



# Youth Department Membership Form

## Youth Department Memberships

\_\_\_ Kadima (4<sup>th</sup>-6<sup>th</sup> Grade)      \$45 STS Member\*\*      \$100 Non-STS Member      \$75 Affiliate Member  
 \_\_\_ USY (7<sup>th</sup>-12<sup>th</sup> Grade)      \$60 STS Member\*\*      \$200 Non-STS Member      \$125 Affiliate Member

Are you a member of STS: (circle) Yes / No      If not, where are you affiliated? \_\_\_\_\_

*\*If you are a paying member of a different synagogue with a similar dues structure to STS, please submit proof of membership to receive the affiliate member rate.*

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Shirt Size: XS S M L XL

Child Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Student Email: \_\_\_\_\_ Student Cell: \_\_\_\_\_ Facebook? Y / N Instagram? Y / N

School: \_\_\_\_\_ Current Grade: \_\_\_\_\_ HS Graduation Yr: \_\_\_\_\_

Custodial Parent/Guardian

Parent/Guardian 1 Name \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Home Phone \_\_\_\_\_

Family Address \_\_\_\_\_

Street Address

City

State

Zip

Custodial Parent/Guardian

Parent/Guardian 2 Name \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Home Phone \_\_\_\_\_

Family Address \_\_\_\_\_

Street Address

City

State

Zip

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Cell Phone: \_\_\_\_\_ City: \_\_\_\_\_

### List of Individual Pre-Approved for Pick-up

Contact 1 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact 1 Cell Phone: \_\_\_\_\_ City: \_\_\_\_\_

Contact 2 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact 2 Cell Phone: \_\_\_\_\_ City: \_\_\_\_\_

I am a new participant to STS Youth Department!!

I am a returning participant in the STS Youth Department!!

Payment Method: Check #: \_\_\_\_\_ (payable to STS Youth Department) | Credit Card Total: \$ \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Exp.: \_\_\_\_\_ Security Code: \_ Zip Code: \_\_\_\_\_



# Youth Department Membership Form

## 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 USYer/Kadimanik must file a medical history with the Youth Department and 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.

Medical/Health Insurance Company: \_\_\_\_\_ Insurance Cardholder's Name/ID#: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number \_\_\_\_\_ BIN# \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone Number \_\_\_\_\_ PCN# \_\_\_\_\_

Please check all that apply and provide vaccine dates where applicable:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> ADD/ADHD Med: _____         | <input type="checkbox"/> Chicken Pox/Varicella _____ | <input type="checkbox"/> Meningococcal Vaccine _____                         |
| <input type="checkbox"/> Allergies – Epi-Pen? Y / N  | <input type="checkbox"/> Cystic Fibrosis             | <input type="checkbox"/> Mumps   |
| <input type="checkbox"/> Anemia                      | <input type="checkbox"/> Diabetes – Type I / Type II | <input type="checkbox"/> Neurological Issues<br><i>(including migraines)</i> |
| <input type="checkbox"/> Anorexia                    | <input type="checkbox"/> Emotional Disorder          | <input type="checkbox"/> Seizures  |
| <input type="checkbox"/> Asthma - Inhaler? Y / N     | <input type="checkbox"/> Gastro Intestinal Disease   | <input type="checkbox"/> Tetanus (Td/Tdap) _____                             |
| <input type="checkbox"/> Aspergers/Autism            | <input type="checkbox"/> German Measles              | <input type="checkbox"/> Other Chronic/Recurring Illness                     |
| <input type="checkbox"/> Birth Defects/Developmental | <input type="checkbox"/> Heart Defect/Disease        |  |
| <input type="checkbox"/> Bleeding/Clotting Disorder  | <input type="checkbox"/> Hypertension                |  |
| <input type="checkbox"/> Bulimia                     | <input type="checkbox"/> Hypoglycemia                |  |

List any recommendations or restrictions that we should be aware of: \_\_\_\_\_  
\_\_\_\_\_

List any Operations or Serious Injuries that we should be aware of: \_\_\_\_\_  
\_\_\_\_\_

Please share any learning differences, IEP, or accommodations we should be aware of \_\_\_\_\_  
\_\_\_\_\_

Please share any allergies and/or medications we should be aware of (taken at any point during the day) \_\_\_\_\_  
\_\_\_\_\_

Anything we should be aware of that can help us provide the best experience for your child: \_\_\_\_\_  
\_\_\_\_\_

If your child uses an Epi-Pen/Inhaler, does he/she carry it or will it be left with Staff? \_\_\_\_\_  
\_\_\_\_\_

Working together is the best way to provide our children with an amazing Youth experience. I/We understand that if my child is present at any STS USY/Kadima event that he/she is attending with my/our consent. I/We give permission to the Shomrei Torah Synagogue Youth Department and its employees and agents to take my child on field trips and programs.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## FAR WEST REGION USY The United Synagogue of Conservative Judaism 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 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 Regional Director or his/her designate, and with written permission of the parent or guardian.
3. Hotel property, buses, and other property that are used/visited during the event are to be respected at all times. All USYers are responsible for damages or charges to their room or other locations.
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 be sent home and suspended from International USY Programs for a period of one year.
5. Males are not permitted in females' rooms and females are not permitted in males' rooms unless the event has a specifically stated open door policy. If the event has an open door policy, visiting is permitted only during the designated times provided all drapes, window coverings and inside doors are open. Inappropriate sexual conduct (regardless of USYers' gender), as determined by the Regional Youth Director and/or Regional Youth Commissioner, is forbidden at all times and may result in expulsion from the program.
6. Gambling, body piercing and hazing of every kind, are prohibited.
7. The daily schedule is to be followed at all times. You are to attend and be on time to all programs.
8. Prescription medicine must be registered with the Regional Director or his/her designate at the beginning of the program. Medications are to be in their original containers, including proper dosage instructions and administered only to the person it is prescribed for.
9. Males must wear a kippah/appropriate head covering at all times as well as tallit and tefillin when appropriate. Females may do so if they wish.
10. 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 are present, do not eat it.
11. Shabbat is to be observed. During Shabbat, you are not to purchase anything from shops, restaurants or vending machines. You may not use telephones. Respect your roommates' level of observance. All participants must arrive at events before candle lighting.
12. It is understood that the entire program is under the direction of the Regional Director of the Department of Youth Activities of The United Synagogue of Conservative Judaism or his/her designate.
13. **THOSE WHO ARE NOT REGISTERED FOR THE PROGRAM WILL NOT BE ALLOWED TO PARTICIPATE IN ANY PROGRAMMING. NO VISITORS WILL BE ALLOWED** who were not given prior approval by the Regional Director.

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

USYer/Kadimanik \_\_\_\_\_

Parent \_\_\_\_\_

Youth Director \_\_\_\_\_