

2022-2023 Chaverim Membership Packet

We are so excited for you to join our community youth group. Membership in Chaverim is open to kids in grades 3-12. We are affiliated with Shomrei Torah Synagogue and Temple Aliyah, but membership in these organizations is not required for Chaverim Membership.

Youth Name _____ Grade _____

Primary address _____

Youth phone number _____ Youth email _____

Parent/Guardian Name _____ Relationship _____

Phone number _____ Email _____

Parent/Guardian Name _____ Relationship _____

Phone number _____ Email _____

Are you a member of a synagogue? If so, which one _____

Please Remember:

RSVP- Many events are limited in space and spots may only be guaranteed by having an RSVP.

Punctuality- Please try to arrive 10 minutes early for both drop off and pick up. Please be respectful of the program and staff by arriving on time for pick up!

Members Walking - It is strongly encouraged that an adult pick up from events, especially those which end late at night. If you would like to allow your child to walk home, initial here: _____.

The Chaverim Youth Department follows the laws of Kashrut at all events. If you are asked to bring a sack lunch, it must either be dairy or pareve. If your child buys food at an event, it must be either dairy or pareve unless we are at a Kosher establishment.

Behavior- Enclosed is the "Code Of Conduct" that all members must sign.

We have read the Chaverim policies and agree to its terms:

Member Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Chaverim Code of Conduct

Chaverim is an extension not only of our congregations and community, but part of an international Jewish youth organization. There are certain guidelines, therefore, that all members must follow. These rules are for the safety of our members and the support of our programs. Upon joining the chapter, each member must sign a form stating understanding of the policies. Non-compliance may result in removal from any program or event whether it be chapter or regional, and may jeopardize future attendance at programs and events. Included in the rules are the following:

No smoking, drugs, vaping or alcohol are 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.

Situations where members are non-compliant with these policies will be handled as follows:

1st Offense: Speak with parent/guardian at pick-up.

2nd Offense: Parent/guardian contacted for immediate pick-up.

3rd Offense: Member will not be permitted to return without a customized behavior contract signed by parents/guardians, member, and Youth Director.

4th Offense: If non-compliant behaviors continue following the signed customized behavior contract, member will not be permitted to return without a chaperone.

5th Offense: If non-compliant behaviors continue with a chaperone, member will not be permitted to participate in Youth Department chapter and regional events for the remainder of the year.

*If offense is severe, whether 1st offense or repeat offense, the situation may be handled differently than the order listed above.

I agree with the above standards.

Member name _____ Signature _____ Date _____

Parent/Guardian name _____ Signature _____ Date _____

Medical History

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

Member _____ Birth Date _____ Gender _____
 Parent/Guardian _____ Cell Phone _____ Email _____
 Home address _____ Home phone _____
 Work Address _____ Work phone _____
 Emergency Contact _____ Phone _____
 RELATIONSHIP TO MEMBER _____

Health History (Please check each line that applies and give vaccination dates where applicable): No Immunizations or Doctor Note is necessary.

Chicken Pox _____ Date _____ German Measles _____ Date _____ Measles _____ Date _____ Mumps _____ Date _____
 Polio _____ Date _____ Tetanus _____ Date _____ Covid 19 _____ Date _____
 Anorexia _____ Asthma _____ Bleeding/Clotting Disorder _____ Convulsions _____
 Diabetes _____ Digestive _____ Diphtheria _____ Emotional Counseling _____ Frequent _____
 Ear Infections _____ Gastro Intestinal _____ Hayfever _____ Heart Defect/Disease _____
 Herpes _____ Hypertension _____ Hypoglycemia _____ Kidney/Urinary _____
 Mononucleosis _____ Other _____

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 # : _____

Address _____ 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 YOUTH DIRECTOR PRIOR TO ANY EVENT THAT MY CHILD WILL ATTEND IF THERE IS A CHANGE OF ANY KIND WHATSOEVER IN HIS/HER MEDICAL CONDITION.

Parent/Guardian Name _____ Relationship _____

Parent/Guardian Signature _____ Date _____

Consent and Release

This form must be submitted every September for each youth group member. No one will be permitted to attend off site Chapter or Regional functions without this form on record.

TRANSPORTATION CONSENT

I acknowledge and accept the youth group policy to use licensed drivers over the age of 18 at all times. With full understanding of this policy and the risks involved, I give permission for my child _____ to ride in a properly insured vehicle driven by a licensed driver over the age of 18.

If there is a shortage of licensed drivers over the age of 18, I do ____ do not ____ (place initials in desired space) give my consent for my child to ride with a licensed driver under the age of 18.

If there is a shortage of licensed drivers over the age of 18, I do ____ do not ____ (place initials in desired space) give my permission for my child, who does have a valid driver's license, to drive other children during an event. His/her vehicle is in good working order and is covered under a liability insurance policy.

Parent/Guardian Signature _____ Date _____

MEDICAL RELEASE

I consent and give permission for my child _____ to attend and participate in all planned trips and activities arranged by Far West Region USY and for chapter events for which they are 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 healthcare 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.

Parent/Guardian Signature _____ Date _____

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, including reasonable attorney fees, 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, except only for such acts or omissions that arise out of your intentional or negligent wrongdoing, and where there is no fault by my child. I am fully responsible if I fail to disclose any pertinent information.

Parent/Guardian Signature _____ Date _____

RELEASE OF NAME AND/OR IMAGE

I consent and give permission for my child _____ to be photographed while participating in Chaverim events and for such photographs to be used in various media publications, formats, including, but not limited to web pages, newspaper articles, publications and/ or newsletters. I/ we also agree to allow such photographs to be captioned with my child's name.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Name _____ Relationship _____