Membership Application 2015-2016
(Circle one) KADIMA or USY

B'nai Tikvah
The JCC of North & South Brunswick

Member Information

Name: _____ Nickname: _____

Address: _____ Member's Cell #: _____

_____,NJ _____ Member's Home Phone: _____

Member's E-mail Address (PRINT CLEARLY): _____

Birth date: ___/___/___ Grade: _____ (in September 2015)

School: _____

Parent Information

Mother: _____ Father: _____

Mother's Hebrew Name: _____ Father's Hebrew Name: _____

Mother's Cell #: _____ Father's Cell #: _____

Mother's E-mail (PRINT CLEARLY): _____

Father's E-mail (PRINT CLEARLY): _____

Synagogue Affiliation: _____

Parent/Guardian Signature: _____ Date: _____

Dues Information

B'nai Tikvah Member – Kadima (6th through 8th graders) - $40

B'nai Tikvah Member – USY (9th through 12th graders) - $50

Non- Member – Kadima or USY - $75

Donations

I'd like to make a donation towards BT's **Youth Scholarship** program. (This program is designed to enable active Kadima & USY members to attend Regional conventions and other programs by subsidizing families with financial needs.)

I'd like to make a donation towards **USY/Kadima Programming for the year.**

Total Amount Enclosed **$**_____

Please make check payable to "N/S Brunswick USY/Kadima" and mail with application to:

Congregation B'nai Tikvah – USY/Kadima Youth Groups
1001 Finnegans Lane
North Brunswick, NJ 08902

HAGALIL USY/KADIMA CODE OF CONDUCT – EMERGENCY MEDICAL FORM

This form must be brought to all Regional events, including dances, and to all off-premises chapter events.

Name: _____

Address: _____ Birth Date: _____

City, State, Zip Code: _____ Parent's Telephone Number: _____

PLEASE READ AND SIGN THIS CODE OF CONDUCT

In connection with any Regional program (including dances), including travel to and from such program:

1. There is to be no smoking.
2. There is to be no possession or use of any narcotics, marijuana, other illegal drugs or prescription drugs not prescribed for the user.
3. There will be no possession or consumption of any alcoholic beverages.
4. There will be no shoplifting or any other theft of any kind.
5. If a USYer is caught in possession of/or using alcohol or illegal drugs, he/she will immediately be sent home at his/her parents' expense. Furthermore, USY International policy states: "Anyone violating any such rules at a regional event for the infraction of these rules is barred from International events for one year following the infraction. These events include (but are not limited to) the International USY Convention and USY summer programs. The Region reserves the right to impose additional sanctions in connection with this or any other improper behavior as it sees fit.
6. Each participant is expected to maintain proper decorum and attitude during the entire program. Disruptive behavior (including inappropriate sexual behavior) will not be tolerated. Your parents will be responsible to pay for any damage you may cause.
7. No attendee may leave the facility except at those times specified by the schedule.
8. Each participant is expected to conduct him/herself appropriately as a Conservative Jew (including through the observance of Shabbat and Kashrut), in accordance with applicable standards of the Law and Standards Committee of the Rabbinical Assembly and/or the Local Rabbinical Authority.
9. The Region reserves the right to search the room and belongings of any attendee if it has reasonable grounds to believe that such a search is necessary to secure the health, safety and/or welfare of the program and/or its participants.
10. The USY or Kadima Youth Committee Chair, in consultation with the Regional Youth Commission, reserves the right to enforce other rules relating to the integrity of the Regional Youth Program and/or the health, safety or welfare of its participants.

I have read these rules and understand them fully. I certify that I will adhere to this Code and will conduct myself in a manner reflecting positively upon myself, my chapter, congregation and community. Any violation of this Code of Conduct may result in the participant being sent home at his/her parents' expense. The Regional Director has the sole discretion to send a participant home.

_____ (Signature of USYer/Kadimanik)

I _____, the parent/guardian of _____, a minor who will be participating in the regional programs of Hagalil USY/Kadima, do hereby certify that I have read the Code of Conduct set forth above. I do hereby agree that if my child who has signed the above Rules of Conduct fails to adhere to the Code, then in such an event, those persons in charge of the program may send my child home at my expense. I understand that the Regional Youth Director has the sole discretion to send my child home. I have been made aware of the fact that the events in which my child is participating may be photographed by either amateur or professional photographers, that the photographs taken may be used both for purposes of reporting on the event or for such other use as the Hagalil USY or Kadima organization may determine. I have no objection to the pictures taken being used at any time for promotional use. It is my understanding that by signing this document, I consent to the use of the pictures just referred to for any purpose whatsoever.

_____(Signature of Parent) _____ (Date)

EMERGENCY CONTACT PERSON_____ (not a parent) EMERGENCY PHONE #_____

Please provide details for applicable items pertaining to your child.

Allergies (Food, drug, insect or substance) _____

Current medication(s) or medical treatment _____

Recent illness, injury or surgery _____

Disability, chronic illness or condition _____

Activity restriction or modification _____

STATEMENT AND EMERGENCY AUTHORIZATION

I , the parent or legal guardian of the applicant, state that he/she is in good/normal health, has no physical or mental handicap 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 above. 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 parent(s) or guardian(s) of the participant, or the emergency contact person listed above. In the event I cannot be reached, I hereby give permission to the physician selected by the Regional USY/Kadima Director, or his/her designee, 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 by medical caregivers.

Signature of Parent/Legal Guardian: _____ Date: _____