



# KADIMA YOUTH GROUP MEMBERSHIP FORM 2016-2017



## FLIPPER CHAPTER

### Fair Lawn-Paramus-Emerson-Ridgewood

Please print both pages of this membership form and return completed, along with a picture and check for dues made payable to *Temple Israel*. Annual dues are \$54 for members of sponsoring synagogues, \$108 for non-members. Send to: FLIPPER KADIMA, c/o Temple Israel & JCC, 475 Grove Street, Ridgewood, NJ 07450

Student's Full Name: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age as of Sept. 2016: \_\_\_\_ Grade as of Sept. 2016: \_\_\_\_

Home Address: \_\_\_\_\_

Student's Email Address: \_\_\_\_\_ Student's Cell Number: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mother's Cell Number: \_\_\_\_\_

Mother's Email Address: \_\_\_\_\_

Mother's Home Address (if different than above): \_\_\_\_\_

Father's Name: \_\_\_\_\_ Hebrew Name (if applicable): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Father's Cell Number: \_\_\_\_\_

Father's Email Address: \_\_\_\_\_

Father's Home Address (if different than above): \_\_\_\_\_

#### Synagogue Membership & Kadima Membership

Is the family affiliated with a synagogue?  Yes  No If yes, which one? \_\_\_\_\_

Has the student already been a Kadima member?  Yes  No If yes, for how many years? \_\_\_\_\_

#### QUESTIONS?

Contact FLIPPER Kadima Advisor Shira Goldstein at [sgoldstein621@gmail.com](mailto:sgoldstein621@gmail.com)

FLIPPER Sponsoring Synagogues: Fair Lawn Jewish Center -- (201) 796-5040; Temple Beth Sholom (Fair Lawn) -- (201) 797-9321; Jewish Community Center of Paramus/Congregation Beth Tikvah -- (201) 262-7691; Congregation B'nai Israel (Emerson) -- (201) 265-2272; Temple Israel & JCC (Ridgewood) -- (201) 444-9320

\*Synagogue affiliation is not required for FLIPPER Kadima membership

#### FLIPPER KADIMA Permission Slip

I, \_\_\_\_\_ (name of parent), do hereby consent and agree to the participation of my son/daughter \_\_\_\_\_ (name of child) in all activities of the FLIPPER Kadima programs.

I agree to waive all rights and claims against the five sponsoring synagogues listed above and their agents and employees which may arise out of my son/daughter's participation in FLIPPER Kadima programs. I understand that my son/daughter's participation may involve transportation in private vehicles to which I consent. I understand and agree that the sponsoring synagogues and USY have no liability if my child travels to an event in any vehicle either provided by or not provided by the sponsoring synagogues or FLIPPER Kadima.

I certify that my son/daughter is in good physical condition, and that my son/daughter has no medical or physical condition that would restrict their participation in any FLIPPER Kadima program.

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

Name and phone # of child's physician: \_\_\_\_\_

Please identify all allergies, chronic illnesses, other conditions: \_\_\_\_\_

I have read this agreement and understand its purpose and agree to its terms.

\_\_\_\_\_  
Parent signature and phone #

\_\_\_\_\_  
Emergency contact person and phone #

This Membership Form must be filled out completely and returned before you will be allowed to attend any events.

**HAGALIL USY / KADIMA - CODE OF CONDUCT/EMERGENCY MEDICAL FORM**  
**THIS FORM MUST BE COMPLETED PRIOR TO ALL REGIONAL EVENTS (INCLUDING DANCES)**  
**AND WILL BE KEPT ON FILE -- PLEASE PRINT CLEARLY**

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PARENT NAME(S) & TELEPHONE NUMBER(S): \_\_\_\_\_

**PLEASE READ & 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, among other things, 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 Director, 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 credit 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 Kadimanik* \_\_\_\_\_ *DATE* \_\_\_\_\_

I, \_\_\_\_\_ the parent/guardian of \_\_\_\_\_, 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 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 my child will be 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* \_\_\_\_\_

Insurance Co. \_\_\_\_\_ POLICY NUMBER: \_\_\_\_\_  
*(All USYers/Kadimaniks must have medical insurance in order to participate in Regional programs.)*

**EMERGENCY CONTACT PERSON & PHONE NUMBER (not a parent):**

Name of Emergency Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

Please provide details for applicable Items pertaining to your child:

Medication(s) or Medical Treatment \_\_\_\_\_

Recent illness, injury or surgery \_\_\_\_\_

Disability, chronic illness or condition \_\_\_\_\_

Activity restriction or modification \_\_\_\_\_

**STATEMENT & 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 handicaps that would interfere with full participation in the program and has my permission to engage in all available activities except as noted under "Activity restriction or modification" 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 OR LEGAL GUARDIAN \_\_\_\_\_ PRINT NAME: \_\_\_\_\_

DATE \_\_\_\_\_

**This information/release remains in effect from date signed through 6/30/17.**