note that many of our events include food. While we will make all reasonable accommodations possible, if your child has an allergy you agree that:

___ My child's allergies require an epi pen. He she will:

_____ Self carry at all chapter functions

_____ Parent will provide to staff at each chapter function (for 5th grade and below)

_____ My child has no allergies.

Current Medications/ Treatments: _____

Disability, chronic illness, or condition: _____

Activity Restrictions or Modification: _____

Recent Illness Injury or Surgery: _____

Please initial the following:

_____ I give permission for my child's photo to be used on social media, the TIS website and other publicity materials (photos do not have names of children listed).

_____ I do hereby consent and agree to the participation of my child in all activities of the Tifereth Israel Synagogue Youth Program. I (parent or legal guardian) o the applicant state that they are in good/normal health, have no physical or mental handicaps that would interfere with full participation in the program and has my permission to engage in all available activities except as noted under restrictions or modifications below. I have been made aware of the fact the events in which my child I participating may be photographed, that the photographs taken maybe used for both purposes of reporting on the event of for such other use as Tifereth Israel USY may determine.

_____ In case of a medical emergency, accident or health problem where immediate treatment is deemed necessary, every effort will be made to expeditiously contact the parents or guardian of the child. In the event they cannot be reached, I hereby give permission to a physician selected by the youth program, its employees, advisors, or agents to hospitalize, secure proper and ongoing treatment and to order injection, anesthesia or surgery for my child as named above. I am aware that this form may be photocopied for use b y medical caregivers.

Insurance Company Name: _____

Insurance Policy Number: _____

Emergency Contact Information:

Emergency Contact Name: _____

Relationship to USYer: _____ Cell number: _____

Emergency Contact Name: _____

Relationship to USYer: _____ Cell number: _____