temple israel
judaism for the 21st century

IT'S ALL ABOUT TI-Y!

USY ~ Kadima ~ Jr. Kadima

Temple Israel Youth Department Registration 2011-2012

NAME _____

ADDRESS _____

YOUTH EMAIL ADDRESS _____

YOUTH CELL PHONE _____

DATE OF BIRTH _____ **SEX** _____ **HOME PHONE** _____

SECULAR SCHOOL _____ **GRADE** _____

TEMPLE ISRAEL RELIGIOUS SCHOOL GRADE (if applicable) _____

PARENT'S NAMES & CELL PHONES

_____

_____

PARENT EMAIL ADDRESS _____

REGISTRATION FEES

_____ USY (9th, 10th, 11th and 12th grades) - $50.00

_____ Kadima (6th, 7th and 8th grades) - $45.00

_____ Jr. Kadima (4th and 5th grades) - $40.00

(If you are not a member of Temple Israel, please add the $40 additional non-member fee)

***Payment in full must accompany application for your child to be registered.**

Payable to Temple Israel, 4901 Providence Rd. Charlotte, NC 28226

EMERGENCY MEDICAL RELEASE

Name of Insured: _____

Insurance Company: _____

Address: _____

Policy or ID Number: _____

Known Allergies: _____

Emergency Number (Cell Phone or Pager) _____

Emergency Contact and Phone # (If Parent/Guardian is unreachable): _____

_____

Parental Release

- **I give my permission for my son/daughter to attend Temple Israel Youth programs during the 2011-2012 school year. In case of medical and/or surgical emergency, I hereby give permission to the physician selected by the Director to hospitalize, secure proper treatment for and to order injections, anesthesia or surgery for my child.**
- **I understand that Temple Israel does not provide medical insurance for participants.**
- **I hereby release Temple Israel, its chaperones and advisors from any liability in case of accident incurred en route to and from and throughout all Youth programs.**
- **I hereby give permission to use the photograph of my son/daughter for publicity, promotion, news releases, videos and web use of the Temple Israel Youth Department.**
- **I have read the Code of Conduct and reviewed it carefully with my child.**

_____ _____ _____

Print Name **Signature** **Date**

Parent or Guardian

NOTE: NO ONE UNDER 18 WILL BE PERMITTED TO ATTEND ANY YOUTH ACTIVITIES WITHOUT A PARENT OR GUARDIAN PRESENT UNLESS THIS FORM IS COMPLETED AND ON FILE IN THE YOUTH OFFICE.

CODE OF CONDUCT

(Standard of Behavior)

1. **ALCOHOL, DRUGS, AND SMOKING ARE NOT PERMITTED**
   (Meaning possession and/or ingestion)

2. **OUR CHILD MUST STAY IN THE DESIGNATED AREA AT ALL TIMES.**

3. **OUR CHILD MUST RESPECT OTHERS AND THEIR PROPERTY.**

4. **OUR CHILD MUST ABIDE BY THE RULES OF SHABBAT AND KASHRUT.**

I am aware that there is a certain standard of behavior (Rules) that is to be expected when participating in a program or activity that bears Temple Israel's name, or is a continuation of such a program or activity.

Therefore, I agree to this Code of Conduct. I also agree that any violation of said rules will result in the immediate notification of my parent(s). Finally, I agree that if any inappropriate behavior persists, there could be a possible suspension from the youth program.

YOUTH SIGNATURE _____