

**SINAI TEMPLE YOUTH DEPARTMENT
REGISTRATION 2010-2011
USY: 7th-12th grade/Kadima: 4th-6th grade**

Membership Dues (Please Circle One)

Temple Member: USY: \$70.00	Kadima: \$50.00
Non-Temple Member: USY: \$80.00	Kadima: \$60.00

Are you a SIHI Student?	Yes	No
Do/did you attend SAA?	Yes	No
Do you attend STRS?	Yes	No

Recent Sinai Temple Bar/Bat Mitzvah? **Yes** **No** **Date** ___/___/___

Name _____

Cell Phone/Home Phone _____

Address, City, Zip Code _____

Email _____

School and Grade and Birthdate _____

Who does USYer/Kadimanik live with? _____

Mother or Guardian's Name _____

Phone # and Email _____

Father or Guardian's Name _____

Phone # and Email _____

Are you member of Sinai Temple? Yes or No

Are you affiliated with any other temple? Which one? _____

Would you like to be involved in a USY or Kadima board committee? Yes or No

Dues entitle USY members to attend all chapter events at the member rate. Dues also enroll USYers in the Far West Region and International USY organizations and allows USYers to attend ALL Regional events. Members of USY and Kadima may receive publications from both the Regional and International organizations.

Check is made out to Sinai Temple.

Please return completed forms and payment to:

**Rabbi Scott Westle
Sinai Temple Youth Department
10400 Wilshire Blvd.
Los Angeles, CA 90024**

If you have any questions, email usy@sinaitemple.org.

SINAI YOUTH DEPARTMENT POLICIES

- 1. Forms and Dues** – All forms must be completed and signed before a USYer/ Kadimanic may attend and event. Parents must complete **all** forms. Dues must be paid in by the second event attended in order to attend additional events.
- 2. Drop off/ Pick up** – USYer/ Kadimanic must be dropped off at the designated spot at the designated time. Please try to arrive 10 minutes early. If the event includes transportation, you will be responsible for transporting the USYer to the final destination. We will not wait for late arrivals. USYer/ Kadimanic are also expected to be picked up on time from a program. Late pick-ups are very disruptive to the staff's schedules, and put the USYer/ Kadimanic in an uncomfortable situation. Our goal is to see that every child is able to enjoy its experience at a USY/ Kadima event, therefore, please be on time to pick up your USYer/ Kadimanic!
- 3. Reservations** - Mailings are sent out prior to all events with an **RSVP** date. **Please RSVP by the requested date.** Advanced reservations are necessary to ensure proper staffing, food, tickets, busses, etc. Many events are limited in space and you can only guarantee a spot by sending in your RSVP by the set deadline. In addition, you will be charged an additional \$5 late fee and you might have to be responsible for your own transportation if you RSVP after the deadline. There will be a \$10 per person additional charge for those who attend an event without an RSVP. You can RSVP by *emailing usy@sinaitemple.org.*
- 4. Guests** - We welcome you to bring your Jewish friends to Sinai Youth Department events, even if they do not belong to Sinai Temple. **However, all guests must have a completed medical release form on file prior to the event.** Invite your friends to join the fun of USY by becoming members.
- 5. Kashrut** - The Sinai Temple Youth Department follows the laws of Kashrut at all USY/ Kadima events. If you are asked to bring a sack lunch, it must be either dairy or parve. At all events, that take place outside of the synagogue only dairy or parve food is served, unless we are at a kosher establishment. If you are uncertain about a particular product, please feel free to ask a staff person.

Enclosed you will find a copy of the regional "Code of Conduct" that every USYer/ Kadimanic must sign and submit together with these forms. Please make sure your children are familiar with these regulations as they apply to both, local and Regional events.

IF A USYer/ Kadimanic DOES NOT BEHAVE APPROPRIATELY AT AN EVENT, YOU WILL BE CALLED AND ASKED TO PICK THEM UP IMMEDIATELY!

We have read the PJTC USY policies and agree to their terms

Signature of USYer _____ Date_____

Signature of Parent _____ Date_____

MEDICAL HISTORY FORM

**THE UNITED SYNAGOGUE OF
CONSERVATIVE JUDAISM**

DATE _____

FAR WEST REGION USY/KADIMA

SYNAGOGUE/CHAPTER _____

TO THE PARENTS: The information on this form will be kept strictly confidential with access only to the Regional 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 / Kadimanik _____ Birth Date _____ Sex _____ E-Mail _____

Parent/Guardian _____ Phone _____

Home Address _____
Street and Number _____ City, _____ State, _____ Zip _____

Business Address _____ Phone _____
Street and Number _____ City, State, Zip _____

Emergency Contact _____ Phone _____

RELATIONSHIP TO USYER _____

Health History

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

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

Any 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 _____
Street Number _____ City _____ State _____ Zip _____

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.

USYer/Kadimanik's Parent/Guardian _____

Date _____

USYer/Kadimanik's Parent/Guardian _____

Date _____

CONSENT, AUTHORIZATION AND RELEASE

DEPARTMENT OF YOUTH ACTIVITIES THE UNITED SYNAGOGUE OF CONSERVATIVE JUDAISM PACIFIC SOUTHWEST REGION

"Scheduled Activity": 54th Annual Convention of Far West Region United Synagogue Youth

"USYer": _____, a minor.

Date of Birth: _____

THIS CONSENT, AUTHORIZATION AND RELEASE ("Consent") is provided to the Department of Youth Activities of The United Synagogue of Conservative Judaism, headquartered in Encino, California in connection with the Scheduled Activity.

1. The USYer has Parent's consent to attend and to participate in the Scheduled Activity. There are no limitations or restrictions of any kind whatsoever in such participation unless checked here, _____ (Explanation is attached).
2. The USYer has been instructed, and understands and agrees, to comply with all rules, regulations and the Code of Conduct established by USY and the official instructions and directives of all authorized staff members, volunteers, agents and employees of USY ("Personnel"). All references to "you" or "your" mean USY 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 contact Parent for instructions. There are no exceptions or limitations to the forgoing, 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 assume that the USYer has no medical disabilities, allergies or other limitations of any kind whatsoever that might in any way limit participation in the Scheduled Activity.
5. Parent expressly releases, indemnifies and holds 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 the acceptance and participation of the USYer in the Scheduled Activity. The forgoing Release is unconditional and without reservation of any kind, except only for such acts or omissions that arise out of your intentional or negligent wrongdoing where there is no fault by the USYer or by Parent failing to disclose pertinent information to you.
6. Parent represents to you that the undersigned Parents 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 State of California 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

_____, 20_____.

Signature of "USYer" _____

*Signature of "Parent" _____

*Signature of "Parent" _____

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

PLEASE FILL OUT ONE FORM PER CHILD

SINAI TEMPLE YOUTH DEPARTMENT
10400 WILSHIRE BLVD. LOS ANGELES, CA 90024
(310) 481-3232
CONSENT, AUTHORIZATION AND RELEASE
2009-2010

Name of Child: _____ D.O.B.: _____

Parent's Name: _____ Phone: _____

THIS CONSENT, AUTHORIZATION AND RELEASE ("Consent") is provided to Sinai Temple, a California non-profit religious corporation, headquartered in Los Angeles, CA and Sinai Temple Youth Department in connection with any and all field trips.

1. The Minor has my consent to attend and to participate in any scheduled activity including programs outside Sinai Temple which may or may not require transportation including airplane, train, bus, and automobile. These trips will be announced in advance. There are no limitations or restrictions of any kind whatsoever on such participation unless this line is checked _____ with an explanation attached. I acknowledge and accept Sinai Temple's policies 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.
2. The Minor has been instructed by me and understands and agrees to comply with all rules, regulations, and Code of Conduct established by Sinai Temple and the Sinai Temple Youth Department and the official instructions and directives of all authorized staff members, volunteers, agents, and employees ("Personnel") of Sinai Temple.
3. In the event of emergency, you 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 contact me for timely instructions, you are authorized to act as my authorized agent and at my sole cost and expense. There are no exceptions or limitations or other special instructions in connection with the foregoing unless this line is checked _____ with an explanation attached to this page. This authorization is given pursuant to the provisions of Section 6910 of the Family Code of California.
4. Unless this line is checked _____ and I have provided you with specific instructions, directions or other specific data to the contrary on the reverse side of this or an attached page, you may assume the Minor 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 and agree to indemnify and hold Sinai Temple and Sinai Temple Youth Department (and its personnel) free and harmless from any liability, charges, claims, costs and expenses of every kind and nature whatsoever, including reasonable attorney fees, in connection with the acceptance and participation of the Minor in the Scheduled Activity. The foregoing Release is without reservation of any kind except only for such acts or omissions on your part that arise out of your intentional or negligent wrongdoing and without fault of any kind of the part of the Minor or on my part including, without limitation, in failing to disclose pertinent information to you.
6. I represent to you that I have full and legal power and the right to execute this Consent, and that you will rely on my representations.
7. If this Consent is signed by more than one person, all references to the singular include the plural, jointly, and severally.
8. I grant permission for the above named Minor to participate in all youth activities, and for photographs including the above named Minor to be used by Sinai Temple for marketing purposes unless otherwise indicated in writing.

I DECLARE UNDER THE PENALTY OF PURJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT I HAVE READ AND FULLY UNDERSTAND THE IMPORTANCE AND EFFECT OF THE FOREGOING CONSENT, AUTHORIZATION, AND RELEASE; THAT I MAY HAVE OBTAINED SUCH ADVICE OF AN ATTORNEY AND OF A LICENSED PHYSICIAN AS I DEEMED NECESSARY TO MY COMPLETE SATISFACTION; THAT I HAVE RETAINED A TRUE COPY OF THIS DOCUMENT.

Signature of Parent(s): _____

Date: _____

Relationship to Child: _____

Emergency Contact and Medical Information for a Child
Consent and Release Form- 2009-2010
Sinai Temple

Child's Name	Date of Birth		M	F
			Sex	
Child's Email:	Child's Cell #:			
Grade:	School:			
Parent's/Guardian's Name		Parent's/Guardian's Name		
()	()	()	()	
Home Phone	Work Phone	Home Phone	Work Phone	
()	()			
Cell Phone	Cell Phone			
Address		Address		
City, ST ZIP Code		City, ST ZIP Code		

Alternative Emergency Contacts

In the event that you are unable to reach me during an emergency, you are authorized to contact and, if necessary, release my child to any of the following:

Primary Emergency Contact		Secondary Emergency Contact	
()	()	()	()
Home Phone	Cell Phone	Home Phone	Cell Phone

Medical Information

Physician's Name	Phone Number
Insurance Company	Policy Number
Allergies/Special Health Considerations	
Parent's/Guardian's Signature	Date

TRANSPORTATION & MEDICAL FORM

FAR WEST REGION USY THE UNITED SYNAGOGUE OF CONSERVATIVE JUDAISM

Please take a few minutes to complete this Transportation Consent, Medical Release and Medical History Form. This form must be submitted to the USY Regional office every September for each USYer/KADIMANIK in the Region. **No one will be permitted to attend Regional functions without this form on record.**

ATTACH
CURRENT PICTURE
LESS THAN 2
YEARS OLD

TRANSPORTATION CONSENT

I acknowledge and accept USY'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 give permission for _____ ("my USYer/Kadimanik") 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 your initials in desired space)~~ give my consent for my USYer 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 your initials in desired space)~~ give my permission for my USYer, who does have a valid driver's license, to drive other USYers during an event. His/her vehicle is in good working order and is covered under a liability insurance policy.

MEDICAL RELEASE

I consent and give permission for my USYer to attend and participate in all planned trips and activities arranged by Far West Region USY for which he/she is registered. I certify that my USYer 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.

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 USYer 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 USYer. I am fully responsible if I fail to disclose any pertinent information.

_____/_____
USYer/Kadimanik's Parent/Guardian (Signature) Date

_____/_____
USYer/Kadimanik's Parent/Guardian (Signature) Date

CODE of CONDUCT of Far West Region

DEPARTMENT OF YOUTH ACTIVITIES The United Synagogue of Conservative Judaism, Pacific Southwest Region

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 Youth 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 is 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.
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 or his/her designate.

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

USYer _____

Parent _____

Youth Director _____